

2015 Program Report Card: Multidimensional Family Therapy (MDFT)

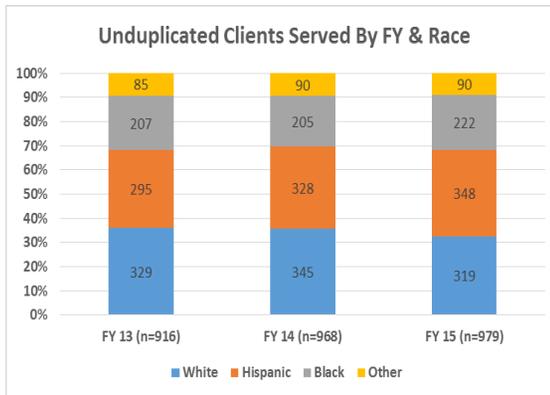
Quality of Life Result: Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.

Contribution to the Result: MDFT is an evidence-based, family-focused, adolescent substance use treatment program, used as an alternative to residential treatment, and which utilizes individual, parent and family therapy to address the issues leading to adolescent substance abuse, behavioral & mental health problems.

Program Expenditures	State Funding	QA Funding	Other Funding	Total Funding
Actual SFY 13	\$9,448,513	\$953,933		\$10,402,446
Actual SFY 14	\$9,221,381	\$890,840		\$10,112,221
Estimated SFY 15	\$ 8,947,985	\$782,370		\$9,730,355

Partners: families, 13 providers, Advanced Behavioral Health for local QA, MDFT International for model developer QA, Chestnut Health Systems for GAIN.

How Much Did We Do?



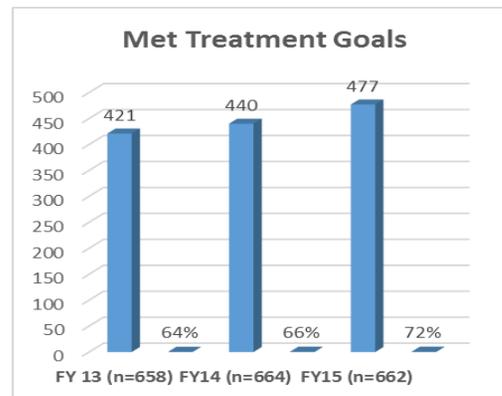
Story behind the baseline:

This graph shows the # of unduplicated clients served annually, with the contracted target of 906 exceeded & increased (916, 968, & 979) in each FY. The # & % of clients who had more than one episode were: FY 13=23 (2.5%); FY 14=30 (3.1%); & FY 15=32 (3.3%), which can be discussed with providers for reasons for repeaters.

It also shows that the race of MDFT clients served in these 3 FY's was 64% - 67% non-white.

Trend: ▲

How Well Did We Do It?



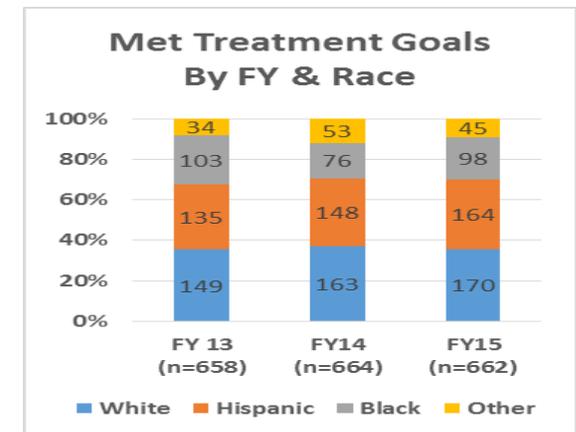
Story behind the baseline:

This graph shows the # & % of discharged clients who met all or most of their treatment (tx) goals. The trend (64%, 66%, & 72%) indicates that providers are improving on their skills to have successful outcomes with families & are more accurately reporting this data element, mentioned in Turn the Curve below. The target for this measure is 70%.

This is demonstrates progress, as this measure was 64% in FY 12, when the # of MDFT teams went from 10 to 27 & became statewide in their coverage.

Trend: ▲ for # discharged; ▲ for % of clients who met tx goals.

How Well Did We Do It?



