

# Washington State Functional Family Therapy Project

## Quality Assurance and Quality Improvement System

Reviewed by CJAA Committee on September 10, 2021

### Introduction

The Washington State Functional Family Therapy Project (FFT Project) is dedicated to provide guidance and support for competent service delivery of the Functional Family Therapy model. This is achieved by maintaining a high degree of model fidelity.

In Functional Family Therapy, model fidelity is based on the therapist's overall adherent delivery and competent performance of the model. Additionally, the FFT Clinical Supervisor plays an integral part in helping therapists successfully achieve and maintain model fidelity. The FFT Clinical Supervisor's role is to support and guide therapists in their practice. The primary goal of the supervision process is to ensure families receive the **highest quality of care** by rigorously monitoring (through group supervision and the review of therapist data) the **dissemination adherence** and **fidelity** (clinical outcomes) of therapists they guide on their team/s. Dedication and commitment to this goal will maximize the successful outcomes of the FFT Project.

**Dissemination Adherence** represents the administrative aspects of the dissemination process. Specifically, it is the degree to which the therapist is doing the FFT program (assessment protocol, attendance in supervision, completing documentation using the web-based system, delivery of session with appropriate frequency, entering contact notes, developing phase plans, and session progress notes with quality of documentation in the required timeframe, and collateral communication with referring sources and other service providers).

**Fidelity** is represented in the therapist's ability to consistently implement the key elements of FFT in the right sequence (adherence) and with a high degree of skill (competence). Adherence and competence are interdependent constructs and are both present as a therapist works successfully with a family.

Ensuring model fidelity requires a systematic approach to both quality assurance and quality improvement. **Quality assurance** involves the ongoing and accurate monitoring and tracking of reliable measures of model implementation. **Quality improvement** involves the implementation of specific activities to improve the delivery of the FFT model.

### Principles of Quality Assurance and Quality Improvement

The primary goal of quality assurance and quality improvement is to monitor and track the delivery of the FFT model as intended, based on the following principles:

- Clinical Supervisor adheres to the FFT Clinical Supervisor Standards.
- Clinical Supervisor utilizes the FFT LLC, Clinical Supervisor manual processes to ensure the therapists on their teams received the support they need to obtain and maintain model fidelity.
- Clinical Supervisor provides their therapists with accurate and timely feedback about their FFT practice.
- Therapists adheres to the FFT Therapist Standards.
- Therapists who perform below the national standards of model fidelity are placed on an improvement plan.
- Therapists, who, after all attempts at improvement, continue to demonstrate model fidelity outcomes below the minimal national standard cannot not practice the FFT model.

**Quality Assurance** is based on the monitoring and tracking model fidelity using reliable measures from:

- Multiple domains: dissemination adherence and fidelity ratings as outlined in the FFT Clinical Supervisor's manual.
- Multiple measures: family evaluations, therapist self-evaluations, Global Therapist Rating (GTR), Tri-Yearly Program Evaluation (TYPE), annual listen-in evaluations from the FFT LLC National Consultant, and annual therapist feedback from their clinical supervisor.
- Incremental measurement: formal review of audio/video recordings of family sessions.

**Quality Improvement** is based upon:

- Timely feedback to the therapist using accurate measures of model fidelity (adherence and competence), that is ongoing and specific.
- Timely feedback to the Clinical Supervisors on interrater reliability activities.
- Teaching oriented, group or individual discussions on the principles of the clinical model, such as trainings.
- Discovery oriented, a guided discussion led by the Clinical Supervisor or FFT LLC Consultant.
- Evaluated method, 30, 60, 90-Day Reviews, Learning and Growth plans (GTR) and Individualized Plans, to determine therapist areas of improvement and recognize areas of success.
- Accountability, FFT Project Therapist and Clinical Supervisors Standards.

### Training and Certification of Therapists

FFT LLC provides all trainings, via contract with the FFT Project. Before a therapist can register for the FFT Clinical Training Series, all hiring/contractual requirements must be met. The FFT Training Series are scheduled based on the statewide need for JC, CW, and JR.

