

# FY 2017 Program Report Card: Multisystemic Therapy: Transition Aged Youth (MST-TAY)

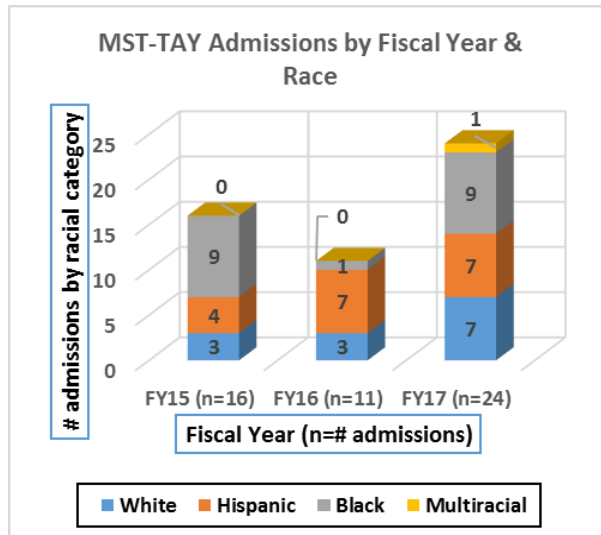
**Quality of Life Result:** All Connecticut children will be healthy, safe, living in stable environments and be ready for future success.

*Contribution to the Result:* MST-TAY (also known as MST-EA, for Emerging Adults) is an adaptation of MST for transition aged youth aged 17 – 20 with serious mental health conditions (SMHC) & involvement in the juvenile or criminal justice system that focused on reducing recidivism and increasing young adults' positive functioning in the critical areas of emerging adulthood while ensuring treatment and management of the SMHCs and any co-occurring substance use disorder.

Program Expenditures	DCF Funding	MST-TAY QA DCF Funding	Total DCF Funding	3 <sup>rd</sup> Party Reimbursement
Estimated SFY 17	\$951,400	\$157,000	\$1,108,400	Psychiatric Services

*Partners:* emerging adults, families, NAFI, ABH, MST Services, University of Massachusetts Medical School, Oregon Social Learning Center, DCF Regional & CO staff, CSSD

## How Much Did We Do?



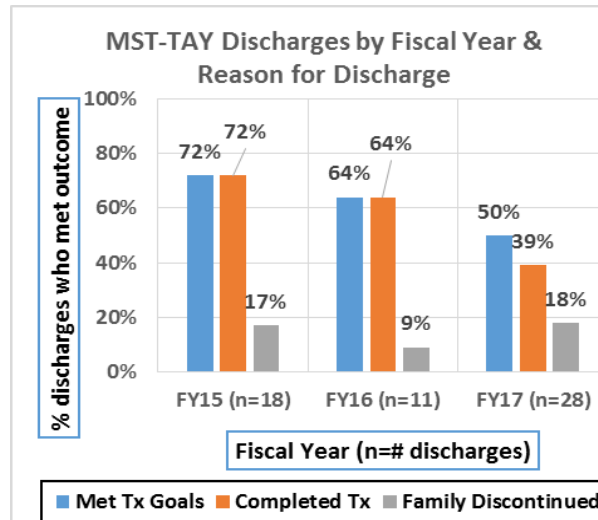
### Story behind the baseline:

**PIE Data:** Youth referred to MST-TAY must have juvenile or criminal justice involvement. The racial disparity of MST-TAY clients is a result of similar disparity in the justice system. For all 3 FYs, 51% percent of the 51 admissions were referred by probation & 39% by DCF.

Both teams have had high staff turnover, & the 2<sup>nd</sup> team also had a new supervisor who began in Jan. 2017. The latter usually means a decrease in admissions, while the new supervisor gets to know the referral sources. Also, the randomized control trial started in FY17, which has effected the # of admissions.

Trend: ▲ admissions

## How Well Did We Do It?



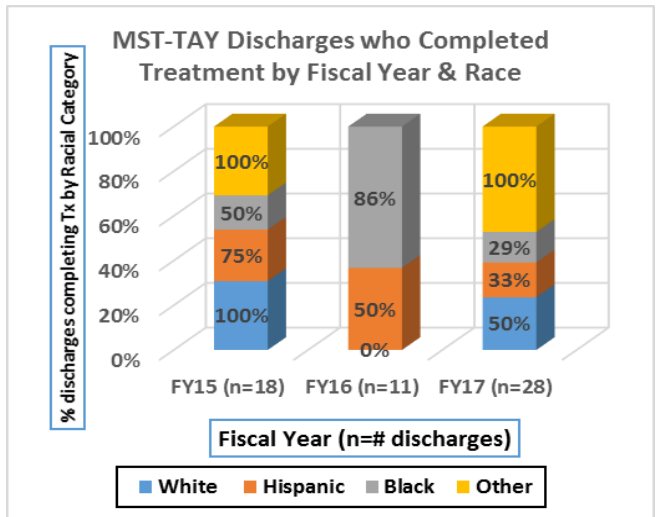
### Story behind the baseline:

**PIE Data:** The data element "met treatment goals" was taken out of "reason for discharge", made its own data element, & completed treatment was added in Sept., 2016. That is why the numbers are the same in FY 15 & 16 for these 2 variables, & are different in FY17 when this change occurred.

