PARTNERS

FUNCTIONAL
FAMILY THERAPY

ANNUAL REPORT
2020/2021

Welcome to FFT Partners Annual Report

FFT Partners annual report is an important way to highlight the scope of our work and the significant successes the agencies, teams, and therapists we work with have accomplished with families. For us, annual reports serve an additional and important feature; the annual report is part of our commitment to Continuous Quality Improvement (CQI). Internally, this report serves as a test of our training activities, our consultation services, and the subsequent outcomes with families. The information in the report serves as the "evidence base" for our training and to improve each aspect of the services we provide. This information becomes the source of the changes and improvement in the services we provide to better support communities.

Our activities this year were driven by our organizational mission:

> *"FFT Partners is a FFT training and research organization that works to improve the lives of families and communities through alliance-based partnerships. We will uphold the highest ethical standards and model fidelity combined with innovation, collaboration and accountability to make proven practices accessible to those in need."*

We promote a practice of high Fidelity FFT that:

- Treats families with respect, making them partners in treatment activities
- Integrates families' voices in all phases of treatment
- Leverages technology to improve clinical decision making and family outcomes
- Practices evidence-based programs in evidence-based ways to maintain model fidelity
- Develops adaptations and adjustments responsive to the needs of families and agencies
- Works collaboratively with our community agency partners

This year was not a typical one. The year was marked by the uncertainty of COVID, questions about telehealth vs. in person meetings, changing mandates, and guidelines for staying safe and healthy. For agencies, it has been a challenge to determine how to carry out daily business and retain staff while keeping everyone safe. For clinicians, the year has been both a personal and professional challenge in finding ways to safely meet with families and how best to provide services. For the families our teams served, the challenges of the year have been one more barrier in keeping themselves and their children safe. For all of us, this year has been uncharted territory. We found the work of the agencies and clinicians we work with to be brave, important to the families they service, and incredibly creative in adapting to the difficult conditions.

As you will see, the successful outcomes of this important work has made a significant difference in the lives of those with whom we work. We thank you for your patience,

perseverance, and hard work. We are honored to work with such dedicated agencies and clinicians; you all have stepped up to the challenges of the past year in incredible ways.

In the pages that follow, we provide an overview of:

- The range of agencies and clinicians who we trained
- The "evidence base" of our training that shows that clinicians trained successfully obtained the necessary knowledge of FFT and were able to translate that knowledge in practice
- The range of diverse families who received FFT treatment
- The outcome of those services, including the progress made, improvements in how families work together to solve problems, and the overall satisfaction of services experienced by families
- The growth of our FFT-Partners team and our training procedures

This information is detailed and provides an deep window into the outcomes of FFT. We have this level of detailed information because of the Care4 system. Not only is Care4 a precision-based mental health approach that we use to guide clinical decision making, but it is a tool to look back and answer the question—did we help the families and youth we served?

Thomas L. Sexton, Ph.D, ABPP, CEO
Peter Ranalli, COO

FFT Partners Annual Evaluation

Who Did We Train/What Did We Provide?

This year FFT Partners worked with 61 different teams of 3-8 therapists in 15 agencies. Those agencies were in 3 different countries. These agencies and teams worked in Juvenile Justice, Child Welfare, Foster Care, and Behavioral health.

Our training program is comprised of different learning activities designed to build core FFT knowledge and translate that learning into everyday practice with families. In our commitment to Continuous Quality Improvement (CQI), we implemented quarterly administrative meetings to help agency leadership stay in touch with the progress of their team.

Here is a summary of what we provided this year:

1. **Adaptware (E-Learning) program** is our major method of ensuring that clinicians have the requisite knowledge to work with families. FFT-Adaptware is extensive and provides more than 45 hours of initial introduction into FFT as well as ongoing updates through the year. In each unit, clinicians read, watch, and then apply their knowledge through questions testing their knowledge. In all our courses only 8.6% were rated as "unengaged" and required further help in competing the course.

    - FFT Supervision Training (67 Learners)
    - FFT-BH (8 Completed Learners: 1 All Star, 6 proficient, 1 unengaged)
    - FFT TCM LR (96 Learners 2 All Star,66 Proficient,12 Unengaged)
    - FFT TCM HR (225 Learners (4 All Star, 186 Proficient, 22 Unengaged)
    - FFT Core (154 Learners: 3 All Star, 82 Proficient, 8 Unengaged
    - FFT FC 41 Learners (1 All Star, 25 Proficient, 5 Unengaged)
    - FFT FC Support Staff (9 Learners)

2. **Site visits** are our tool for helping clinicians translate the knowledge of Adaptware into practice. During a site visit, 3-5 family sessions are conducted and observed by the team and consultant. Site visits are an important way for clinicians to get real time feedback regarding how to manage and conduct sessions. Due to COVID, the majority of these visits were online.

