

FY17 Program Report Card: Multi-Systemic Therapy (MST)

Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

Contribution to the Result: MST is an evidence-based in-home treatment for youth with complex clinical, substance using, social, and educational problems. MST emphasizes behavioral change in the natural environment and uses interventions to promote the parent’s capacity to monitor and intervene positively with each youth.

SFY 16 Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
MST	\$1,569,462	\$	\$189,554	\$1,759,016
MST Consultation & Evaluation	\$231,570	\$	\$	\$231,570

Partners: Children/Youth, Family, Family’s Natural Supports, Schools, Community Providers, DCF, Judicial Branch Court Support Services Division

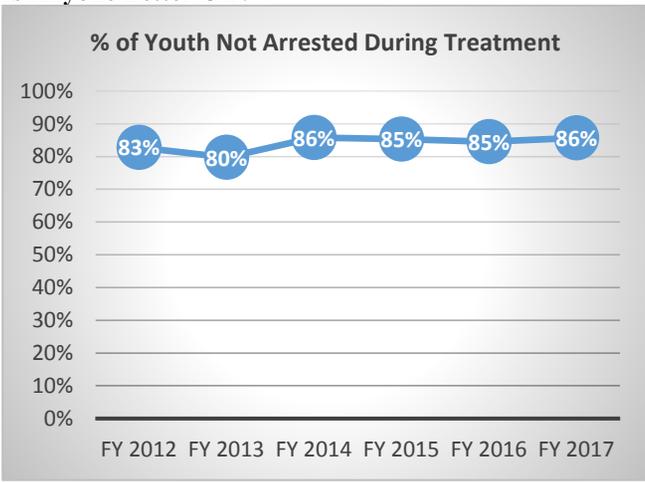
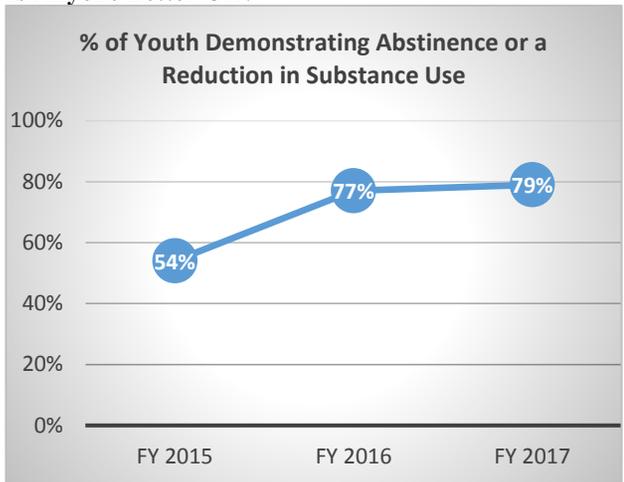
<p>How Much Did We Do?</p> <div style="text-align: center;"> <p># of Youth/Families Admitted</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <caption># of Youth/Families Admitted</caption> <thead> <tr> <th>Fiscal Year</th> <th>Number</th> </tr> </thead> <tbody> <tr><td>FY 2012</td><td>152</td></tr> <tr><td>FY 2013</td><td>160</td></tr> <tr><td>FY 2014</td><td>152</td></tr> <tr><td>FY 2015</td><td>145</td></tr> <tr><td>FY 2016</td><td>154</td></tr> <tr><td>FY 2017</td><td>135</td></tr> </tbody> </table> </div> <p>Story Behind the Baseline: There was a 12% reduction in admissions between FY 2012 and FY 2017. During FY 2017, there were several staff vacancies and promotions that affected admissions. Of those admitted in FY 2017, 20% (n=27) were African American, 36% (n=48) were Hispanic, 39% (n=53) were Caucasian, and 5% (n=7) identified as Other. There were 219 families served in FY 2017.</p> <p><small>Source: PIE Trend: ▼ No</small></p>	Fiscal Year	Number	FY 2012	152	FY 2013	160	FY 2014	152	FY 2015	145	FY 2016	154	FY 2017	135	<p>How Well Did We Do It?</p> <div style="text-align: center;"> <p>% of Families Engaged in Treatment</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <caption>% of Families Engaged in Treatment</caption> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>FY 2012</td><td>94%</td></tr> <tr><td>FY 2013</td><td>96%</td></tr> <tr><td>FY 2014</td><td>94%</td></tr> <tr><td>FY 2015</td><td>91%</td></tr> <tr><td>FY 2016</td><td>93%</td></tr> <tr><td>FY 2017</td><td>90%</td></tr> </tbody> </table> </div> <p>Story Behind the Baseline: The MST model calls for therapists to actively and frequently be in contact with youth and their families. This approach ultimately increases engagement and strengthens the therapeutic relationship. Engagement is defined as families meeting with therapists and receiving a full dose of treatment. Therapists receive weekly consultation with the MST Expert in order to improve the effectiveness of service delivery and ensure model fidelity.</p> <p><small>Source: MSTI Trend: ◀▶ Flat/ No Trend</small></p>	Fiscal Year	Percentage	FY 2012	94%	FY 2013	96%	FY 2014	94%	FY 2015	91%	FY 2016	93%	FY 2017	90%	<p>How Well Did We Do It?</p> <div style="text-align: center;"> <p>TAM-R Scores Achieved</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <caption>TAM-R Scores Achieved</caption> <thead> <tr> <th>Fiscal Year</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>FY 2012</td><td>0.79</td></tr> <tr><td>FY 2013</td><td>0.81</td></tr> <tr><td>FY 2014</td><td>0.75</td></tr> <tr><td>FY 2015</td><td>0.76</td></tr> <tr><td>FY 2016</td><td>0.77</td></tr> <tr><td>FY 2017</td><td>0.73</td></tr> </tbody> </table> </div> <p>Story Behind the Baseline: The Therapist Adherence Measure-Revised (TAM-R) is completed by the caregiver and assesses the therapist’s fidelity to the MST principles. The adherence score ranges from 0 to 1 with 0.61 as the minimal adherence threshold. TAM-R scores are analyzed to identify the factors that research has linked to producing positive client outcomes. While there is some fluctuation, scores are consistently above the MST threshold.</p> <p><small>Source: MSTI Trend: ◀▶ Flat/ No Trend</small></p>	Fiscal Year	Score	FY 2012	0.79	FY 2013	0.81	FY 2014	0.75	FY 2015	0.76	FY 2016	0.77	FY 2017	0.73
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Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