The FFT Clinical Training Series consists of a 3-day Initial Clinical Training and three Follow-Up Trainings in WA State. To be a fully trained in the FFT Model, therapists are required to attend all four trainings. Once fully trained, the therapists are certified as a Washington State FFT therapist, if they have obtained and maintain the minimum statewide dissemination adherence and fidelity standards. Once certified, therapists must attend an annual booster training and maintain minimum dissemination adherence and fidelity standards.

Therapists who do not maintain the minimum statewide adherence and fidelity standards and yearly training standards will be de-certified, and can no longer practice FFT.

### Certified Therapists – practicing for more than one year

Training/Activity	Process / Goals	Outcome
Attend and participate in the assigned weekly consultation	Staff cases for model fidelity, receive clinical support, ideas, and problem solve	FFT Clinical Supervisor completes weekly Supervision checklist in CSS and provides feedback during consultation  Therapist maintains a 85% attendance
Provide FFT to families	Therapists meet fidelity and Dissemination Adherence requirements outlined in the Therapist Standards.	FFT Clinical Supervisor monitors input in the CSS – using the Weekly Supervision Checklist which examines fidelity (adherence and competence) and dissemination adherence (therapist input in the CSS – doing the program)
Attend Annual Booster training (7 hours)	Trainer and QA Administrator observation	FFT National Consultant reports out to the Clinical Supervisors and QA Administrator
Global Therapist Ratings (GTR)	Clinical Supervisor completes the GTR in the CSS  Clinical Supervisor meets with the therapist to discuss the therapist overall adherence and competence of the model, and writes a Learning and Growth Plan	Clinical Supervisors monitors the therapist progress of their Learning and Growth Plan  To ensure the therapist continues to meets the minimum dissemination adherence and fidelity standards to maintain certification as FFT therapist
Maintain the required caseload	Part-time average of 5-6 cases (20 hours a week) and Full-time average 10-12 cases (40 hours a week)	QA Administrator works with therapist, agency, and referral source to ensure Therapists are meeting the caseload requirement
CSS data entry for model fidelity	Therapist documents all work in the CSS according the FFT Model: assessments, contacts, session notes, and phase plans	FFT Clinical Supervisor monitors through case staffing and monthly case reviews for model fidelity

## New Therapists – first year practicing

Training/Activity	Process / Goals	Outcome
Attend the Initial Clinical 2.5 day training	Trainer and QA Administrator Observation	Trainer feedback report to QA Admin. QA Admin report to Clinical Supervisor
Provide FFT to families immediately after training	Therapists meet fidelity requirements outlined in the therapist standards.  Therapists meet the Dissemination Adherence requirements outlined in the Therapist Standards	FFT Clinical Supervisor monitors input in the CSS – using the Weekly Supervision Checklist which examines fidelity (adherence and competence) and dissemination adherence (the therapist input in the CSS – doing the program)
Therapist 30, 60, 90-Day Review Reports are completed every 30 days, based on the last day of the Initial Clinical training	Clinical Supervisor writes a Review report based on: Therapists Dissemination Adherence, caseload, and attendance in weekly consultation.  QA Administrator approves report	Therapist, Clinical Supervisor, QA Administrator, and agency supervisor meet to discuss Review report and create a support plan, when needed
Attend three (3) two-day Follow Up trainings (16 hours each) – during the first year of practice	Trainer and QA Administrator Observation	Trainer feedback report to Clinical Supervisors and QA Administrator
Attend and participate in the assigned weekly consultation	Staff cases for model fidelity, receive clinical support, ideas, and problem solve	FFT Clinical Supervisor completes weekly Supervision checklist in CSS and provides feedback during consultation Therapist maintains a 85% attendance
Global Therapist Ratings (GTR)	Clinical Supervisor completes the GTR in the CSS  Clinical Supervisor meets with the therapist to discuss the therapist overall adherence and competence of the model, and writes a Learning and Growth Plan	Clinical Supervisors monitors the therapist progress of their Learning and Growth Plan  To ensure the therapist meets the minimum dissemination adherence and fidelity standards.
Maintain the required caseload to ensure model fidelity	Part-time average of 5-6 cases (20 hours a week) Full-time average 10-12 cases (40 hours a week)	QA Administrator works with therapist, agency, and referral source to ensure therapists are meeting the caseload requirement
CSS data entry and learning tool for FFT Model fidelity	Therapist documents all work in the CSS according the FFT Model: assessments, contacts, session notes, and phase plans	FFT Clinical Supervisor monitors through case staffing and monthly case reviews for model fidelity

### Quality Assurance and Improvement Process

The quality assurance and improvement system is continuous. The primary goals for new and experienced therapists are to identify problems of model adherence and provide assistance so the therapist can improve their practice. The goal with a newly trained FFT therapist is to identify concerns with model fidelity early on so additional training and supervision can be provided. The goal for an experienced therapist is to prevent model drift.

