

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATION
FUNCTIONAL FAMILY THERAPY (FFT)
Service Code 280 & 281**

SERVICE DEFINITION:

Functional Family Therapy (FFT) is an outcome evidence-based prevention/intervention family therapy program for youth demonstrating maladaptive/acting out behaviors. FFT is a phase-based model that engages and motivates families to change through multiple interventions, including a relational and strength based focus of the problems. Service delivery takes place primarily within the home or the community. FFT serves at risk youth ages 11-17 with a minimum contact of once a week over three (3) to five (5) months.

STANDARDS/LICENSURE REQUIREMENTS:

1. An agency contractor must be licensed by the Arizona Department of Health Services Division of Licensing Services (ADHSL).
2. Services will be provided by personnel who are qualified by education, experience and/or training to deliver FFT services, in accordance with the standards and conditions established by the Blueprints Project and the Center for the Study and Prevention of Violence. A Master's Degree in a human service related field is preferred. At a minimum, services will be provided by a person who holds a Bachelor's Degree in a human service related field with at least two (2) years of practical experience with children/adolescents or family behavioral health and possess the training requirements outlined below.

TRAINING REQUIREMENTS AND SUPERVISION:

1. Every FFT therapist is required to attend national trainings. The training consists of three (3) trainings that cover the three phases of FFT.
 - a. Engagement and Motivation;
 - b. Relational Assessment; and
 - c. Behavior Change Phase and Generalization Phase.
2. Ongoing training consists of but is not limited to the following areas:
 - a. Clinical supervision; individual and group supervision at two (2) hours per week.
 - b. Supervision consultation with the FFT National Expert. Consultation will engage FFT Supervisor, therapists and team members.
 - c. Site visits by the FFT National Expert/Supervisor will be conducted at a minimum of once annually to ensure compliance, continued integrity to the fidelity and dissemination of the FFT model.

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- d. FFT supervisors will receive required training in accordance to the FFT model coupled with ongoing telephonic supervision and support to ensure program fidelity.
- e. Audio taping may be employed for session observation to support continuation of training, supervision, and maintaining program fidelity.

UNITS OF SERVICE:

Service shall be billed in fifteen (15) minute increments.

SERVICE GOALS:

- 1. To provide a family-based, multi-systemic intervention for at-risk youth and their families by strict adherence to the methods of the Blueprints Project and the Center for the Study and Prevention of Violence;
- 2. To help the family see the problems from a strength-based perspective and to develop positive alternatives to meet their relational/behavioral needs while reducing client acting out behaviors.

SERVICE TASKS:

- 1. Within twenty-four (24) hours of accepting a referral and assigning a screening, make initial contact with the client and the family, and the referring probation officer.
- 2. Conduct an Evidence-Based Screening to determine eligibility to the FFT-Program.
- 3. Document the provision of telephone notification, or written notification of the eligibility, to the referring probation officer for the referred client.
- 4. Make initial contact with the client, parent/guardian and probation officer within twenty-four (24) hours of a case assignment.
- 5. Implement with strict adherence to the Blueprint's Project FFT model, the phase-based interventions to achieve the model specific and family-focused goals.
- 6. A stable caregiver (parent/guardian) must be involved in each case and is expected to remain with the client throughout the service delivery.
- 7. This service shall be delivered in either the therapist's office or home/community-based environment with an initial authorization limit of 12 sessions. Services may be re-authorized in increments of 6 sessions up to a maximum of 24 sessions according to strict criteria.

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8. Therapists will provide at minimum, weekly one-hour, home-based family therapy sessions to clients.
9. Conduct and create a treatment plan within ten (10) days after case admission.
10. Conduct a weekly treatment team meeting for the purpose of reviewing individual case progress and develop outcome-focused weekly plans to achieve the client and parent/guardian goals.
11. Conduct weekly collaboration with the referring probation officer through the use of telephonic, electronic updates and in-person meetings.
12. Prepare and document a monthly written progress report to include a treatment summary that will be submitted to the referring probation officer and share said information with client and parent/guardian regarding progress.
13. Document in the client medical record, all services provided including summary of therapy progress notes. The documentation must include: date, duration, type of service, participants, event summary and therapist name, signature, and title.
14. Provide a range of goal-directed services to the client and parent/guardian that may include but shall not be limited to:
 - a. Reduce negativity and blame;
 - b. Develop a positive theme-oriented perspective on family patterns;
 - c. Improve family alliance through meaningful changes of family patterns;
 - d. Develop and implement behavior skills that match the family patterns of relationships and decrease risk factors;
 - e. Increase client, parent/guardian affection levels;
 - f. Improve parenting practices;
 - g. Decrease association with deviant peers;
 - h. Increase association with pro-social peers;
 - i. Engage client, parent/guardian in positive recreational activities;
 - j. Improve school/vocational performance;
 - k. Improve family/community relations;
 - l. Enhance protective factors;
 - m. Generalize skills to other areas of life;
 - n. Develop and maintain relapse prevention plans for all behaviors addressed;
 - o. Identify and refer to community-based supports as needed.

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15. The following service tasks may be implemented on an as needed basis per client and parent/guardian need:
 - a. Aiding the client, parent/guardian in meeting concrete needs such as; housing, medical care, legal assistance and community-based referral and follow-up support services.
 - b. Teach client and parent/guardian organizational skills needed to provide a positive environment (example, teaching budgeting skills, etc.);
 - c. Transport client and parent/guardian only when necessary and facilitate client and parent/guardian recognition and use of public transportation.
16. Complete applicable assessments at intake, discharge and throughout treatment, as part of the reassessment, to ensure appropriateness and relevance of therapeutic client and parent/guardian goals.
17. Conduct a termination interview with the client and parent/guardian, and client's referring probation officer to summarize treatment progress, options for maintaining progress, and client and parent/guardian service satisfaction.
18. Submit a written discharge summary to the referring probation officer within seven (7) days after case closure.
19. Prepare and provide all required reports in accordance with AOC Standard Terms and Conditions.
20. Contractor shall participate in quality assurance evaluation activities including, but not limited to group meetings, site visitations, videotaped reviews of sessions, and peer review of policies and procedures.

Annual Reporting:

1. The contractor will collect, maintain and report data annually to AOC for each fiscal year (July1 through June 30). The report is due no later than 30 days after the end of the fiscal year. The report must contain the following elements:
 - a. Number of referrals;
 - b. Number of cases accepted and not accepted;
 - c. Number of cases opened;
 - d. Number of cases not opened and reason;
 - e. Number of active cases;

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- f. Number of cases successfully discharged;
- g. Number of cases unsuccessfully discharged, including cases closed prior to completion of treatment, and reason;
- h. The Contractor shall conduct a follow-up of discharged (successful and unsuccessful, respectively) cases at 3, 6, and 12 months. Follow-up shall include but is not limited to:
 - i. Percent of youth arrested;
 - ii. Percent of youth in out-of-home placement;
 - iii. Percent of youth with positive educational/vocational involvement.

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I have read and fully understand the requirements to provide FFT and agree to all requirements and restrictions and propose the following rates:

Proposed Service Rate:

Office Based (service code 280): \$_____ / youth / 15 minutes

Home Based (service code 281): \$_____ / youth / 15 minutes

Other proposed agreement:

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final Contract Rate:

Office Based (service code 280): \$_____ / youth / 15 minutes

Home Based (service code 281): \$_____ / youth / 15 minutes

Other agreement:

Contractor Signature / Date

AOC Staff Signature / Date