

2013 Program Report Card: Multi Dimensional Family Therapy (MDFT), DCF

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

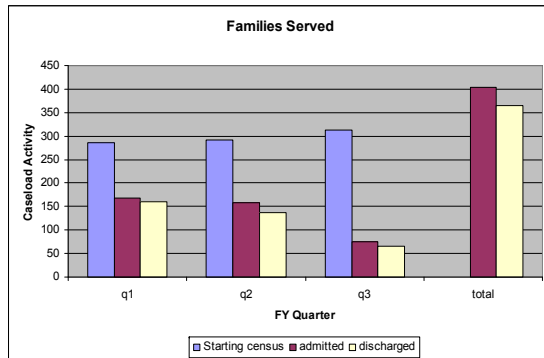
Contribution to the Result: MDFT is an evidence-based, family-focused, adolescent substance abuse treatment program, used as an alternative to residential treatment, and which utilizes individual and family therapy to address the issues leading to adolescent substance abuse.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	9,137,155	246,505		9,383,660
Estimated SFY 13	9,330,661	338,379		9,669,040

Partners: families, providers, Advanced Behavioral Health, University of Miami, Chestnut Health Systems

How Much Did We Do?

Number of families served



	q1	q2	q3	total
Starting census	285	292	313	
admitted	168	159	76	403
discharged	161	138	66	365

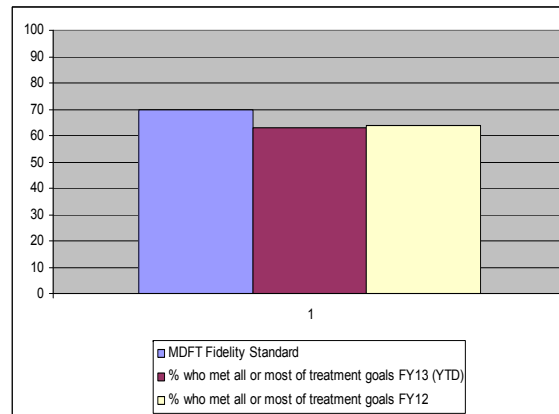
Story behind the baseline:

This chart demonstrates the level of caseload activity for the MDFT programs on a statewide level. Programs are contracted to serve 936 clients by the end of FY13, and to date 682 families, or 72% of target annual census, have been served.

Trend: ▲

How Well Did We Do It?

Met all or most of treatment goals



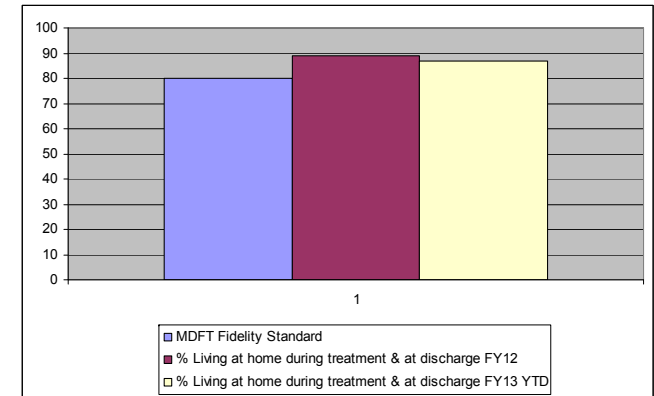
Story behind the baseline:

MDFT is an evidence-based model. Good fidelity to the model requires that 70% of clients meet all or most of their treatment goals at the time of discharge. During FY12 the number of teams was doubled, for a new total of 30 teams. Almost half of those new teams had significant staff turnover. We believe this is a significant factor in the low percentage of clients meeting all or most of treatment goals, and will be a topic of DCF meetings with providers and trainer/consultants.

Trend: ◀▶

How Well Did We Do It?