    - **This year we conducted 88 site visits days of training**

3. **Classroom trainings** are a tool to think through the FFT model and gain additional insights into understanding and providing FFT. Due to COVID, the majority of training were conducted virtually.

    - **This year we conducted 86 classroom trainings.**

4. **Weekly & Monthly Consultation** is provided to all phase 1 teams and is a forum for teams and an FFT consultant to drill down into cases and issues each week.

    - **This year we provided 1800 hours of weekly consultation**.

5. **Quarterly administrative meetings** are an important way of collaborating with agencies, to ensure transparency and to quickly respond to challenges that are encountered.

    - **This year we conducted 538 quarterly administrative meetings.**

6. **Adherence Summary reports** are a tool to ensure quality in clinical practice.

    - **We provided 136 Adherence Summary reports this year**.

7. **Replacement Training** is a method to easily replace a clinician who may leave a team.

    - **We provided 88 Replacement training webinars this year.**

8. **Care4 Training** is an important part of helping clinicians build skill in evidence-based decision making.

    - **This year we delivered 45 hours of advanced Care4 training.**

Was the Training Successful, as Evidenced by Feedback from Our Learners?

Evaluating training for Evidence Based Practice can be difficult. The only "empirical" test would be to measure outcomes among different training models or to measure outcomes with and without training. That, of course, is not possible. In addition, that type of evaluation has never been done in FFT and there are no evaluations of the efficacy of any FFT training programs. There are, however, a number of other measures that might be used to determine training effectiveness. FFT Partners is unique in that we use a comprehensive approach to measure training effectiveness, considering the experiences of the therapist in training, the clients they are serving, the fidelity rating given by the consultants working with them, and the objective outcomes of their work.

We gather feedback from trainees after each training activity. This year we had over 2,500 training evaluations gathered from the various training activities we provided. As noted below, in each case, across all training activities, clinicians in the training program rated our training between very good and excellent. Most important, the training clearly made a difference in helping them provide FFT services.

Training type	Helpfulness in my work?	Clear objectives?	Objectives met?	How much did you learn?	Overall rating of training in helping me provide FFT services
`E-Learning System	4.1	4.0	4.6	4.25	**4.3**
Classroom Training	4.3	4.5	4.5	4.5	**4.2**
Site Visits	4.5	4.6	4.7	4.7	**4.4**
Supervisor Training	4.3	4.4	4.6	5.0	**4.3**

*1=Low, 2=fair, 3= good, 4=very good, 5=excellent

What Services Were Provided?

In the last year, FFT therapists in our training program conducted 44,613 sessions with families. Of these, 84% were successful completed sessions (meaning they were held not rescheduled or cancelled).

- 8.2% Case Management activities
- 1.6% Intake/assessment visits
- 3.2% FC family visits
- 77.8% Clinical Sessions. Of the clinical session:
    - Engagement & Motivation Sessions (43.5%)
    - Behavior Change Session (34%)
    - Monitor & Support Sessions (5.6%)
    - Generalization Sessions (18.7%)
    - Booster sessions (.2%)

This year 2594 cases were referred to FFT. Of these:

- 31.5% currently active
- 3.8% declined services and were not seen
- 6.7% administratively closed
- 60.1% completed

Of the cases completed (1505):

- 79% successfully closed/(80.1% in ACS NYC)
- 9.9% unsuccessful
- 11.1% dropped out

It is important to note; this was a confusing and complex year because of COVID. In addition, we have a very high bar for a successful case closure. Unlike other training organizations, that count as successful any case with a single session of the final phase (generalization), we require a full does of FFT in all phases and successful client feedback to measure a successful case closure.

Case Duration

FFT is intended to be a short-term clinical intervention. One measure of good practice is whether cases closed in a short-term time frame. FFT is typically done over the course of 4-8 months. This year successful case closures averaged:

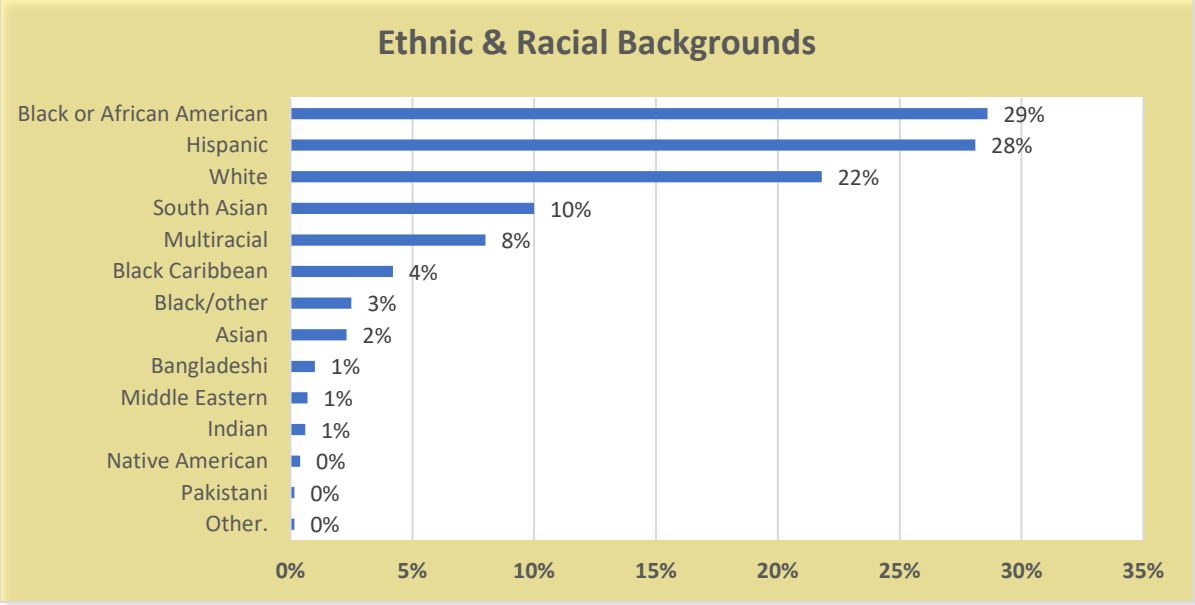
- Successful closures = 6.9 months
- Unsuccessful = 5.6 months
- DO = 3.4 months

This suggests that successful closures are indeed short term. It also seems that unsuccessful cases are ones in which clinicians put effort into sessions despite the poor outcomes. Finally, this data suggests that drop outs happen in the engagement motivation phase (early treatment) and maybe require additional focus on the goals of that phase.

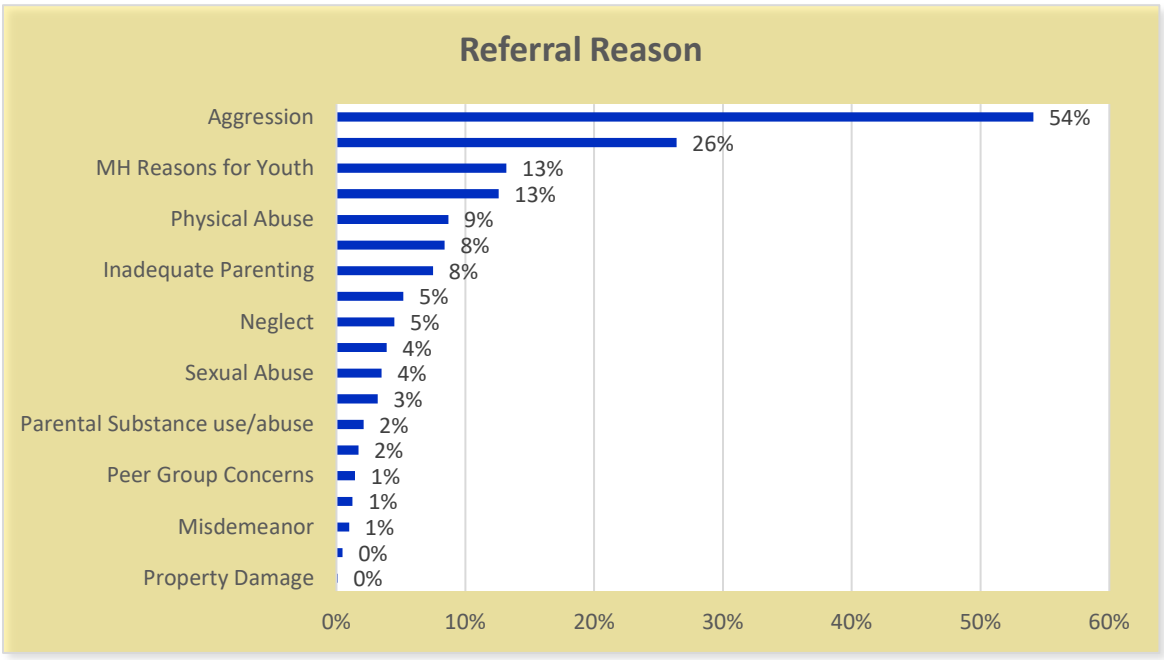
Who are the Families We Served?

FFT Partners agencies served a diverse group of families this year. The majority of referred youth were female (56%) and 46.2% male, 1% identified as transgender.

There was a wide range of ethnic and racial backgrounds.



This year most of the youth we served were referred for acting out behavior and Mental Health reasons (80%). This population is the one FFT was designed to serve.



Trauma Exposure and Symptoms

Being in the child welfare or juvenile justice settings can be difficult for families. One measure of the challenges facing FFT clinicians is the level of trauma exposure and trauma symptoms that both caregiver and youth present with as FFT begins. We measure trauma exposure using the ACE measure. The ACE score is used to explain a person's risk for chronic disease. Think of it as a cholesterol score for childhood toxic stress. The higher your ACE score, the higher your risk of health and social problems. As the ACE score increases, so does the risk of disease, as well as social and emotional problems. An ACE score of 4 or more indicates serious risk. The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis is increased by 240 percent; depression by 460 percent; and attempted suicide by 1,220 percent.