Story behind the baseline:

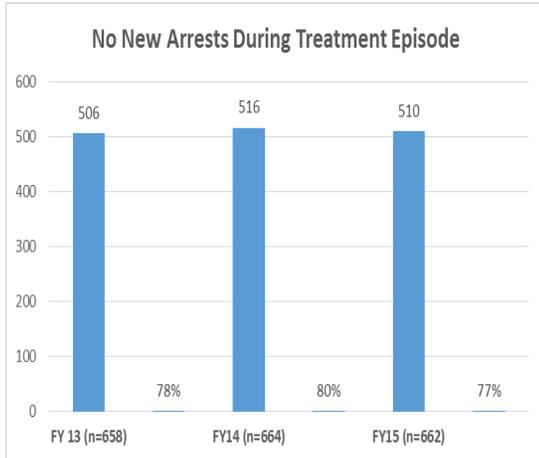
This graph shows the % of clients within each of 4 racial categories who have met all or most of their treatment goals at the time of discharge. Clients self-identified as white, Hispanic or other showed an increase in % between FY 13 – FY 15. Clients self-identified as black remained about the same % during that same time period.

Trend: ▲ for 3 races; ◀▶ for Black Clients

Is Anyone Better Off?

2015 Program Report Card: Multidimensional Family Therapy (MDFT)

Quality of Life Result: Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.



Story behind the baseline:

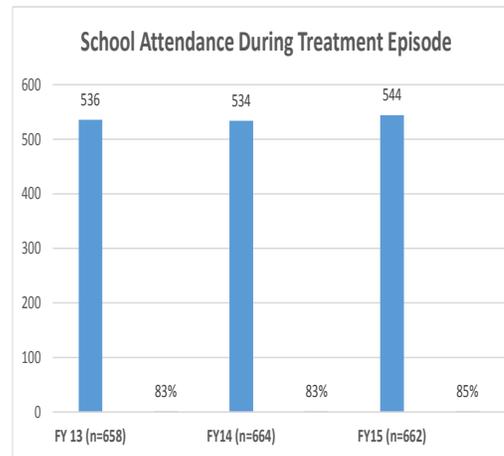
This graph shows that the “no new arrest” rate during the episode of treatment of clients discharged in FY 13 – FY 15 has slightly decreased (78%, 80%, & 77%), but not significantly. All are above the target of 75%.

However, these % are the same or higher than those for FY 11 (75%) & FY 12 (77%) for the same data element.

This data element's results can fluctuate, depending upon the # of youth referred who currently have juvenile justice involvement. Providers say that while in MDFT, parents are encouraged to contact police, especially when there is a safety concern. This is not something that these parents did prior to MDFT's support / involvement.

Trend: ▼

Is Anyone Better Off?



Story behind the baseline:

This graph shows that the school attendance rate of clients discharged in FY 13 – FY 15 has slightly increased (83%, 83%, & 85%) during the episode of treatment. The percent indicates the number of youth who have either maintained the same or greater level of school attendance. All are above the target of 75%.

However, these % are higher than those for FY 11 (82%) & FY 12 (80%) for the same data element.

Trend: ▲

Proposed Actions to Turn the Curve:

- Discussion occurs in every MDFT quarterly supervisor meeting with providers about how data is shared with funders, how to interpret various data elements that don't offer enough specificity (met all/most treatment goals, abstinence, etc.). These elements are being revised to allow for greater specificity.
- Continuous discussions about data are important due to on-going staff turnover (10 staff vacancies were the average for each of the last 5 months for FY 15 for the MDFT network).
- On-going discussions with providers about the race, arrest data & clients with more than one episode in a year will occur in quarterly meetings.

Data Development Agenda:

- In January, 2015, DCF began collecting information in PIE about the discharged client's use of alcohol/drugs at intake & discharge.
- Modified substance use related data elements will be captured in the PIE release scheduled for Jan, 2016, for ex., providers will have the option to indicate “none reported” or “not applicable” if no drugs were used.
- The MDFT QA semiannual report for FY 15 is due 7/30/15. So the data about capacity management, vacancies & MDFT certifications are not a part of this current report.
- We will be working with the model developer on integrating data about model fidelity from the new MDFT Clinical Portal into future RBA reports.