Percent of clients living at home during treatment & at discharge



Story behind the baseline:

MDFT is an evidence-based, adolescent substance abuse treatment program. It is used primarily as an alternative to residential or for re-entry to community. The high percentage of adolescents living at home during treatment and at discharge is a good measure of how well the program is doing as both an alternative to residential treatment and a successful way to integrate adolescents back to the community. There is a slight increase from FY12.

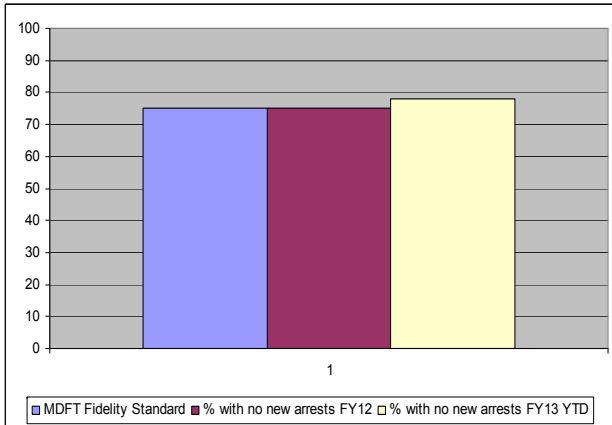
Trend: ◀▶

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

Is Anyone Better Off?

No New Arrests



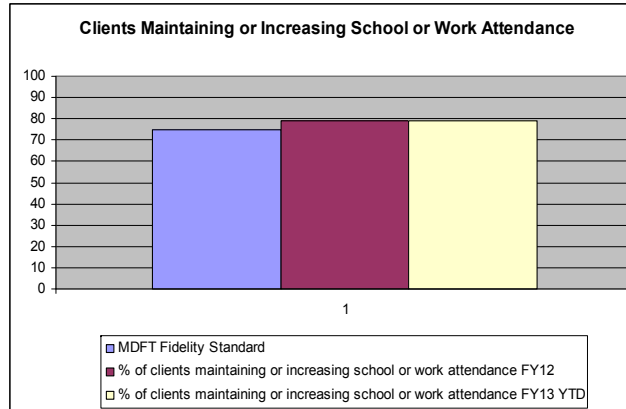
Story behind the baseline:

Delinquent activity is highly correlated with youth substance abuse. Behavior changes that include no arrests for delinquent activities are a strong proxy for sobriety in adolescents. Fidelity measures for MDFT include a target of 75% of participants remaining arrest-free. 78% of MDFT clients in Connecticut have remained arrest-free during their MDFT episode, exceeding the targeted outcome for MDFT. There is a slight increase from FY12.

Trend: ◀▶

Is Anyone Better Off?

Maintenance or Increase in School and Work Attendance



Story behind the baseline:

Adolescent clients who improve school attendance are exhibiting pro-social behaviors that are part of healthy, age appropriate activities indicative of sobriety. Fidelity measures for MDFT include a target of 75% of participants who maintain or improve school and work attendance. 79% of MDFT clients in Connecticut have maintained or improved their school attendance during their MDFT episode, exceeding the targeted outcome for MDFT.

Trend: ▲

Proposed Actions to Turn the Curve:

Because half (15) of Connecticut's MDFT teams converted to MDFT from FST last year, and most of those new teams have had significant staff turnover, the stable program performance on a statewide basis is encouraging. When performance is broken out by specific programs, the DCF program lead is able to target individual programs that need to improve performance.

The DCF program lead will focus on the relatively low percentage of clients meeting all or most of treatment goals during quarterly meetings with providers, and by local MDFT trainer / consultants and model developer.

As discussed above, a significant number of programs have new staff members, and the DCF program lead will closely monitoring their certification as MDFT therapists.

Data Development Agenda:

Language for Outcome #3 (abstinence) is not same as GAIN Q3; will work with CHS on this.

Working with providers to consistently submit the GAIN Q3 at intake & discharge.

For each performance measure report, program lead need to generate many reports in PSDCRS.