We measure trauma symptoms using the Child PTSD Symptom Scale which measures severity of symptoms related to trauma in the last months.

- Youth reported an average trauma exposure score of 6.1, which is far beyond the benchmark of 4 at which trauma exposure begins to impact health and well-being.
- 25.5% of the youth in FFT reported no current trauma symptoms.
- 74% of youth indicated some degree of trauma symptoms with an average symptom level of 15.4 which would suggest that they experience trauma-based thoughts approximately one time per week.

- Caregivers reported an average trauma score of 2.2.
- 26.9% (287) of Caregivers reported no trauma symptoms
- Of the remaining, 51.8% of caregivers reported some level of trauma symptoms experience approximately one time per week.

This suggests that both the caregivers and youth in the families served have experienced exposure to trauma that may impact their health. In particular, youth have a significantly high number of trauma exposure items putting them at significant risk. Neither caregiver's nor youth report significantly high levels of ongoing trauma symptoms.

Mental Health Symptoms

Mental health symptoms are often seen in youth and caregivers in FFT. We use the PHQ 9, a commonly used primary care measure of depression and suicidal ideation. In the families served by FFT this year:

- Youth had an average PHQ9 score of 6.2 which indicates a mild level of depression.
- Caregiver had an average score of 6.5, indicating a mild level of depression.
- 22% of Youth indicated that they had a previous suicide attempt and 18.5% indicated that they had considered suicide in the last year.
- The youth who contemplated suicide had a PHQ 9 score that was two times higher than the average, putting them in the moderate level of depression.

The youth we served this year were struggling. Although not a high number of youth or caregivers were rated as highly depressed, almost 25% of youth served by FFT this year had previous suicidal attempts.

What Are the Outcomes FFT With These families?

Positive client outcomes are the primary goal of FFT. Client report outcomes indicate the view of the family of problem severity, session success, and changes in family functioning. We measure client outcomes in several ways: Session by session family reported changes, along with changes in family functioning changes, improvements in caregiver strain, and satisfaction with services as a result of FFT.

Session by Session Family Ratings: We gather session by session measures from the family regarding the progress they feel is being made, the alliance they have with their therapist and the impact treatment is having on their relationships and their ability to work together to solve problems. There are two ways to look at this family feedback; first, did families experience progress as a result of FFT? And second, did that progress improve as clinicians gained additional knowledge and skill. As outlined below, family ratings in the first quarter were average for alliance and impact, while lower for progress. By the final quarter, significant improvements were made with families reporting between 23% and 50% improvement in all three areas: alliance, progress, and impact.

Changes in level of client reported alliance, impact, and progress as a result of training in year one.

Family Ratings	Quarter 1 (average)	Quarter 4 (average)	Change (average)	% Improvement
Alliance	2.23	2.84	.61	**27.3%**
Impact	2.4	2.95	.55	**23%**
Progress	1.8	2.7	.9	**50%**

