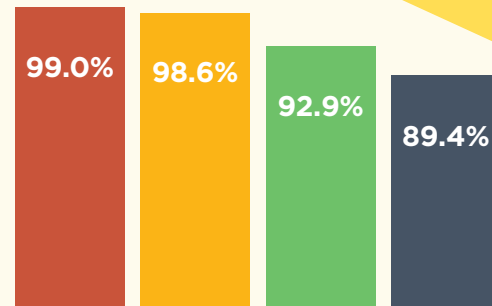


*Your relationship
with your therapist
is private and
confidential.*



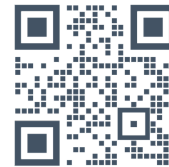
- 99.0% of youth **remained in the community** after completing FFT.
- 98.6% of families reported an **improvement/positive outcome** since finishing the program.
- 92.9% of youth remained or enrolled in an **educational/vocational program** after FFT.
- 89.4% of youth have **not had a law violation** since completing FFT.

—2022 program evaluations



Each year, we empower thousands of children and families to improve their safety and health by providing prevention, treatment, and support services to help them make positive changes in their lives. You can help make a difference by:

- Volunteering with us.
- Giving a gift.
- Becoming a foster parent.
- Joining our team.



cornerstonesofcare.org / 1-844-824-8200



10/2023



WHAT IS FUNCTIONAL FAMILY THERAPY?

Our mental health is important in every stage of life, from childhood to adolescence to adulthood. It affects how we think, feel, act, handle stress, relate to others, and make choices. Major life events, traumatic experiences, and stress can significantly impact our mental health and, subsequently, our relationships.

Functional Family Therapy (FFT) is a short-term, evidence-based, **in-home service** to help teens increase positive behaviors and families build healthier, more stable relationships. Designed to **keep adolescents out of juvenile detention and residential facilities**, FFT motivates, encourages change, and reduces negativity.

FUNCTIONAL FAMILY THERAPY

keeping families together

“We take each family member’s strengths and help them meet their goals, such as improving communication or problem-solving.”

—Helen Meats, FFT Therapist



“We are not here to change the whole dynamic of the family. We’re here to bolster each person’s strengths so, together, they can return to the way they want to be as a family.”

—Allen Goold, FFT Therapist



WHAT TO EXPECT FROM FFT

Families participate in FFT sessions **each week for 12–14 weeks** (frequency and length of each session varies based on each family’s needs). During this time, families will receive a **personalized plan of action** tailored to their unique circumstances and areas for growth.

FFT consists of **three major phases**, each with its own goals, focus, and strategies. FFT helps with:

- Decreasing hostility, conflict, and blame by replacing negative interaction patterns with positive ones.
- Improving family communication and supportiveness.
- Parenting techniques to model and encourage positive behavior changes.
- Helping families look for and adopt positive solutions to problems.
- Keeping families safely together.

Once completed, families can request FFT “booster sessions” for additional support.

WHO IS ELIGIBLE?

- **Youth 11–18** and their families who have been **referred by the juvenile justice, mental health, school, or child welfare systems** for behavioral or emotional challenges.
- You live **within the Kansas and Missouri counties we serve**. See a full listing of our entire service area at cornerstonesofcare.org/FFT.



PAYMENT OPTIONS

We are sensitive to financial stress. That’s why we offer **fee-for-service** and often have **grants available**, which may make it possible to receive FFT at no cost to you. We also accept some **private insurance** and **Medicaid**.

Contact us to learn more and schedule your first appointment today!



CONTACT US

- **KS:** FFT-KS@cornerstonesofcare.org
- **MO:** jacqueline.williams@cornerstonesofcare.org
- cornerstonesofcare.org/FFT

PROVIDING TRAUMA-INFORMED CARE

Trauma affects one’s mental and physical health, and can have long-term and life-altering consequences. We are committed to understanding, recognizing, and responding to the effects of trauma—a philosophy known as trauma-informed care. Because we believe recovery from toxic stress, adversity, and trauma requires an environment that promotes healing, our treatment is built around the SELF framework—safety, emotion management, loss (acknowledging any change means some type of loss), and future. We provide a therapeutic setting where our team helps people heal and develop the tools, skills, and knowledge that will empower them to make positive, healthy, and productive changes in their lives.



Cornerstones of Care is certified in the Sanctuary Model® of trauma-informed care.



Cornerstones of Care
 6420 W. 95th St., Suite 100
 Overland Park, Ks. 66212
 Phone: 913-826-3150

Functional Family Therapy Referral Form

Please provide the following information. Please email to FFT-KS@cornerstonesofcare.org
 Please use the same address for questions
 Thank You!

Referring Agency Information

Name of Person Making the Referral:			
Name of agency/school Making the Referral:			
Work Phone:	Alternate Phone:	Email:	
Date of Referral:			

Client Information

Name			Phone:	
Address:			City, State, Zip	
DOB:	Age:	Gender:	County of Residence:	
School:			Grade:	
Does the youth have Kansas Medicaid? If yes, please check plan.		Amerigroup	Sunflower State Health Plan	United Behavioral Health - Optum
Does the youth have private insurance? If yes, please list name of carrier.				

Race: (Please check one.)		Ethnicity: (Please check one.)	
Asian		Hispanic	
African American		Non-Hispanic	
Indian			
Caucasian			
Other		Black/White	

Legal History

	Yes	No
Is the youth involved in the juvenile justice system?		
Has the youth been adjudicated on a criminal charge?		

Family Information

Parent/Guardian:			
Relationship to Youth:			Home Phone:
Address:			Work Phone:
City, State, Zip			Cell Phone:
Family income based on self-report:			
Race: (Please check one.)		Ethnicity: (Please check one.)	
Asian	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American	<input type="checkbox"/>	Non-Hispanic	<input type="checkbox"/>
Indian	<input type="checkbox"/>		<input type="checkbox"/>
Caucasian	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Parent/Guardian:			
Relationship to Youth:			Home Phone:
Address:			Work Phone:
City, State, Zip			Cell Phone:
Race: (Please check one.)		Ethnicity: (Please check one.)	
Asian	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
African American	<input type="checkbox"/>	Non-Hispanic	<input type="checkbox"/>
Indian	<input type="checkbox"/>		<input type="checkbox"/>
Caucasian	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

<u>Risk Factors</u>	Yes	Remarks		
Drug/Alcohol (of the youth or family member)	<input type="checkbox"/>			
School Related Problems (Truancy, Lack of Engagement, Poor Relationships with Peers, etc.)	<input type="checkbox"/>			
Mental Health Need	<input type="checkbox"/>			
Family History of Problem Behaviors (Substance Abuse, Domestic Violence, Involvement in the Criminal Justice System.)	<input type="checkbox"/>			
Child Abuse/Neglect	<input type="checkbox"/>			
Physical Aggression	<input type="checkbox"/>			
Runaway	<input type="checkbox"/>			
Behaviors Injurious to Self or Others	<input type="checkbox"/>			
Other (please describe)	<input type="checkbox"/>			
Risk of Placement in Detention	<input type="checkbox"/>	Low Risk	Moderate Risk	High Risk

Additional Comments/Please identify behaviors that would indicate treatment success: