

Family Based Services (FBS) Friends To Youth, Missoula

- Friends To Youth has been providing mental health services to Missoula area youth and families for 30 years. Our Family Based (in-home) Services (or FBS) program was established in 1991. Since that time we have had the privilege of working with agencies coordinating efforts to help youth and families throughout Missoula, Lake, Mineral and Ravalli Counties. We are well known for our quality of work, credibility and our successful outcomes.
- The aim of FBS through Friends To Youth is to help troubled, abused or neglected youth remain safe and in their families, while ensuring that their social, emotional, physical, and developmental needs are met.
- Over the past six years our success rate has averaged 78%. That is the frequency at which we have been successful at keeping youth in their home or helping them return home sooner. This is a critical difference for youth who would otherwise be faced with loss of important family connections, or lack of nurturing support from within their family in the absence of this intervention.
- FBS also saves money! An FBS intervention averages one-third of the cost of the average out-of-home placement cost per year, after the success rate is taken into account.¹
- We are able to be as successful as we are with the multi-problem families we serve by using experienced Masters level therapists who provide in-home individual, family, couple and milieu therapy. This is unique in the level of intensity and depth able to be reached. As a result we are able to build on family strengths and tackle seemingly overwhelming and intractable mental health and/or family functioning challenges.
- The therapy done by the Masters level therapists with these high-risk families allows for an in-depth perspective on a family's issues from the viewpoint of joining the family within its natural setting of the home. Particular clinical needs frequently encountered in the FBS intervention mode include:
 1. Finding important, undiagnosed psychological or neurological conditions that seriously impede personal and family functioning;
 2. Identifying and treating deep-seated past trauma, such as PTSD or attachment needs, that prevent the person from planning and carrying out practical tasks and functions;
 3. Observing relationship difficulties and working on them within the family setting;
 4. Assessing, treating, and referring for serious emotional problems one or more individuals within the family which have previously not been diagnosed or considered within the family context;
 5. Understanding the interactive effects of economic hardship, drug or alcohol addiction, past trauma (especially sexual or physical abuse), mental health needs, with family behaviors and patterns; (continued on back)

¹ As of December 2004, based on data obtained from the Child & Family Services Division Region V office on 1/26/05, there were 460 children in care in the Region. 122 of those children were in levels other than regular foster care, and 65 of those were in placements requiring Medicaid funding for treatment. Using current CFSD and Medicaid provider daily rates and specific figures for the number of children in each type of placement, then multiplying those numbers by 365 days a projected annual cost can be obtained. Divided by the 460 children in placement the annual per child foster care cost is \$8,485 and the annual per child Medicaid cost is \$8,030, for a total of \$16,515 per year per child FBS costs in FY 2004 averaged \$2600 per child, an average cost savings of \$13,915 (84%) per child if we had a 100% success rate. At the 78% success rate, the average cost savings is approximately 62%.

6. Understanding psychopharmacology and current applications in such conditions as depression, ADHD, and bi-polar disorder with children and adults;
7. Providing clinical services to individuals and families in the natural setting when and where behaviors occur which allow for direct intervention towards more functional behavior;
8. Being able to make precise recommendations to Child and Family Services and other treatment providers who are part of the treatment team.

Prepared for the 10/20/05 Montana Legislative Interim Committee on Children & Families by Joe Loos, LCSW, Clinical Director, Friends To Youth, 1515 E. Broadway, Missoula, MT 59802. Phone: 728-2662.