

CWE Fall 2024 Cohort: FFT Application

Eligibility

In order to be eligible to participate in this initiative you must be a CFTSS provider.

Are you a CFTSS provider authorized for OLP and/or CPST?

- Yes
 No

Agency FFT Contact

Please enter your contact information below:

Agency Name

Agency Contact

Title

Email

EBP Requirements

EBP Requirements

FFT authorized agencies must furnish and/or implement the following:

By checking here I understand and agree to the following:

a. Functional Family Therapy is an intervention that focuses on and meets, from the very beginning, with families. **Programs will be expected to work directly with families, not just the youth, throughout the treatment episode.**

b. **The agency will collect consent from participating clients based on their organization's policies and procedures.**

c. FFT therapists often work within agencies that provide their own clinical consultation. With FFT, a FFT National Consultant provides clinical guidance for the site's FFT working group via group Zoom consultation. **Confirm that FFT therapists will receive primary clinical guidance in the FFT model from FFT National Consultants.**

**By checking
here I
understand
and agree to
the following:**

d. FFT has a web-based assessment and case management system (CSS) that tracks outcomes, client change, model adherence, and service delivery trends. Implementation of FFT requires that FFT therapists use this protocol. **Confirm that your site and its provider agency can meet this program commitment.**

e. **Confirm ability to maintain current CFTSS documentation in addition to the FFT documentation requirements.**

f. There is an average of 3 days of initial FFT training; weekly one-to-two-hour long group consultations; and 8 days of follow-up training over the year. For one FFT therapist, an additional 9 days of training off-site is required. Missing any of the initial trainings means that an FFT therapist cannot continue with the FFT team. **Confirm that your site and its provider agency can meet this training commitment.**

g. Sites must provide each FFT therapist with on-going computer and internet access so they can record progress notes and complete the other assessments (adherence and outcome instruments that are utilized during the course of an FFT intervention). All therapists must have access to the most current version of their internet browser for this system to work properly. **Confirm the ability for the program to adhere to this requirement.**

h. **Confirm ability to provide for video conferencing for conducting weekly clinical consultation.**

i. FFT teams range from a minimum of 3 clinicians to a maximum of 8 clinicians. This includes the person who will become the FFT supervisor in year 2. **Confirm your agency will have at least 2 clinicians and 1 supervisor identified and/or hired for training by December 1, 2024.**

j. **Confirm that your agency will attend all CWE activities (in addition to training and supervision), including three Learning Collaborative sessions which may occur in person and require travel.** Learning Collaboratives are approximately 4 hours and should be attended by the program supervisor, director, and clinicians (if available).

Operation and Workflows

Operations and Workflows

FFT is an evidence-based family therapy model designed for 11-18 year old at-risk youth who have been referred by the mental health, child welfare, juvenile justice, or school systems. Please provide the following information about your agency's ability to implement FFT:

a. How many families are currently working with your CFTSS program?

b. How many families currently served would be eligible to participate in this program?

c. How many referrals does your CFTSS program receive each month?

d. Based on your current referrals and FFT's target population, how many of these referrals do you think would be eligible for FFT services?

What kind of challenges/issues are typically faced by the teens served by your program?

To facilitate learning, FFT therapists begin working with families immediately after the initial clinical training. Full time FFT therapist's caseloads are 10-12 families at any given time, but therapists can build up to this number over the course of the first few months. 5 families is the minimum caseload any therapist

can have at any given time. Discuss planning and anticipated process to assure appropriate flow of referrals at start up. Include any barriers to building caseloads in a timely way such as extensive waitlists or delays from time of referral to service initiation.



Because of the relatively briefer duration of service in FFT, therapists should be able to work through 3 full caseloads of families each year. So, for a full-time therapist, he/she should be able to complete with 30–36 families each year. This means, for example, a five-therapist team of full-time therapists will need over 150 referrals per year. If you have a pre-identified person that will become the site supervisor in year 2, they will also carry a minimum caseload of 5 at any given time. In order to meet the training requirements to become a supervisor, they need to fully complete at least 5 cases prior to attending externship.

How many referrals do you anticipate your FFT team(s) will

require? Discuss your referral source/s ability to provide adequate referral numbers.



Staffing

Staffing

FFT trains groups of 3-8 therapists who attend all training and consultation together, but who work with FFT families individually. Provide below the anticipated number of teams, size of each team, and names, experience, hours worked per week, and educational background of each proposed FFT therapist.

Please note: In year two of implementation, training shifts to focus on a lead or supervisor on your team who saw cases in phase one of FFT training. This person will be supported and

trained to provide the supervision support that FFT, LLC provides in year one. Some sites pre-identify a possible supervisor; others make this decision later after observing individual therapist growth with FFT training. It is important that all applying programs/agencies anticipate the need to select a supervisor from the team in planning.

Please provide the following information.

Number of FFT
Teams

Size of each FFT
Team

Please provide the site* information below:

**Please note: The site must be designated for CFTSS, for the appropriate population (the agency's clinic cannot be used, for instance).*

Site Name:

Address:

Population Served:

- General Mental Health
- Foster Care
- Substance Use

Are you applying for multiple sites?

- Yes
- No

Location #2

Site Name:

Address:

Location # 2 Population Served:

- General Mental Health
- Foster Care
- Substance Use

Location #3

Site Name:

Address:

Location # 3 Population Served:

- General Mental Health
- Foster Care
- Substance Use

Will you have half-time therapists* (i.e, therapists who also see clients not receiving FFT)?

**Please Note: It is required that at least half of cases are FFT, and over time FFT clinicians' will become full time with FFT-only cases.*

- Yes
- No

FFT therapists often match to family schedules.

What hours will your FFT therapists work and what sort of flexibility will they have with work schedules? If they will only be half-time, what other job duties will they have?

**Please confirm that the days or times fall within the CFTSS program's authorized hours of operation.*

Proposed FFT Therapist #1

**Indicate "TBD" for each field if you are planning to hire for this position*

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Proposed FFT Therapist #2

**Indicate "TBD" for each field if you are planning to hire for this position*

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Proposed FFT Therapist #3

**Indicate "TBD" for each field if you are planning to hire for this position*

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Will your FFT team have more than 3 therapists on it?

Yes

No

Proposed FFT Therapist #4

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Proposed FFT Therapist #5

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Proposed FFT Therapist #6

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Proposed FFT Therapist #7

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Proposed FFT Therapist #8

Name

Email

Educational
background

Length of time in
practice

Hours worked per
week

Site location

Acknowledging that during the year 1 and year 2, even with the best retention plan, there may be a staff departure. What steps will the program/agency take to mitigate the impact of this staff loss?

Leadership

Leadership

Through this initiative, New York State is making a considerable investment in helping agencies implement a highly regarded EBP and wants to make sure there is adequate leadership support and commitment to not just the initial training process but to long-term sustainability. Discuss how your program and agency will provide ongoing support, oversight, and monitoring to ensure FFT continues after the initial support period.



Attestation

On behalf of the Designated CFTSS Provider Agency, I (Chief Executive Officer or Designee listed below) attest that I have read the materials and guidance associated with Evidence Based

Practices in CFTSS, understand the requirements associated with certification, both initially and ongoing, and will abide by all EBP CFTSS program and billing allowances. In addition, the agency will maintain communication and engagement with associated Cohort Two – Fall 2024 partners (e.g., NYS, CWE, Proprietors) and the agency is aware that additional agreement with the proprietary organization may be necessary.

Initials

Date (DD/MM/YY)