The primary goal of the Clinical Supervisor is to ensure they have the tools and support to assess the therapists on their teams for model fidelity.

### Quality Assurance Activities

The Functional Family Therapy Quality Assurance and Quality Improvement system includes a comprehensive clinical consultation process, ongoing training program, and model expertise from FFT LLC.

FFT LLC provides a Web-based Clinical Services System (CSS) that is central to successful implementation of FFT. The CSS serves as tool in which the therapist learns and practices the FFT model phase goals and techniques. The CSS tells the story of how the therapist is applying the FFT model to the youth and families receiving the intervention. The Clinical Supervisor monitors the therapist's cases in the CSS and uses a Weekly Supervision Checklist to document the cases each therapist staffs. The Clinical Supervisor develops and monitors the therapist's work using the Global Therapist Rating (GTR) tool, in the CSS. No single measure adequately portrays therapist fidelity; instead, quality assurance utilizes various tools to make this assessment.

The FFT QA Administrator and FFT LLC Consultant uses the CSS to build customized reports to track and monitor the therapists' and Clinical Supervisors' work and report on the overall FFT Project.

FFT Therapists participate in a web-based weekly one-hour clinical consultation, where they will staff cases for the purposes of support, monitoring of adherence and competency, and compliance with national standards.

Clinical Supervisors participate in monthly meetings with the FFT QA Administrator and FFT LLC Consultant for the purpose of interrater reliability, administrative and implementation guidance in the FFT Project, updates from FFT, LLC and the WA State FFT Project, and discuss how to support therapist model fidelity challenges and successes.

### **Seven measurements of quality assurance are used to monitor and track model fidelity for the FFT Project.**

#### **1. Clinical Progress Notes and Contact Notes: (Therapist)**

Therapist enters how they used the phase techniques and goals during session and contacts with referral source, family, collaterals family and collateral, in the CSS.

##### *Goals:*

- Clinical Supervisor reviews the therapist perspective on how they used the FFT model during each phase of the intervention.
- Provide information to the Clinical Supervisor regarding the therapist clinical decision-making process.
- Provide specific areas of concern to be addressed by the Clinical Supervisor in consultation and GTR.

##### *Process:*

- Therapists enters progress notes, assessment, case plans, contacts in the CSS, within 48 hours of the session.
- FFT Clinical Supervisor reviews the therapist's progress notes prior and during consultation and determines the areas to provide focused help and assistance.
- Clinical Supervisors runs a weekly Case Review.

#### **2. Weekly Supervision Checklist (Clinical Supervision)**

The Weekly Supervision Checklist (WSC) is the form used by the Clinical Supervisor to enter all clinical fidelity and dissemination adherence ratings of case reviews from group and individual supervision into the CSS. The WSC is a structured form that is intended to keep all supervision encounters organized and focused. The WSC is completed based on the phase of the session that was reviewed for fidelity. Additional ratings are done on the required session audio/video recordings.

##### *Goals:*

- Identify areas of improvement and successes of therapists' dissemination adherence and fidelity.
- Identify areas of improvement and successes of the team's dissemination adherence and fidelity.
- Provide focused clinical consultation to the FFT therapist team.

##### *Process:*

- Dissemination adherence and fidelity ratings are addressed in weekly consultation.
- Dissemination adherence and fidelity ratings are entered into the CSS by the Clinical Supervisor.
- Reports are generated from the CSS, the Clinical Supervisor, FFT QA Administrator, and FFT LLC National Consultant uses the data for the FFT Project implementation.
- Clinical Supervisor runs a Case Review report before consultation, for the therapist on the team.

