# Strategy for the Evidence-Based Aspects of the Family First Service Continuum

## Models Recommended for the Mental Health Services Array

Spotlight on

FUNCTIONAL FAMILY THERAPY

&

MST® Multisystemic Therapy


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www.ColoradoLab.org

# Welcome!

*Please drop your name/agency in the chatbox*

- Framing from the Colorado Lab and CDHS
- Spotlight on MST & FFT
- Time for Q&A at end
  - Submit questions in chatbox along the way!
- Wrap-up

***Today's session runs from 11:30am – 1pm***

# Project Purpose

*Develop a short-, medium-, and long-term strategy for expanding Family First-eligible prevention services in Colorado*

- Generate recommendations:
  1. for the **creation of an evidence-based service continuum** matched to needs.
  2. to **maximize federal drawdown**, including which services on the continuum should and should not be funded through Title IV-E prevention dollars.


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**Partnership Between**

COLORADO
Office of Children, Youth & Families
Department of Human Services

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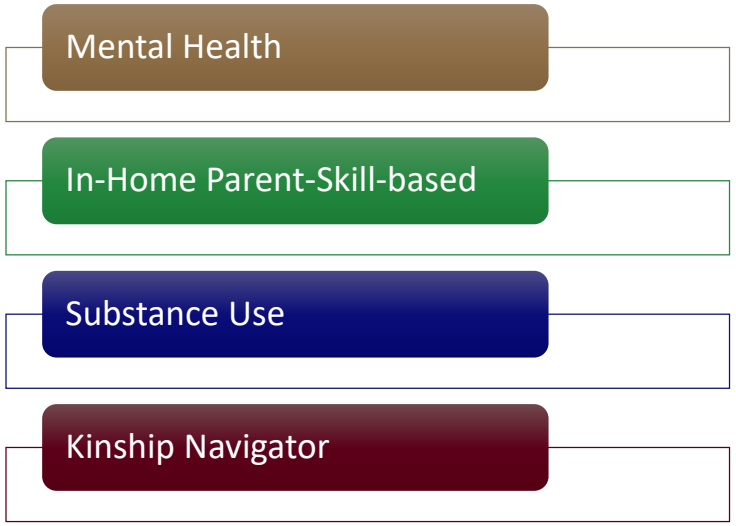
# Step 1: Initial Approach to Defining a Strategy

**Goal:** Synthesize existing information to identify alignment between documented needs within Colorado and evidence-based services rated by the Title IV-E Clearinghouse. To do this, we:

- Gathered needs assessment data/reports
- Identified ***"anchor"*** program within each domain
- Identified "***complementary"*** *services* to create a more comprehensive array




# Purpose of These Info Sessions

- To provide a foundational orientation to recommended models for the mental health services array
- Guiding Question: Is this a service you want to bring to your communities and/or scale?

