

## FY15 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

How Much Did We Do?	How Well Did We Do It?	How Well Did We Do It?																																				
<div style="text-align: center; font-weight: bold;"># Youth Served</div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <th>Fiscal Year</th> <th>Youth Served</th> </tr> <tr> <td>FY 2011</td> <td>255</td> </tr> <tr> <td>FY 2012</td> <td>211</td> </tr> <tr> <td>FY 2013</td> <td>214</td> </tr> <tr> <td>FY 2014</td> <td>214</td> </tr> <tr> <td>FY 2015</td> <td>213</td> </tr> </table> <hr/> <p><b>Story Behind the Baseline:</b></p> <p>The number of youth served between FY12 and FY15 has remained stable. Annual program capacity statewide is 177 with an average of 5 months of treatment. While the volume of referrals fluctuates by catchment area and referral source, providers have served an average of 36 additional youth and families since FY12.</p> <p>Additional factors that influence referrals include: the number of youth on probation or parole, the number of youth involved with DCF, and the number of programs and services in a catchment area.</p> <p><b>Trend:</b> ◀▶ Flat/ No Trend</p>	Fiscal Year	Youth Served	FY 2011	255	FY 2012	211	FY 2013	214	FY 2014	214	FY 2015	213	<div style="text-align: center; font-weight: bold;">% of Youth Engaged in Treatment</div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <th>Fiscal Year</th> <th>% of Youth Engaged</th> </tr> <tr> <td>FY 2011</td> <td>94%</td> </tr> <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> </table> <hr/> <p><b>Story Behind the Baseline:</b></p> <p>The MST model call for therapists to actively and frequently be in contact with youth and their families. This approach ultimately increases engagement and strengthens the therapeutic relationship. In addition, therapists receive weekly consultation with the MST Expert in order to improve the effectiveness of service delivery and ensure model fidelity.</p> <p><b>Trend:</b> ◀▶ Flat/ No Trend</p>	Fiscal Year	% of Youth Engaged	FY 2011	94%	FY 2012	94%	FY 2013	96%	FY 2014	94%	FY 2015	91%	<div style="text-align: center; font-weight: bold;">TAMS Scores Achieved</div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <th>Fiscal Year</th> <th>TAMS Score</th> </tr> <tr> <td>FY 2011</td> <td>0.743</td> </tr> <tr> <td>FY 2012</td> <td>0.791</td> </tr> <tr> <td>FY 2013</td> <td>0.809</td> </tr> <tr> <td>FY 2014</td> <td>0.745</td> </tr> <tr> <td>FY 2015</td> <td>0.761</td> </tr> </table> <hr/> <p><b>Story Behind the Baseline:</b></p> <p>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 fall above the MST threshold.</p> <p><b>Trend:</b> ◀▶ Flat/ No Trend</p>	Fiscal Year	TAMS Score	FY 2011	0.743	FY 2012	0.791	FY 2013	0.809	FY 2014	0.745	FY 2015	0.761
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<p><b>Is Anyone Better Off?</b></p> <div style="text-align: center; background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;"> <b>% of Youth Completing Treatment</b> </div> <table border="1" style="width: 100%; margin-top: 5px; border-collapse: collapse;"> <thead> <tr> <th>Fiscal Year</th> <th>% of Youth Completing Treatment</th> </tr> </thead> <tbody> <tr> <td>FY 2011</td> <td>81%</td> </tr> <tr> <td>FY 2012</td> <td>87%</td> </tr> <tr> <td>FY 2013</td> <td>91%</td> </tr> <tr> <td>FY 2014</td> <td>89%</td> </tr> <tr> <td>FY 2015</td> <td>87%</td> </tr> </tbody> </table> <hr/> <p><b>Story Behind the Baseline:</b></p> <p>There has been a 7% increase in youth completing treatment between FY 2011 and FY 2015. Case completion is determined by the mutual agreement of the caregiver and the team. High completing rates are attributed to:</p> <ul style="list-style-type: none"> <li>• strong partnership with caregivers</li> <li>• trained therapists in MST</li> <li>• ongoing trainings and supports</li> <li>• weekly supervision and consultation</li> <li>• ongoing review of required program practices, provider strengths, and corresponding plans targeting areas for improvement</li> </ul> <p><b>Trend:</b> ▲ Yes</p>	Fiscal Year	% of Youth Completing Treatment	FY 2011	81%	FY 2012	87%	FY 2013	91%	FY 2014	89%	FY 2015	87%	<p><b>Is Anyone Better Off?</b></p> <div style="text-align: center; background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;"> <b>% of Youth Demonstrating a Reduction in Substance Use</b> </div> <table border="1" style="width: 100%; margin-top: 5px; border-collapse: collapse;"> <thead> <tr> <th>Reporting Period</th> <th>% of Youth Demonstrating a Reduction in Substance Use</th> </tr> </thead> <tbody> <tr> <td>4/1/10-3/31/11</td> <td>81%</td> </tr> <tr> <td>4/1/11-3/31/12</td> <td>86%</td> </tr> <tr> <td>4/1/12-3/31/13</td> <td>79%</td> </tr> <tr> <td>4/1/13-3/31/14</td> <td>83%</td> </tr> <tr> <td>4/1/14-3/31/15</td> <td>79%</td> </tr> </tbody> </table> <hr/> <p><b>Story Behind the Baseline:</b></p> <p>The number of youth with a reduction in their substance use as measured by drug test results and family report over the course of treatment has remained stable throughout the reporting periods. 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.</p> <p>Marijuana is one of the most used substances by youth. The program is encountering youth, caregivers, and communities that do not understand the adverse health effects and the impact it has on the youth's life, making it very challenging to support long term abstinence or reduction in use.</p> <p>The data is reported on a different schedule due to the current reporting structure.</p> <p><b>Trend:</b> ◀▶ Flat/ No Trend</p>	Reporting Period	% of Youth Demonstrating a Reduction in Substance Use	4/1/10-3/31/11	81%	4/1/11-3/31/12	86%	4/1/12-3/31/13	79%	4/1/13-3/31/14	83%	4/1/14-3/31/15	79%	<p><b>Proposed Actions To Turn the Curve:</b></p> <ul style="list-style-type: none"> <li>• Statewide provider meetings with ABH, including the MST teams funded by CSSD, will meet quarterly and workgroups will be established as needed (Summer 2015).</li> <li>• A statewide referral form will be explored as a way to simplify the referral process (Fall 2015).</li> <li>• A DCF and Juvenile Court specific training will be developed for providers (Fall 2015).</li> <li>• Therapists and supervisors will be offered a DCF and Juvenile Court specific training (late Fall 2015).</li> <li>• A practice guide will be developed (Spring 2016).</li> <li>• A continuous quality improvement plan will be developed (Spring 2016).</li> </ul> <p><b>Data Development Agenda:</b></p> <ul style="list-style-type: none"> <li>• Data elements found in the Provider Information Exchange database will be refined and documented (Fall 2015).</li> <li>• Data extracts from MSTI will be requested and reviewed on an annual basis, minimally (Fall 2015).</li> <li>• The GAIN Q3 and PIE databases will be utilized in the analysis of performance measures (Fall 2015).</li> <li>• Data will be analyzed by race/ethnicity (Fall 2015).</li> </ul>
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