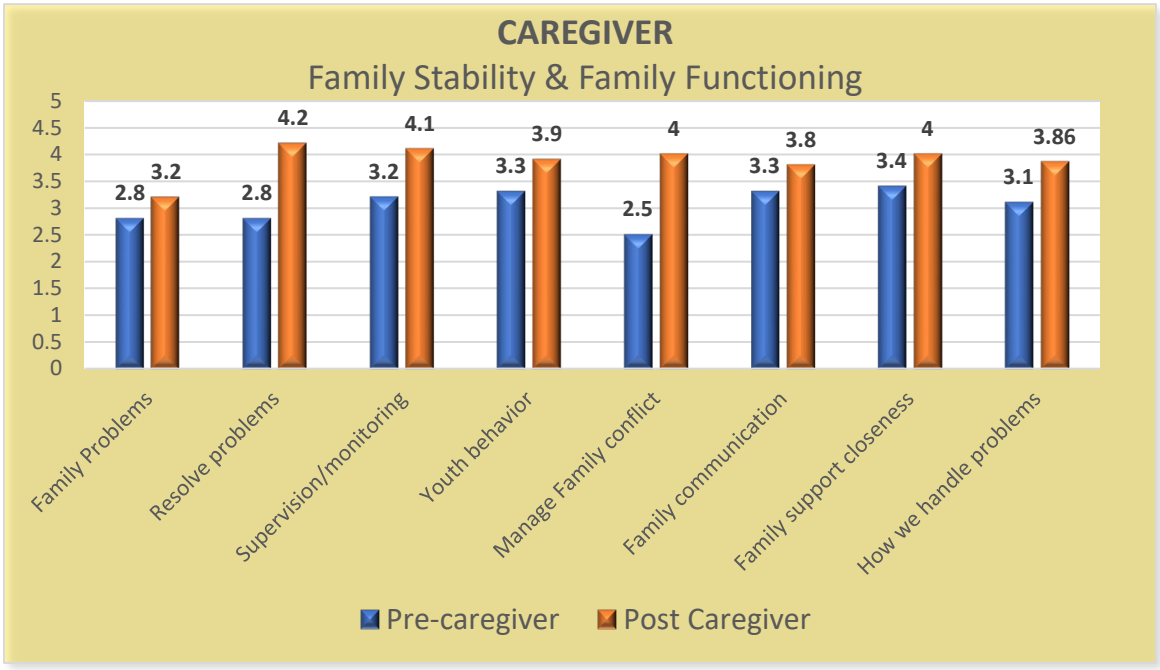
*Scale: 0=Low-5 =high. Target range 2-4

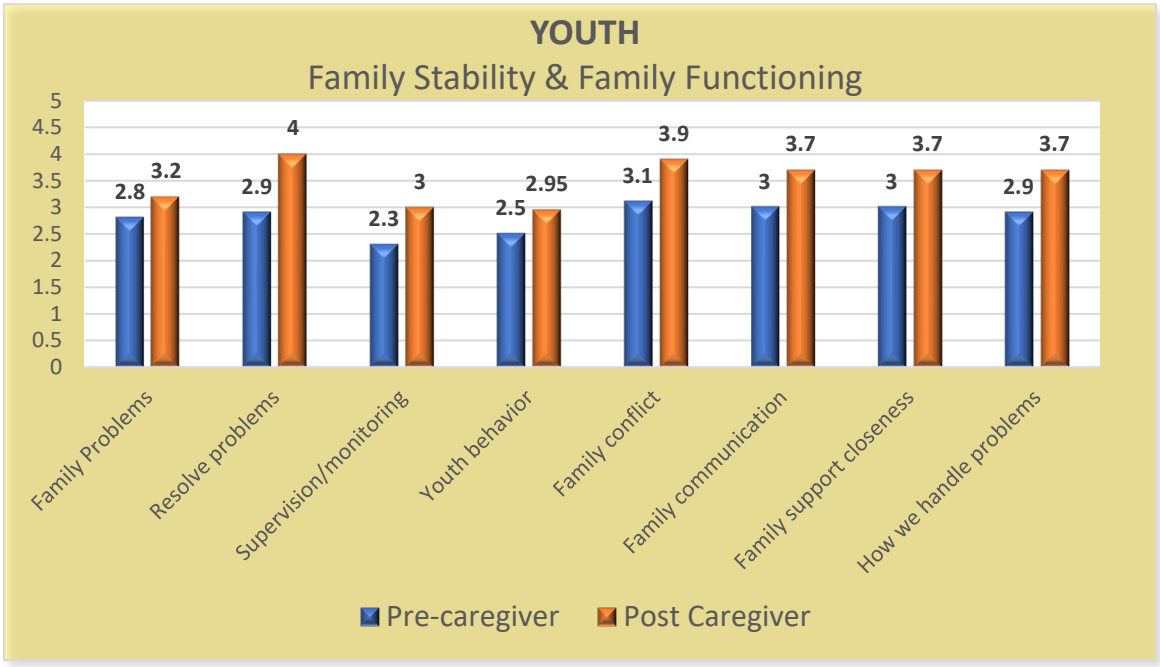
Client Reported Progress: At intake and discharge we ask each member of the family to indicate progress in the primary and secondary problems that brought their family to FFT, how the family is current doing, school status, progress since starting FFT, and their confidence in maintaining the changes they have made.

Area	Pre youth	Post Youth	% Improvement	Pre Caregiver	Post Caregiver	% Improvement
How serious is (pre)/how much improvement in main problem (post)	3.0	4.2	40%	2.81	4.1	**46.1%**
How serious is (pre)/how much improvement in secondary problem (post)	3.1	4.0	29.0%	2.8	4.1	**46.5%**
How is the family doing now?	3.1	4.2	27.5%	3.1	4.1	**32.2%**
How is school now?	3.3	3.8	15.25	3.0	3.9	**30%**
Progress since starting FFT	N/A	**4.2**		N/A	**4.31**	
Confidence in maintaining	3.4	4.1	38.2%	3.5	4.2	**20%**

Over the course of FFT both youth and caregivers report significant improvements in in the problems that brought them to FFT (46% improvement). Progress (from both the caregiver and youth) was very high. It seems that families feel FFT is successful and helps them overcome the struggles that brought them to treatment.

Improvements in Family Functioning are determined by measures of Family Stability and Family Functioning.