Opening Remarks

- Yumiko Dougherty, Director of Strategic Planning & Implementation, CDHS

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# Mental Health Services

1. Mental health needs of children and youth
2. Family functioning

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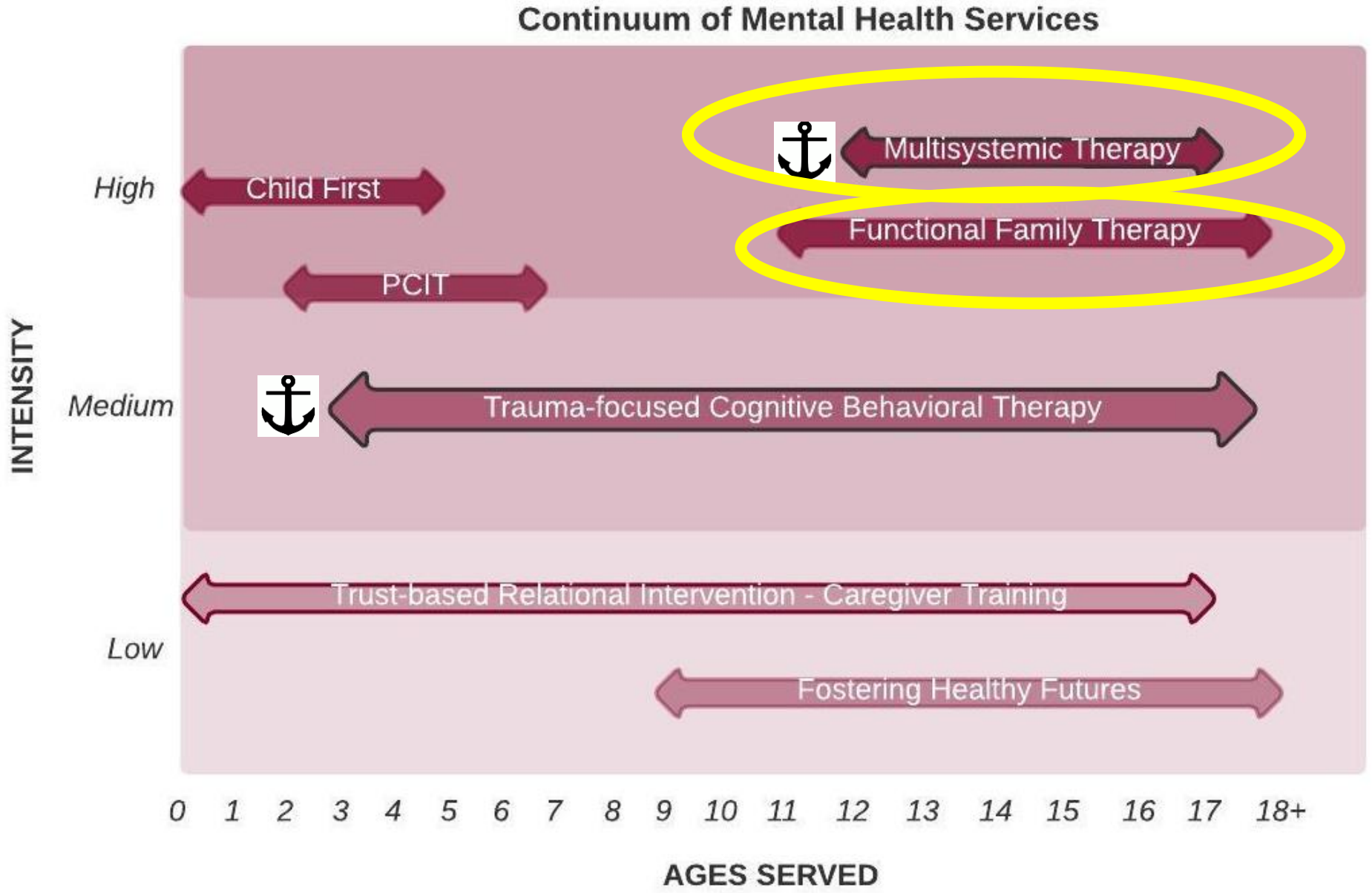
# Mental Health Services

Anchor Services:

**TF-CBT:** Mental Heath of Youth

**MST:** Family Functioning Needs



# MST & FFT Evidence Ratings

*According to the Title IV-E Prevention Services Clearinghouse*

MST: **Well-Supported** (mental health programs/services; substance abuse programs/services)

FFT: **Well-Supported** (mental health programs/services)

| | ☑ to Verify |
|---|---|
| There is *NOT* sufficient evidence of risk of harm such that the overall weight of evidence does not support the benefits of the program or service. | |
| | ☑ the Designation and Provide a Response to the Questions Relevant to that Designation |
| **Well-Supported** | |
| • Does the program or service have at least two eligible, well-designed and well-executed studies with non-overlapping samples[3] that were carried out in a usual care or practice setting? | |
| • Does one of the studies demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome? | |
| **Supported** | |
| • Does the program or service have at least one eligible, well-designed and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome? | |
| **Promising** | |
| • Does the program or service have at least one eligible, well-designed and well-executed study and demonstrate a favorable effect on at least one 'target outcome'? | |




*OR -- Does not meet criteria at this time*

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# & Now…the main show!

