

COMPARISON OF SELECT IN-HOME BEHAVIORAL HEALTH SERVICES IN NC

	Multi-Systemic Therapy(MST)	Functional Family Therapy (FFT)	Intensive In- Home (IIH)	Family-Centered Treatment (FCT)
Program Name	Multi-Systemic Therapy	Functional Family Therapy	Intensive In-Home	Family-Centered Treatment
Evidence-Based?	Evidence-based Model	Evidence-based Model	Depends on Agency. Agency could use evidence-informed practices such as Cognitive Behavioral therapy	Evidence Based Model of Intensive In-Home
Age	7 – up to 17 years old	10 – up to 19 years old	3– up to 20 years old	3– up to 20 years old
Behaviors	<p>“Antisocial” History of violence History of incarceration Behaviors displayed in more than one area (school, home, community) Substance use Family conflict</p>	<p>“Delinquent” Runaway Chronic Truancy Stealing / Violence Substance Abuse History of incarceration Substance use Family conflict</p>	<p>“Mental Health” History of hospitalizations History of suicidal threats Substance use Depression, Mania, Anxiety Family conflict</p>	<p>More than one of the following: DSS involvement, Juvenile Justice involvement, behavioral health Emergency Room visit/hospitalization, multiple school suspensions, crisis intervention and presenting with antisocial, aggressive, violent behaviors or symptoms related to trauma or abuse/neglect</p>
What is “driving” the behavior?	<p>Willful defiance Influenced by peers, school or community Lack of structured parenting High risks outside of the family structure</p>	<p>Family Issues. History of abuse or neglect. High conflict in home, school or community. Mental Health concerns. Recent change in family</p>	<p>Clinical needs of individual with an emotional, behavioral, or substance use disorder, and are unable to remain stable in the community without intensive interventions. Must have supporting Mental Health Assessment with Diagnosis.</p>	<p>Maltreatment, trauma, and/or serious mental health disorders as well as histories of delinquent behavior, otherwise known as crossover youth</p>

*This has been prepared by AMIkids North Carolina Family Services (NCFS) with collaboration with FFT LLC, MST Services, and NC Division of Health and Human Services

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Treatment Goals	Improve parenting/ family structure to improve youth's behaviors in home, school and community	Improve overall family functioning and skills to improve youth's behaviors and decision making in home, school and community	Reduce presenting psychiatric or substance use disorder symptoms, to prevent out of home placement for the individual.	Keep children safe and thriving in their home environment, provide an alternative to out-of-home placements, minimize/prevent out-of-home placements by improving child/youth and family functioning.
Family / Community Involvement	Mix of individual, parenting and family sessions Risks/ concerns outside of family can be addressed ASAP	ALL family members present for EVERY session Risks/ concerns outside of the family will be addressed LAST	Youth is the identified client. Goals are primarily individually focused with parent active participant	Systemic model that works intensively and collectively with family members and youth. Model also works with other individuals who may have key roles.
Session length & frequency	1 hour – 2.5 hours 1 – 4 sessions a week	30min – 2 hours 1 -2 sessions a week	2-hour intervals. Depending on agency, these can be a combination of face-to-face, phone, or case management. 3 to 5 sessions per week for then decreases to 1-2 sessions a week	Minimum of two multiple-hour sessions per week and increase as evolving needs. Engagement (5 sessions) Core Service (length of treatment based on family progress) Transition (Average sessions = 6)
Family Type	Parents/ caregivers that would benefit by having more parenting tools, control or authority in the home Parents/ caregivers that are available to meet therapist both individually and for family sessions Majority of sessions are JUST focused on the caregiver/parent. Entire family/youth does NOT need to be present for all sessions	Parents/ caregivers that are 'hands-off'/ burnt-out/ resistant to treatment or involvement Multiple independent family members Family available to meet as a group for sessions EVERY family member included in EVERY session	Family willing to be an active participant in the treatment	Traumatized families and youth or families that may be difficult to engage The family/caregiver defines their "family constellation," and those members are invited to participate.

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Length of Treatment	3 – 5 months	3 – 6 months	2-12 months depending on approval	National target standards are 6 months, with the national average at 6.4 months
Service Delivery Location	Sessions in home, community or school	Sessions primarily in the home, but can be in community	Sessions in the home, community, or school.	Sessions primarily in the home but may occur in the community
Team or Individual?	Individual that is part of a team	Individual that is part of a team	Team of 3. Interventions may be delivered by any team member	Individual that is part of a team
Outcomes	Reduce Criminal Activity Reduce Arrest Rates Decrease Substance Use Decrease Behavioral Health Symptoms	Reduce Criminal Activity Reduce Arrest Rates Decrease Substance Use Decrease Behavioral Health Symptoms	Prevent out of home placement Decrease Behavioral Health Symptoms	Decrease in placements, length of stay in placements, Emergency Room visits, Reduce symptoms, including antisocial, aggressive, violent behaviors, or related to trauma
Funding	Medicaid, Health choice, private insurance	Grant funded through Department of Public Safety – Juvenile Justice only	Medicaid or Health Choice	Alternative Service Definition – Some MCOs are using Medicaid.

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