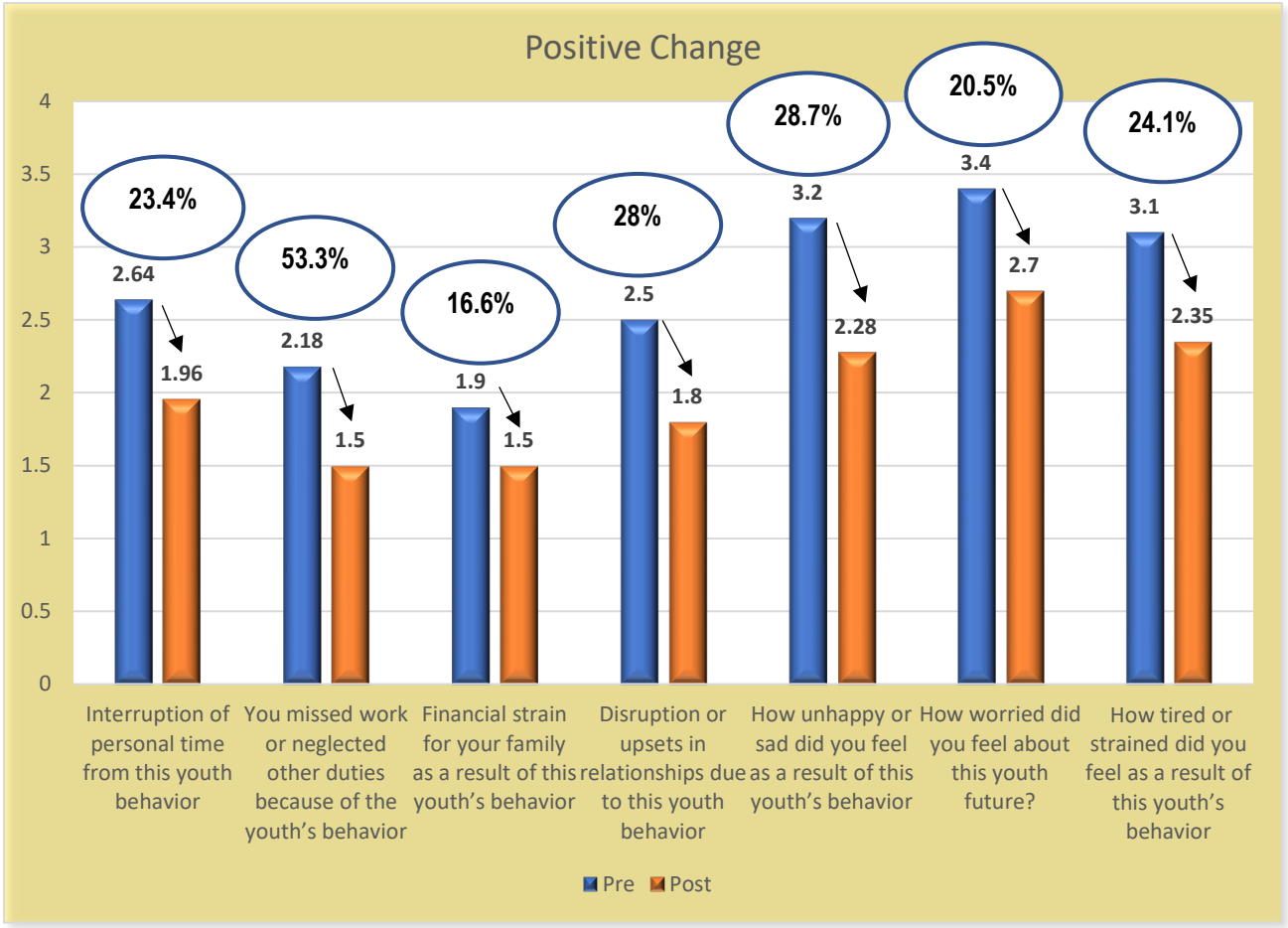
This measure rates 8 different areas of Family Functioning. Both youth and caregivers report significant improvements in all areas of functioning. They had strong improvements in how they resolve problems, the level of family conflict and how they handle problems. This suggests FFT does help families with skills that they can use to overcome current and future problems.

This measure of Family Functioning also provides an overall characterization of how the family works together. At the end of FFT both youth and caregivers reported a high degree of family functioning. The measure defines High functioning families as:

- *30-36 **High functioning**. Family members self-report minimal to no blame, negativity, and adolescent problem behavior. The family reports that they have the ability to manage conflict, risk factors, and other difficulties as they arise. The family knows how to resolve most problems within the family system and be aware of how to access external resources when necessary (such as alternative schooling for a child).*

Improvements in Caregiver Strain

Caregiver strain is a critical factor in family stability. We measure the strain on the caregiver both pre and post FFT treatment. Overall caregivers report a significant decrease (26%) in strain over the course of FFT.



Satisfaction in Services

Satisfaction with services is an important metric for judging the success of an FFT case. Satisfaction with services is measured at the end of FFT treatment. Note in the table below, in each area Caregivers report a very high degree of satisfaction in FFT. In particular, if a friend was in a similar situation, they would highly recommend FFT services. If they need help again, they are very likely to seek FFT.