# Multisystemic Therapy: A Well-Supported Program for Adolescents

Dana Garofalini, MSc

Suzanne Kerns, PhD

# “Whatever It Takes”

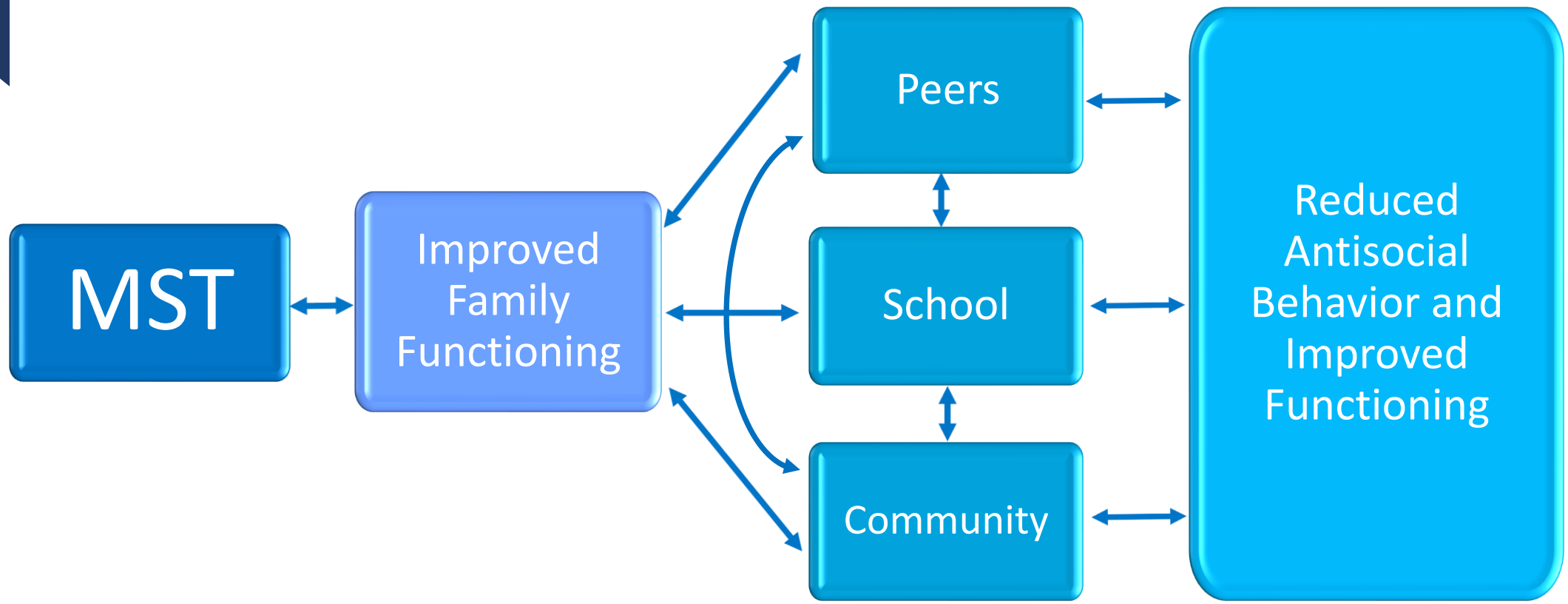
# Model Overview

Community-based, family-driven treatment for antisocial/delinquent behavior in youth

Focus is on “Empowering” caregivers (parents) to solve current and future problems

The MST “client” is the entire ecology of the youth - family, peers, school, and neighborhood

# Theory of Change



# MST Referral Criteria

MST teams work with community stakeholders to identify referral sources. These may include:

→ Juvenile Justice
→ Child Welfare
→ Mental Health Centers
→ Schools
→ Self-Referrals
→ Hospitals
→ Specialty Clinics or Providers
→ Faith-based Community Resources
→ Community-Based Organizations

## Inclusionary Criteria

- Referral Youth between 12-17 years
- "At risk" for out-of-home placement due to behaviors (including substance use)
- May be involved or at risk for involvement in the juvenile justice system
  - May include youth who have history of sexual offenses, as long as that is not the primary referral behavior

## Exclusionary Criteria

- Youth living independently or without a committed caregiver
- Sexual offending in absence of other antisocial behaviors
- Moderate to severe developmental disabilities that interfere with social communication and ability to determine cause and effect
- Actively (i.e., currently) suicidal, homicidal
- Serious or severe psychiatric issues are the primary referral

# MST is a Culturally Competent Intervention

- Family voice incorporated in every aspect of treatment development
- Flexible service delivery times and locations to accommodate family needs
- Aligns interventions with family strengths and values
- Supports parents to be successful with their children in their own homes and communities
- Supports parent empowerment and focuses on reducing formal system involvement
- Research shows effectiveness across a range of racial, ethnic, linguistic, and geographically diverse families

# Intervention Focus – Outcome Domains

SUBSTANCE USE

GANG AFFILIATION

TRUANCY

EXCESSIVE TARDINESS

VERBAL AGGRESSION

PHYSICAL AGGRESSION

LEGAL ISSUES

# MST Evidence-Base

## Well-Supported on Title IV-E Prevention Services Clearinghouse

- Mental Health Programs and Services
- Substance Abuse Programs and Services

## Favorable Effects

- **Child permanency**
  - Out-of-home placement
- **Child well-being**
  - Behavioral and emotional functioning
  - Substance use
  - Delinquent behavior
- **Adult well-being**
  - Positive parenting practices
  - Parent/caregiver mental or emotional health
  - Family functioning