### 3. Global Therapist Rating (Clinical Supervision)

The Global Therapist Rating (GTR) allows the Clinical Supervisor to provide feedback to the therapists, on their teams, overall knowledge and performance of each phase and general FFT skills and create developmental plans for the next time period. The GTR allows the supervisor and the therapist to engage in an ongoing process regarding therapist overall performance with the clinical model.

#### Goals:

- Identify therapist dissemination adherence and fidelity in the FFT model.
- Provide specific information to therapist regarding performance and knowledge of the FFT model.
- Identification of therapists in need of additional training.
- Provide a Learning and Growth Plan for the next 4 months.

#### Process:

- GTRs are entered into the CSS by the FFT Clinical Supervisor.
- FFT Clinical Supervisor meets with therapist and provides verbal feedback and together they create a learning and growth plan that includes therapist perspective.
- Global Therapist Ratings are submitted to FFT Quality Assurance Administrator.

### 4. Tri-Yearly-Performance-Evaluation (TYPE) Report (Team and individual Data that aligns with National standards)

The purpose of this report is for the Clinical Supervisor to conduct their own evaluation of key data from multiple levels that influence team performance and team effectiveness and, if necessary, to then develop interventions for individual therapist or the entire team, if necessary. The TYPE Report functions as a “state of the union” review that helps the Clinical Supervisor step back from the weekly supervision process to review the entire process of FFT implementation at the team and state level. Some of the areas of focus include utilization, completion rates, ultimate outcomes, case tracking, productivity, outcomes completion, and outcomes scoring.

#### Goals:

- Obtain feedback on the \*measures FFT uses for overall outcomes of the model, as well as other outcomes like completion rate, productivity, case tracking, etc.
- Draw comparisons from multiple perspectives, by collecting aggregate data for therapists and statewide.
- Clinical Supervisors uses the data to develop interventions for team members or the entire team.

#### Process:

- Clinical Supervisors runs the TYPE report, 3 times a year.
- Review TYPE Reports, during the FFT Team monthly meetings, to look at overall data trends.
- Provides feedback to the team on national standards as needed.

*\*Measurements: Family Self-Report (FSR), Therapist Self-Report (TSR); Client Outcome Measure Caregiver – (COM-C); Client Outcome Measure Youth – (COM-Y); Therapist Outcome Measure-(TOM), Family Risk and Protective Factors, Outcome Questionnaire (OQ-45), Youth Outcome Questionnaire-Caregiver (YOQ 2.01), Youth Outcome Questionnaire-Youth (YOQ SR 2.0).*

### 5. Annual Listen-In – qualitative

The FFT National Consultant observes each Clinical Supervisor during one weekly clinical consultation in order to assess that the standards for weekly consultation are being met (attendance, on camera, current events shared, check ins, case reviews, etc.) and to look at competency in delivering model consultation to the team. The FFT QA Administrator also attends.

#### Goals:

- Evaluate Clinical Supervisors work with their team/s.
- To align how clinical supervision is done throughout the FFT project
- To monitor cultural competency and team cohesiveness

#### Process:

- National Consultant uses the Annual Performance Evaluation Tool to document observation of the Clinical Supervisor’s work, outcomes, and provide feedback to the Clinical Supervisor.

- FFT National Consultant prepares the Clinical Supervisor's evaluation and meets with FFT Clinical Supervisor to discuss findings; FFT QA Administrator attends meeting.
- QA Administrator will use this evaluation as part of the Clinical Supervisor's annual performance review.

## 6. Interrater Reliability – qualitative

During the monthly FFT team calls, Clinical Supervisors staff a case live with a therapist on their team. The other clinical supervisors listen and observe, after the staffing the team discusses the therapist's adherence and competency of the model and compares ratings for interrater reliability. FFT Nationals Consultant guides the conversation.

### Goals:

- Create consistency across all Clinical Supervisors when rating model fidelity.

### Process:

- Interstater reliability is done monthly.
- QA Administrator develops a rotation list of when a Clinical Supervisor Staffs.

## 7. Annual FFT Project Clinical Supervisor Performance – quantitative

### Goals:

- After the Annual Listen-in, the FFT QA Administrator evaluates the Clinical Supervisor's work via an examination of expectation such as entering WSC weekly, completing GTRs on time, attending and facilitating weekly consultation.