Domain	Post
Did the youth get the youth get kind of services you think they needed?	**3.5**
Were the services you received the right approach for helping you?	**3.6**
If a friend were in need of similar help, would you recommend our services	**3.7**
If you were to seek help again, would you seek it from us?	**3.7**
Total	**3.6**

*High=3.5-4, Average= 2.75-3.5, Low=2.75 and below

The Growth of our FFT-Partners Team

This has been a significant year for the growth and development of FFT Partners as we welcomed 4 new full-time employees:

- Equarm Vanager, Senior Consultant: Equarm joined FFT Partners with almost 10 years of experience in FFT as a certified therapist and FFT supervisor. Prior to her FFT experience, Equarm worked with youth in after-school programs and foster care, in a substance abuse clinic and with homeless men. Through these experience's Equarm learned and believes, "The most vital influences in a person's life are their family of origin and the family that they choose to create. Individuals to families are like what the heart is to the body; its function is an essential part to the productivity of life. It is an honor to be a part of such important work and to continue my journey in FFT as a Consultant."

- Jaime Ferguson, Senior Consultant: Jaime brings extensive experience to our team, with over 16 years of work with families and clinicians providing FFT services in a community-based setting. She worked at Cayuga Centers, a partnering agency with FFT Partners and the longest standing provider of FFT in NY state. Working with families has always been a focus for Jaime and the FFT model allowed Jaime to grow in her career. "My career goal had always started with wanting to become a Family Therapist and over time, my passion for doing FFT with fidelity grew to wanting to teach new therapists the foundation of the model and watch their adherence and competence grow with practice, which then pivoted my career goal into a role of supervision and consultation within the FFT model."

- John Burek, Project and Implementation Manager: John comes to FFT Partners with over 29 years of experience in the ministry and social services fields; over 10 of those

years working with a national and internationally recognized evidence-based family therapy model, where he successfully implemented the model in 16 states. John recently co-authored, "An Exploratory Study of a Training Team-Coordinated Approach to Implementation" in the journal, "Global Implementation Research and Applications" January 2021 Edition. He has presented at more than 80 conferences and leadership groups across the country that included such topics as family engagement, implementation evidence of an evidence-based family therapy model, reentry/reunification and prevention of out of home placements.

- Sasha-Noelle Udom, Senior Consultant - Sasha-Noelle joins us with a wealth of experience both in FFT work and internationally, where she served 2 years in the Peace Corps in Thailand. In 2015, Sasha-Noelle moved to Brooklyn NY and became an FFT therapist and supervisor in a pilot FFT behavioral health model. Sasha-Noelle appreciates FFT because it aligns with the first principle she learned in graduate school – that is meeting families where they are at. Sasha says, "I have such an appreciation for FFT because it works to do just that. I have worked directly with families from all different backgrounds and beliefs and FFT approaches each in a way that matches their experience/background but also helps families make sustainable change."

Our staff at FFT Partners are full-time employees. To support our team, FFT Partners offers:

- A 401(k) plan with employer match
- An ICHRA with health insurance premium coverage that allows staff requiring health insurance to choose a plan that best fits their needs
- Generous PTO policy, Sick Leave, 10 Holidays and the week off between Christmas Eve and New Year's.

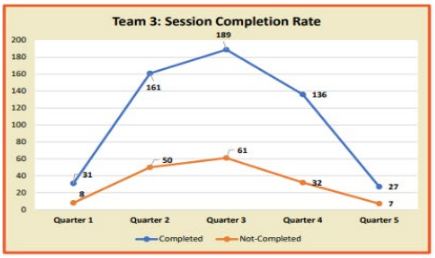
FFT Partners organizational philosophy is based on a collaborative partnership between all employees.

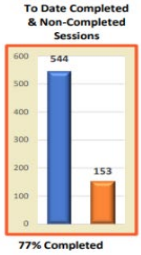
Advancement of our Training and CQI methods

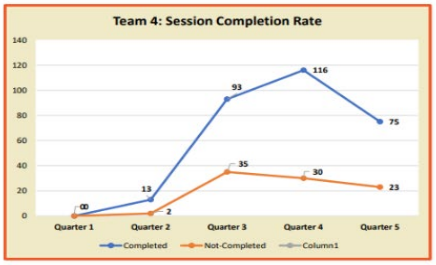
This year we made a number of advancements in our CQI and Training procedures and tools.