The 2 teams continue to experience high staff turnover, & currently have 5 out of 8 of their therapist staff. Turnover affects outcomes, as it takes time for new staff to learn the model.

Trend: ▼

## How Well Did We Do It?



### Story behind the baseline:

**PIE Data:** MST-TAY interventions & treatment goals are determined & developed with the youth & monitored throughout treatment.

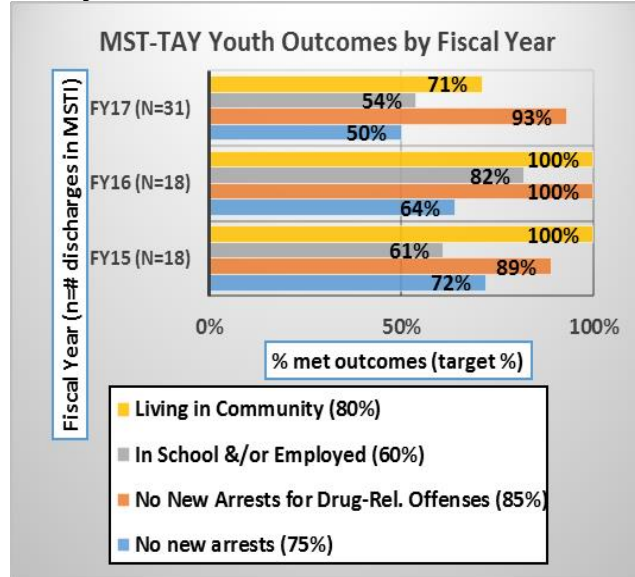
The provider is seeking bilingual staff for each team, as well as staff who are culturally diverse.

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?



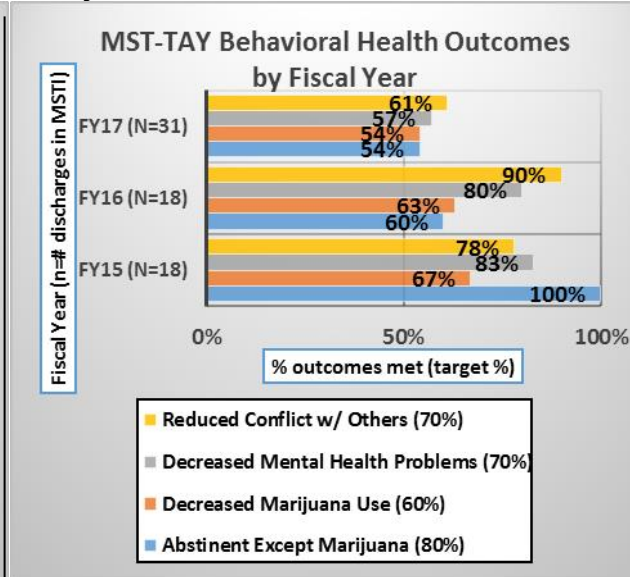
### Story behind the baseline:

**MSTI Data:** These measures are tracked by MST Institute on all discharged cases that are closed by mutual agreement with the client. Targets were **not** met for all of the outcomes in FY17, except for "no new arrests for drug-related offenses".

The partial achievement of these goals & the behavioral health goals in the next graph are impacted by staff turnover. By following this model, with the guidance of the training, ongoing consultation, & support provided by MST Services & the support given by NAFI administrators, the outcomes are expected to improve in the coming FY.

**Trend:** ▼

## Is Anyone Better Off?



### Story behind the baseline:

**MSTI Data:** None of the targets were met for these outcomes in FY17 as they were in previous years. This is due to the high staff turnover, with cases losing their therapists, sometimes abruptly, and having to be transferred from 1 clinician to another during the course of treatment. In addition, new therapists learning the model reduce the likelihood of successful outcomes.

The teams report that cases have had more challenging substance use problems in the past year. Opiate use also has been higher in the past year than in prior years though the team have reported successes with this cohort.

**Trend:** ▼

## Proposed Actions to Turn the Curve:

- NAFI sends a weekly utilization, vacancy & hiring update to all 6 regions currently served by the 2 teams.
- NAFI is implementing a PIR plan & a Service Development Plan to improve hiring & retention of staff, & have made many hiring & retention changes at the agency.
- Supervisors are doing presentations about MST-TAY to state & community agencies.
- The model developers were informed that they received an NIMH award for a randomized control trial (RCT), as well as getting a grant from NIDA for research. The RCT started taking cases on 12/1/16, & currently has 6 cases in the MST-TAY group & 6 cases in the control group.
- Researchers went thru IRB's so that incarcerated youth at CJTS can be included in the RCT.

## Data Development Agenda:

- The MST-TAY expert, MST-TAY supervisor & administrator, the PDOC, & the DCF regional gatekeepers attend the annual Program Implementation Review (PIR) to go over the MSTI data, identify strengths & weaknesses, & develop strategies using the MST do-loop & Fit circles tools. The strategies are then implemented & are tracked during the next 12 month cycle, when they are reported in the next PIR.
- Next annual assessment of staff gender, diversity, & languages spoken occurred on 7/1/17, with a report forth-coming.