### Process:

- FFT QA Administrator uses the Annual Performance Evaluation Tool, to document Clinical Supervisor's work.
- FFT QA Administrator meets with Clinical Supervisor to discuss their Annual Performance and develop a plan of action for the next year.

## Environmental Assessment for the Juvenile Courts

Washington State Institute for Public Policy (WSIPP) recommended certain quality control standards for research-based juvenile offender treatment programs. One of the practices for overseeing effective program delivery in Washington State Juvenile Courts is the environmental assessment (EA). Members of the Community Juvenile Accountability Act (CJA) Committee, which includes all State Quality Assurance Coordinators, conduct site reviews to individual Counties to evaluate aspect of the evidence-based programs (EBP) and Case Management Assessment Process (CMAP). The review is to measure the environmental support, implementation of each EBP and the CMAP process.

### Process:

- Environmental Assessment team preforms environmental assessments for each county, every three years.
- Management, Juvenile Probation Counselors, EBP providers, and youth complete an online survey.
- EA team creates a list of focus questions, related to the finding from the surveys, in the following subjects CMAP, EPBs, trainings, and court environment.
- The site visit consists of focus group meetings with management, Juvenile Probation Counselors, and the EBP providers. During the meeting, the EA team will ask a series of questions and document responses.
- An Environmental Assessment written report is given to the County that displays item scores, strengths, opportunities for growth, and recommendations.
- Courts are asked to create goals based on the results of the EA meetings and survey findings.

## Quality Improvement System

For more information on the WA State FFT Project QA/QI System process, see the attached supporting documents.

**Attachment A:** WA State FFT Project Clinical Supervisor Standards

**Attachment B:** WA State FFT Project Therapist Standards

*This is document is reviewed annually and is subject to change. Contact Karen Brown, FFT QA Administrator, [Karen.brown@dcyf.wa.gov](mailto:Karen.brown@dcyf.wa.gov)*

## WA State Functional Family Therapy Project – Therapist Standards

Welcome to the WA State FFT Project! The following therapist standards are a segment of the WA State FFT Project, Quality Assurance and Quality Improvement System requirements. Additionally, the following standards are aligned with FFT, LLC best practices and implementation standards.

As therapists practicing FFT under the WA State FFT Project, you are required to practice the expectations presented in the quality assurance and quality improvement plan. This document outlines the elements in which all therapist are monitored, as part of the statewide quality assurance process and the FFT LLC standards.

All FFT therapists are required to use the FFT LLC, web-based Clinical Services System (CSS). The CSS is one of the most important tools you will use to learn and practice the FFT model phase goals and techniques. It is vital all documentation including your session progress notes and plans are completed and in a way that is useful for you to do the clinical work with the families you serve. Additionally, your FFT Clinical Supervisor will use the CSS to monitor and support your FFT practice. The CSS is a training tool, it will help you follow the FFT model, and plan for your sessions.

### **First year FFT Therapists: Dissemination Adherence, Clinical Fidelity, and FFT Project requirements:**

- Complete the *FFT Clinical Training Series*: The FFT Clinical Training Series is a commitment and will take eight months to complete and over a year to be confident in the model. The Training Series consist of a 3-day Initial Training and three Follow-Up Trainings in WA State (16 hour each). To be a fully trained therapist and practice the FFT Model, therapists are required to attend all four trainings. Therapist are required to read the FFT Manual, before the first Follow Up Training.
- The FFT Quality Assurance Administrator will assign you to your FFT team, for your weekly consultation.
- Start meeting with FFT families immediately following the Initial Clinical Training. It is essential to have at least five families waiting for FFT services the week of your Initial Clinical Training, to continue your learning and application of the FFT model.
- Meet with the WA State FFT Project Quality Assurance Administrator before the Initial Clinical Training to review the FFT Project documents, expectations, and answer questions.
- 30, 60, 90- Day Review: your FFT Clinical Supervisor will evaluate your caseload, Dissemination Adherence, and attendance at the weekly clinical team consultations; the monthly reports will be reviewed by the FFT Project QA Administrator. If a therapist is struggling to meet the requirements of the 30, 60, 90-day review, a meeting will be arranged with therapist, Clinical Supervisor, QA Administrator, and agency or court to discuss the review and a plan will be developed on how to support the therapist.