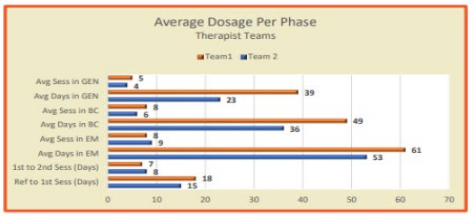
1. We adjusted and improved our 5 FFT Adaptware courses. We constantly evaluate the effectiveness of questions and sections in the program. This year we made significant updates to the content of the E-Learning program

2. We are committed to a CQI approach. This year we significantly improved our methods for monitoring and calculating our core KPI metrics for better communication with Community Based Agencies. These changes improve the quarterly CQI meetings held with each agency. Our new format improves clarity, expands the range of data, and includes an overall metric for each of the 6 KPI measures. (See the below-Sample reports)

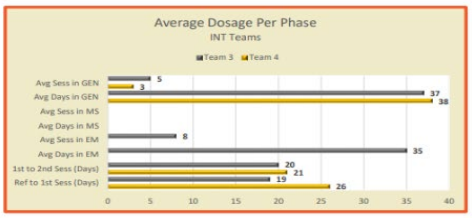








Avg Days	Ref to 1st Session	1st to 2nd	EM Days	EM Sessions	BC/MS Days	BC/MS Sessions	GEN Days	GEN Sessions
Team 1	18	7	61	8	49	8	39	5
Team 2	15	8	53	9	36	6	23	4
Team 3	19	20	35	8	n/a	n/a	37	5
Team 4	26	21	n/a	n/a	n/a	n/a	38	3



Team #1	Q1	Q2	Q3	Q4	Q5	Total
Administratively Closed			3			3
Declined	2		2			4
Drop Out		4		1		5
Moved	1			1		2
Never Seen						0
Non-Successful Completed Treatment						0
Unsuccessful			1			1
Child Removed						0
Successful	0	1	3	9	2	15

Team #2	Q1	Q2	Q3	Q4	Q5	Total
Administratively Closed					1	1
Declined			1			1
Drop Out						0
Moved		2		1		3
Never Seen			1			1
Non-Successful Completed Treatment						0
Unsuccessful		1	1	2	4	8
Child Removed						0
Successful		0	8	15	15	38

Team #3	Q1	Q2	Q3	Q4	Q5	Total
Administratively Closed						0
Declined			1			1
Drop Out			1			1
Moved		1	1			2
Never Seen		1				1
Non-Successful Completed Treatment						0
Unsuccessful			1	1	3	5
Child Removed						0
Successful	0	0	5	6	16	27

Team #4	Q1	Q2	Q3	Q4	Q5	Total
Administratively Closed						0
Declined			1	2		3
Drop Out					1	1
Moved						0
Never Seen		1				1
Non-Successful Completed Treatment					2	2
Unsuccessful			1	1		2
Child Removed				1		1
Successful	0	0	0	2	12	14

Performance Evaluation and Follow Up Items

Key Performance Indicators Overall

Training Engagement & Participation	☐	☐	☐	☐	☐	
Learning & Knowledge	☐	☐	☐	☐	☐	
Service delivery	☐	☐	☐	☐	☐	
Case Completion & Outcomes	☐	☒	☐	☐	☐	79%
Clinical Decision-Making Tool Utilization						
Completed Sessions Total	1890					
Progress Notes	☐	☒	☐	☐	☐	84%
Session Planning Guides	☐	☐	☐	☒	☐	64%
Session Impact	☐	☒	☐	☐	☐	517
Model Fidelity						
Engagement and Motivation	☐	☒	☐	☐	☐	2.50
Behavior Change	☐	☒	☐	☐	☐	2.85
Generalization	☒	☐	☐	☐	☐	3.08

**Session Impact 517 is 27% over 100%*

Overall KEY					
☒ Excellent					
☒ Good – but don't give up reaching for the next level					
☒ Adequate – steps need to be made to move up					
☒ Marginal – needs improvement					
☒ Immediate Improvement Needed, Not Acceptable – change must be made					
Case Completion and Outcomes	80+	79-70	69-60	59-50	49-
Progress Notes	90+	98-80	79-70	69-60	59-
Session Planning Guides	90+	98-80	79-70	69-60	59-
Session Impact	+25	100-90	89-75	74-60	59-
Engagement and Motivation:	3.0+	2.9 - 2.0	1.9 - 1.5	1.4 - 1.0	.99-
Behavior Change	3.0+	2.9 - 2.0	1.9 - 1.5	1.4 - 1.0	.99-
Generalization	3.0+	2.9 - 2.0	1.9 - 1.5	1.4 - 1.0	.99-

3. Improved our ongoing training for Senior Consultants. Our Senior Consultants have a major impact on the training each team receives. As part of our commitment to CQI, we now provide training 4x year for Senior Consultants so that they have the most updated skills and methods for helping teams.

4. Development of enhanced features in our Care4 platform with better reports, ease of navigation, and clinical alerts.

Acknowledgements

We are committed to the philosophy that successful FFT is a collaboration between Community Based Agencies and FFT Partners. Each success by each family is based in this collaboration. The Annual Report indicates that our training is effective, we engage and successfully complete FFT and families have very positive outcomes as a result of that work. This could have only been possible through the collaboration and partnership with each agency we work with, and with each therapist who learns and carries out FFT with families every day.

Thank You for the trust you put in us and the partnership you provided. We are lucky to have each of you.