Revised 8/15/17

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Quality of Life Result: All Connecticut youth grow up in a stable environment, safe, healthy, and ready to succeed.

<p>Is Anyone Better Off?</p>  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>% of Youth Not Arrested During Treatment</caption> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 2012</td> <td>83%</td> </tr> <tr> <td>FY 2013</td> <td>80%</td> </tr> <tr> <td>FY 2014</td> <td>86%</td> </tr> <tr> <td>FY 2015</td> <td>85%</td> </tr> <tr> <td>FY 2016</td> <td>85%</td> </tr> <tr> <td>FY 2017</td> <td>86%</td> </tr> </tbody> </table> <p>Story Behind the Baseline: The number of youth <u>not</u> arrested during treatment increased 4% between FY 2012 and FY 2017. Children receiving this service have complex needs and experience system difficulties, including contact with the juvenile justice system. For those involved in juvenile court, the therapists work in collaboration with juvenile probation. There may be cases where the youth are diverted post arrest. These numbers do not represent adjudications.</p> <p>Source: PIE Trend: ◀▶ Flat/ No Trend</p>	Fiscal Year	Percentage	FY 2012	83%	FY 2013	80%	FY 2014	86%	FY 2015	85%	FY 2016	85%	FY 2017	86%	<p>Is Anyone Better Off?</p>  <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>% of Youth Demonstrating Abstinence or a Reduction in Substance Use</caption> <thead> <tr> <th>Fiscal Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>FY 2015</td> <td>54%</td> </tr> <tr> <td>FY 2016</td> <td>77%</td> </tr> <tr> <td>FY 2017</td> <td>79%</td> </tr> </tbody> </table> <p>Story Behind the Baseline: While abstinence from substances is preferred, the model also reinforces reduction in use. Substance use is monitored for youth with an identified substance use issue and a course of treatment is developed for the youth to reduce/abstain from use. Abstinence and reduction in substance use is measured by drug test results and self/family report. The target is 80%.</p> <p>Data for previous fiscal years was not captured in PIE (DCF's Provider Information Exchange). Data entered in FY 2015 may be lower due to start of data entry into the system and understanding the definition of this data element.</p> <p>Source: PIE Trend: ▲ Yes</p>	Fiscal Year	Percentage	FY 2015	54%	FY 2016	77%	FY 2017	79%	<p>Proposed Actions To Turn the Curve:</p> <p>Providers will continue to work with the MST Experts to address utilization, engagement, model fidelity, and outcomes. Below are some examples.</p> <p>TO INCREASE UTILIZATION:</p> <ul style="list-style-type: none"> Providers will hire and retain therapists. Supervisors will continue to provide information to referral sources that explain the program. A referral flow chart for providers will be put into effect during FY 2018 in order to provide timely access to services when there are expected openings. This will include timeframes to respond to the referral, contact the family and referral source, as well as to conduct a screening and admission to the program. <p>TO INCREASE ENGAGEMENT:</p> <ul style="list-style-type: none"> Therapists will connect with each family member, ensuring that each member feels heard, cooperatively setting session agenda, and regularly reviewing case progress. Therapists will continue to identify supports to the family and highlight the caregivers' desired outcomes. <p>Data Development Agenda:</p> <ul style="list-style-type: none"> Providers will be entering information in PIE on referrals received even when they do not result in admission to the program. Providers enter data in multiple databases. Data received from MSTI (the model's database) and PIE do not always match. Consolidation of databases should be considered.
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