### **Certified FFT Therapists for WA State, Dissemination Adherence, Clinical Fidelity, and FFT Project requirements:**

- To retain your certified status you must maintain the minimum national dissemination adherence and fidelity rating standards and provide the required audio/video recording.
- Attend Annual Booster Training (8 hours).
- Meet with families following the FFT model standards

### **Additionally, Dissemination Adherence, Clinical Fidelity, and FFT Project requirements, for all FFT therapists.**

- Maintain the required FFT caseload: Part-time average of 5-6 cases (20 hours a week) and Full-time average 10-12 cases (40 hours a week). We encourage therapists to be full-time status.
- FFT session defined: The referred youth and at least one parent/caregiver attends the 1-hour session. FFT does **not** meet with clients individually.
- Enter all your FFT case referrals into the Clinical Service System (CSS), *within 48 hours*.
- Enter all session progress notes and case plans in the CSS, *within 48 hours*. (Case notes and plans must be completed in full. Partial completion does not count as completed. As you complete your session note, the CSS provides you with prompts on how to comment in the sections, following this process will provide a thorough and useful session note).
- Enter all case contacts (referral source, family, collaterals), *within 48 hours*.
- Complete and enter all FFT assessments in the CSS, *within 48 hours* from when they administered.
- Use the required case coding in the CSS, under the "Agency Case#". (See the FFT Project Case Coding sheet)
- Audio or video recordings are required for your clinical supervision, minimum of one per year. This valuable tool is used to evaluate how well you perform the skills and techniques in each phase of the model. Your Clinical Supervisor will inform you which phase to record. Additionally, your Clinical Supervisor may require more recordings depending your clinical skills in each phase. The FFT Project provides you with a secure cloud based storage to upload your recordings.

- Global Therapist Rating (GTR) – every 4 months your Clinical Supervisor will rate your overall performance in the practice of the FFT model. The GTR allows your Clinical Supervisor the opportunity to provide feedback on your overall knowledge and performance of each phase, general FFT counseling skills, and create a Learning and Growth Plan for the next time-period. Therapists are responsible to meet the elements outlined in your Learning and Growth Plan.
  - Requirement to meet and maintain the Dissemination Adherence rating of a 4 or higher immediately (scale of 0-6).
  - Requirement to meet and maintain a Fidelity rating of a 3 or higher (scale of 0-6) by the end of year one.
- Have all family members who are participating in session sign the WA State FFT Project signature form.

### **FFT Weekly Clinical Consultation responsibilities and requirements:**

- You are required to attend your weekly, 1- hour clinical consultation – required attendance is 85% or higher. (If you will be absent, email your FFT Clinical Supervisor in advance of that absence).
- This is your opportunity to immerse yourself in the FFT model. During consultation, you will staff your cases; learn the FFT concepts and techniques; provide support to your peers on your team. Your knowledge, skills, and input is valuable to all members of your team. The FFT Project believes a focused therapist is able to actively participate and contribute to the teaching and learning of the FFT model. This practice makes the team format more valuable to all.
- Clinical consultation is a web-based meeting; you are required to attend via video and be on camera. Create a quiet space with a stable internet connection. Check your audio and video prior to your consultation.
- Be prepared to “staff” a case at any time during your consultation, at a minimum at least two times per month. This allows your clinical supervisor to obtain the required number of Dissemination Adherence and Fidelity ratings to assess therapists’ adherence and competence in their FFT delivery to the families.
- Your Clinical Supervisor will provide you with updates from FFT, LLC, and the WA State FFT Project.
- Consultation provides ongoing training and education in the FFT model.
- Be respectful please, do not multi-task, during your consultation call. It will be distracting to the Clinical Supervisor and therapists on your team. (Common distractions are – driving, walking the dog, caring for young children, cooking, surfing social media, other work duties, running errands, etc.).

Consultation is central to the FFT implementation and your ability to deliver the model with fidelity. Teams have the greatest cohesion when there is a culture of safety, confidentiality, respectfulness, and support for each member of the group. Professional behavior is expected at all consultations in order to ensure this culture is present.

