LAC DMH
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director

SUBJECT: **CONSULTANT SERVICES AGREEMENT WITH CALIFORNIA INSTITUTE FOR MENTAL HEALTH REPORT**

During the July 30, 2013, meeting, your Board instructed the Director of Mental Health, in collaboration with the Chief Executive Officer, to report back on the rationale for the Department of Mental Health (DMH) selection of Functional Family Therapy (FFT) for at-risk probation-involved youth and their families and on the justification for pursuing a sole source contract with the California Institute for Mental Health (CiMH) to support the implementation of this practice. As directed, this report will provide you with information regarding the unique provisions of FFT, the outcomes that are being tracked that support the choice of FFT, and the reasons why a sole source contract is required with the CiMH in order to obtain training in FFT.

FFT is a family-focused, home-based intervention which has proven results in helping at- risk probation youth and their families. The effectiveness of the program has been demonstrated for a wide range of youth in numerous clinical trials over the past thirty (30) years.

In order to achieve strong outcomes, FFT requires extensive quality assurance and quality improvement related to the delivery of the clinical services. This includes intensive training of clinicians, close practice-specific clinical supervision, and sophisticated tracking of clinical outcomes.

In Los Angeles County, FFT has proven to be very effective in engaging families from a variety of cultural and ethnic backgrounds. Families completing FFT demonstrate significant improvement as a result of FFT services. Outcome measures for FFT focus on clinical improvement in acting out behavior and the family problems which led to contact with law enforcement.

On outcome measures administered as part of FFT, both parent(s) and youth report reduced symptoms and improved family functioning, including:

- Fewer arguments;
- A decrease in disrespectful attitudes and behavior;

- A decrease in truancy;
- Improved cooperation with rules and expectations;
- Decreased anger, threats, and impulsive behavior;
- Improved family relationships;
- Improved concentration and completion of tasks; and
- Reduced symptoms of depression, anxiety and distress.

Findings from a large sample of Los Angeles County youth and families that participated in the FFT program reveal that there was a significant reduction in recidivism for those youth that completed the FFT program. Families who completed the program were compared to families that did not. For those youth that completed FFT, days of incarceration after the completion of the FFT program was significantly lower. This finding was also highly significant even for youth exiting suitable placement, a subset of youth known to have very high recidivism rates. Overall, youth who complete FFT spent significantly fewer days in detention than their non-completing counterparts. Finally, in addition to the improved clinical outcomes for youth and families, reduced days of incarceration translate directly into cost savings for Los Angeles County. The fact that FFT helps youth stay in their communities with their families clearly demonstrates that it is also a cost-effective program.

FFT can only be delivered by clinical staff trained by vendors approved by FFT, Inc., the developer and disseminator of the practice of FFT. FFT, Inc., ensures the quality of FFT services delivered to youth and their families by requiring clinicians who deliver FFT to be properly trained and carefully supervised. In the State of California, CiMH is the only approved vendor for FFT training. Thus, in order to afford Los Angeles County youth and families access to FFT services, a sole source contract with CiMH is required.

The strong outcomes, including improvement in clinical symptoms and the reduction in recidivism, support the selection of FFT as an intervention for at-risk youth and their families. It is only through a sole source contract with CiMH that DMH is able to bring this intervention to the families we serve. If you desire additional information regarding this Agreement, please contact me, or your staff may contact Dr. Robin Kay, Chief Deputy Director, at (213) 738-4108.

MJS:RK:tld

c: Executive Office, Board of Supervisors
Chief Executive Office
Mental Health Deputies
Robin Kay, Ph.D.