

## 2016 Program Report Card: Multisystemic Therapy - Building Stronger Families (MST – BSF)

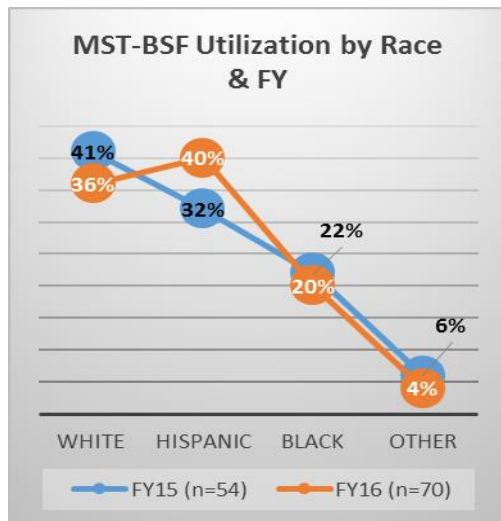
**Quality of Life Result:** All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

**Contribution to the Result:** MST-BSF is an intensive in-home clinical program that targets DCF-involved families with substance using parent(s) who abuse/neglect one of their children aged 6-17 years. The first MST-BSF team in Region 6 just completed its 1<sup>st</sup> randomized clinical trial, & the report is due in 2017.

Program Expenditures	DCF Funding	DCF QA Funding	3 <sup>rd</sup> Party Reimbursement	Total DCF Funding
SFY 16	\$1,740,017	\$336,124	Medicaid for psychiatric evaluations & Social Club	\$2,076,141

**Partners:** MST Services, Medical University of South Carolina, 3 providers with 4 teams, 4 DCF Area Offices, families, youth.

### How Much Did We Do?

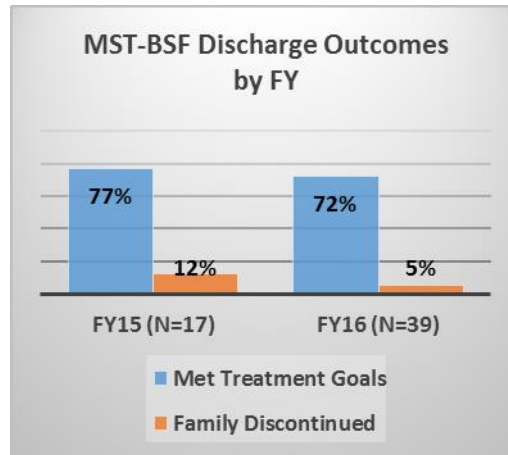


**Story behind the baseline:**

**PIE Data:** This graph represents the race breakout of all clients served in FYs 15 & 16. All MST-BSF referrals are made by the DCF AOs.

Trend: ◀▶

### How Well Did We Do It?

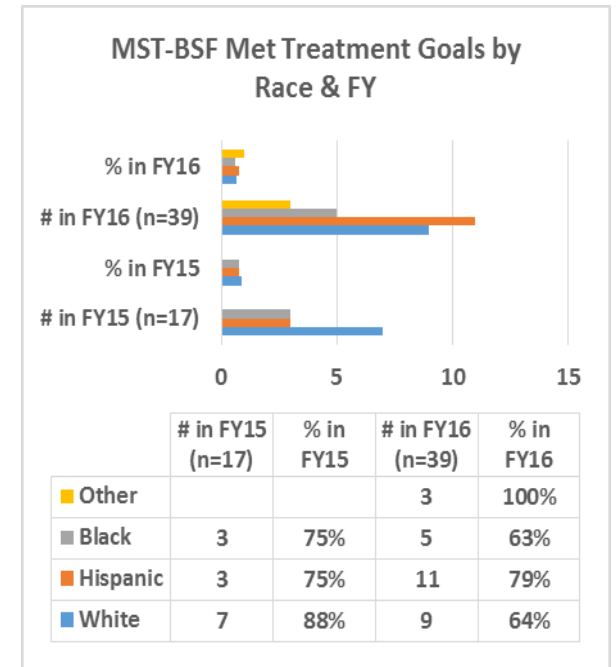


**Story behind the baseline:**

**PIE Data:** FY 15 was the start-up year for 4 of the current MST-BSF teams. The increase in the # of discharges & the decrease in the % of families who chose to leave the program can be attributed to the increased experience & improved engagement skills of the teams & of the experience of DCF AO staff with this model.