### **Relentless effort with families for model fidelity requirements:**

- Average time from referral to first contact within 48 hours or less.
- Average time from referral to first session within one week or less.
- Minimum of weekly session, matching to families may require more often than weekly.
- Meet with families at times that are convenient to their schedules (often after school, evenings, and weekends).
- Contact families between sessions to remind them of upcoming sessions.
- When/if a family cancels, work with the family to reschedule within the same week, if possible.
- When/if a family session has been cancelled or is a no show; notify the referral source.
- Average length of FFT is 90-180 days, with an average of 4 months.
- Average number of sessions is 12-15.
- Work to complete all phases of FFT with as many families as possible. FFT Project completion rate is 70% or higher.
- If a family is at risk of dropping out of FFT, reach out to the referral source, inform your Clinical Supervisor, and bring the case to your consultation call.
- As a relational model, FFT values the relationships therapists have with their referral sources. Creating a strong line of communication with your referral source is an effective process to share information about the progress of each case. Additionally, this practice will assist in the referral source in having a greater knowledge of the model. A best practice is to provide weekly or monthly updates, depending on the referral source and family’s needs.

### **Additional Information:**

- Once you have completed your last session with the family, you are required to close the case within 48 hours of last day of session. Assessments can be entered after the case has been terminated in the CSS.
- Non-completed cases are closed immediately, after all attempts have been made at re-engagement.
- When a therapist resigns or is dismissed from the FFT Project, agency, or court, it is their responsibility to ensure that all open cases are closed in the CSS and ensure that the family’s needs are being met by transferring open cases to other FFT therapists or appropriate services. Work with your agency/court, clinical supervisor, and QA Administrator to ensure all cases are properly taken care of.



- New therapists will receive a packet with all of the required FFT assessments that are administered during the intervention. The information in the packet outlines when and why the assessments are important to your FFT practice.
- All therapists will receive the FFT Project CSS Required Case Coding document.
- Your FFT Clinical Supervisor will perform a “case review” of all of your cases to ensure you are meeting the model standards within your practice.
- If at any time you are not meeting the requirements outlined in the Therapist Standards your Clinical Supervisor or FFT QA Administrator may place you on an improvement plan, see improvement plan process.
- The FFT Project will provide you with a secure cloud based storage for your audio/video recordings. The FFT QA Administrator will create a folder for you in the FFT Project BOX account, to upload your recordings for your clinical supervisor to review. Your BOX folder is to be used for FFT recording only.

FFT Therapists shall provide appropriate, accessible, and culturally relevant services to all FFT clients. Service delivery shall be culturally competent and responsive to each client’s cultural beliefs and values, ethnic norms, language needs, and individual differences. Using the FFT model will help you with this.

## **FFT Therapist Quality Assurance and Improvement Process**

The FFT Project Quality Assurance and Improvement Process is based on the principle that consistent and concrete feedback is provided for the continued growth and development of the therapist’s FFT practice.

Quality Assurance is based on the therapist receiving specific and timely feedback regarding their knowledge and performance of the FFT model, from their Clinical Supervisor.

Quality improvement is based on the therapist receiving specific activities and timelines to ensure adherent and competent service delivery.

### **Improvement Plan Process**

Every 4 months the FFT Clinical Supervisor prepares a GTR for the therapist. The GTR ensures that ongoing feedback is provided to therapists to highlight strengths as well as identify areas of improvement.

If the results of the GTR identifies a therapist is below the national Dissemination Adherence and/or Fidelity standards or does not adhere to the requirements outlined in the Therapist Standards and FFT Project QA/QI document, they are automatically placed on an Informal Improvement Plan, for 3 months. The ultimate goal of an improvement plan is for the therapist to be successful in delivering adherent FFT services to youth and families.

*Note: for first year therapists we look at their Dissemination Adherence rating and for therapist practicing for a year or more we look at their Dissemination Adherence and/or Fidelity rating.*

### **Informal Improvement Plan**

Informal Improvement Plans (IIP) are developed by the Clinical Supervisor with input from the therapist, FFT National Consultant, and FFT Quality Assurance Administrator. The IIP is documented in the Learning and Growth Plan of the GTR, to include goals and timeframes for adherence to be met and reviewed at 30, 60, and 90 days. The Informal Improvement Plan may include additional adherence monitoring, individual supervision, or additional training.

At the end of the 90-day period, if the therapist meets the expectations outlined in their learning and growth plan, as evidenced that their Dissemination Adherence and/or Fidelity scores meet national standards and/or they have met the Therapist Standards, then the plan is complete and no further action is required.

If the informal improvement plan does not result in improvement within three 90 days, a formal improvement plan will be implemented.

### **Formal Improvement Plan**

If the therapist does not meet the expectations and goals outlined in the Informal Improvement Plan or if there is risk of harm to clients because of the therapist’s performance, a 90-day Formal Improvement Plan is developed.

Formal Improvement Plans (FIP) is developed by the FFT QA Administrator with input from the Clinical Supervisor and FFT LLC National Consultant; using the FFT Projects Formal Improvement Plan form. The FIP consist of identified elements the need improvement, the list of specific problems related to the elements, an action plan for achieving improvement, and timeframes for the action plan; are set and reviewed at 30, 60, and 90 days.

The FFT QA Administrator meets with the therapist, their supervisor, and the FFT Clinical Supervisor, as available, to review and discuss the FIP, and finalize timeframes for the action plan. Meetings are conducted every 30 days, to review the therapist's progress.

The Formal Improvement Plan may include and are not limited to the following:

- Additional FFT formal training
- Increased review and monitoring of CSS
- Additional consultation time with clinical supervisor
- Additional support from their agency or court supervisor
- Submission of audio/video recordings of FFT sessions
- Increased reporting requirements to clinical supervisor and/or FFT QA Administrator

At the end of the 90-day period, if the therapist meets the expectations outlined in the FIP, as evidenced that their Dissemination Adherence and/or Fidelity scores meets the national standards and/or they have met the Therapist Standards, then the plan is complete and no further action is required. All parties sign the Formal Improvement Plan, indicating the goals have been met.

If the Formal Improvement Plan does not result in improved adherence within 90 days, the therapist is considered to be "not adherent" nor certified with the WA State FFT Project and therefore they are longer qualified to practice FFT. The FFT QA Administrator and FFT Clinical Supervisor will work with the therapist to complete or closeout all open cases.

Additionally, if a past GTR concern reoccurs after an informal or formal plan was completed/goals met, the FFT QA Administrator can place the therapist on a Formal Improvement plan immediately. Again, if this does not result in improved adherence in 90 days, the therapist will no longer be certified to practice FFT.

The FFT Quality Assurance Administrator informs and updates to the referral sources, Juvenile Court, JR and/or Children's Regional Administrator, when a therapists is placed on an IIP or FIP.

The FFT Quality Assurance Administrator informs the CJAA Advisory Committee when a therapist is placed on an IIP and FIP.

**Therapist:**

*I have read the information above and have received a copy of the Washington State FFT Quality Assurance and Quality Improvement System plan. I understand that as an FFT therapist who is participating in the WA State FFT Project, I must adhere to all the requirements outlined in the FFT Project documents. This is a working document and will be reviewed annually; all therapists are required to sign updated documents.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

**Note:** Agency and court employees, contractors, and subcontractors may have **additional expectations** and or **contracts** that include requirements that fall outside of the WA State FFT Project Quality Assurance & Quality Improvement processes and requirements; such as reporting, billing, forms required for each referral source, etc. The FFT Project is not responsible for the **additional expectations** and or **contracts**.

**Agency/Court Supervisor, if relevant:**

*I have read the information above and have received a copy of the Washington State FFT Quality Assurance and Quality Improvement System plan. As the Agency/Court Supervisor of the therapist listed above, I understand my responsibility to support this FFT therapist in adhering to all the requirements outlined in the FFT Project documents, while providing FFT through the WA State FFT Project. This is a working document and will be reviewed annually; Agency/Court Supervisor are required to sign updated documents.*

\_\_\_\_\_  
Agency/Court Supervisor Name

\_\_\_\_\_  
Agency/Court Supervisor Signature

\_\_\_\_\_  
Date

*This is document is reviewed annually and is subject to change. Contact Karen Brown, FFT QA Administrator, [Karen.brown@dcyf.wa.gov](mailto:Karen.brown@dcyf.wa.gov)*