Trend: ▲

### How Well Did We Do It?



**Story behind the baseline:**

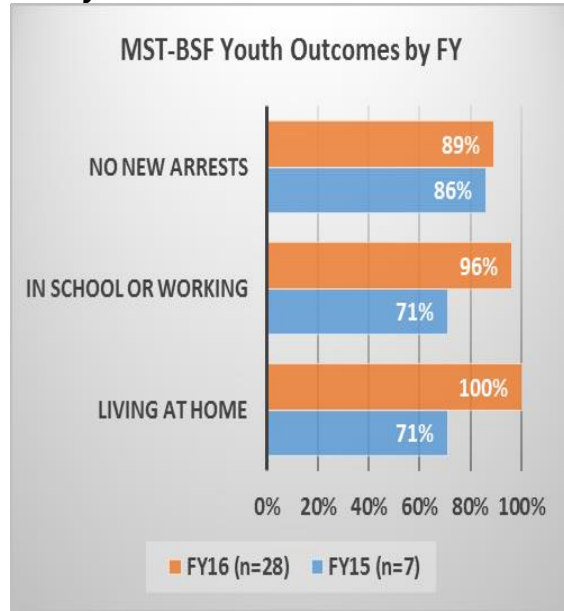
**PIE Data:** Although the # of clients in each of these categories is small, the decrease in met goals for White & Black clients will be explored with providers & the MSTs expert consultant.

Trend: ◀▶

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**Quality of Life Result:** All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

### Is Anyone Better Off?

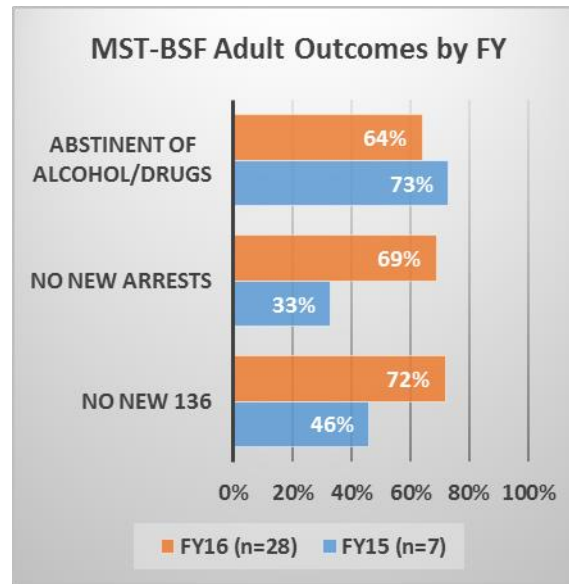


#### Story behind the baseline:

**MSTI Data:** The increased experience of the MST-BSF teams is clearly shown in this trend data of outcomes for the index youth in the families discharged from the program. The target of 90% for each outcome noted above was met or exceeded in FY16. It is important to note the average age of the index child in CT is 10.5 years old.

Trend: ▲

### Is Anyone Better Off?



#### Story behind the baseline:

**PIE Data:** There were 15 discharges in PIE in FY15, & 39 in FY16. This model focuses on parental abstinence, rather than a reduction in substance use. The decrease in the % of parents' abstinence in the last 30 days of the treatment episode from FY 15 to FY 16 will be explored with providers & the MSTs expert consultant.

**MSTI Data:** There was a good increase in the # of discharged parents for 2 outcomes: no new arrests during the treatment episode & no new maltreatment for an offense committed during the treatment episode. The teams are working towards the model's target of 85%.

Trend: ▼ & ▲

### Proposed Actions To Turn the Curve:

- Monthly or quarterly stakeholder calls occur with regional staff, MST-BSF supervisor, QA consultants, PDOC & model developer to discuss utilization, staffing, referral criteria, system issues, etc. to share information & develop solutions.
- Quarterly calls with gatekeepers, MST-BSF supervisors, QA consultants, & PDOC occur to discuss referral criteria & any referral issues & solutions.
- Quarterly calls with MST-BSF supervisors, QA consultants, & PDOC to discuss common system issues, data reports, etc.
- MST-BSF QA experts will review the outcome data by race with each of the teams & do Fit Circles to explore reasons & solutions.

### Data Development Agenda:

- Model developers will have the results & data from the research study, in 2017.
- DCF to discuss with BSF consultant youth outcomes that are more relevant to the age of CT's index children.
- The experts from MST Services will be sharing the MST-BSF quality assurance / consultation processes with DCF leadership in the near future.