# Service Intensity and Settings

- **Typical duration: 3-5 months (average 120 days)**
- **Service intensity matched to family need**
  - Typically, service is more intense (several meetings/week) initially, less over time
  - 24/7 availability for crisis management (teams have coverage plans)
- **Treatment focused on family system**
  - May include work with schools, faith-based organizations, community-based organizations, etc.
  - Decisions at beginning of treatment (and re-evaluated as needed) about continuing, pausing, or stopping other services during MST treatment period
- **Treatment delivered flexibly**
  - Family home, community, school

# MST Team

- 2-4 Full time, MST-dedicated therapists
  - Ideally, Masters-prepared
- At least 1 half-time supervisor per team
- Small caseloads: 4-6 families
- MST staff deliver all treatment (typically no or few services are brokered or referred outside the MST team)
- All staff participate in:
  - Initial MST Orientation Training
  - Supervisors: Supervisor Orientation Training
  - Weekly group supervision
  - Weekly group consultation
  - Quarterly booster sessions
  - Ad hoc training and support
- All agencies:
  - Agree to adhere to and support MST Guidelines
  - Maintain MST license
  - Engage in QA/CQI procedures

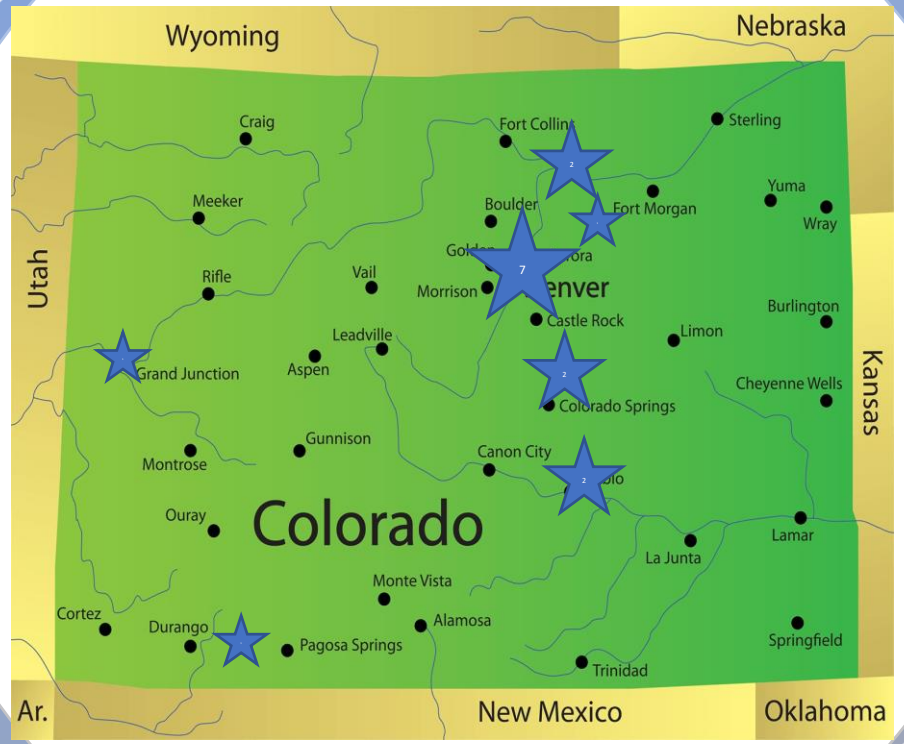
# MST Fidelity Monitoring and Support

Research-based adherence measures:

- **Therapist Adherence Measure** (TAM-R) – youth criminal charges 36% lower for families with maximum adherence score (1) than for families with minimum adherence score (0)
- **Supervisor Adherence Measure** (SAMSP_ – youth criminal charges 53% lower for families with maximum SAMSP score (1) than for families with minimum SAMSP score (0)
- **Consultant Adherence Measure** (CAM) – consultant/MST expert adherence predicts improved therapist adherence and improved youth outcomes

# MST Program Development Method

- Program feasibility assessment
- Discussion of critical issues
- Site readiness review meeting
- Recruitment and initial training
- On-going program implementation support




# MST in Colorado 2021: 16 teams

**Counties with some service capacity (occasional service to others):**

- Adams
- Archuleta
- Broomfield
- Denver
- Douglas
- El Paso
- Huerfano
- Jefferson
- La Plata
- Las Animas
- Mesa
- Park
- Pueblo
- Teller
- Weld

# CEI MST Outcomes (past year) N=747

## At end of treatment:

- Living at home: 91.4%
- In school or working: 86.3%
- No new arrests: 93.5%

## Case information:

- Percent completing treatment: 89.2%
- Discharged due to lack of engagement: 4.6%
- Percent youth placed: 5.5%
- Average length of treatment (days): 129.5

# Rocky Mountain MST Network (formerly CEI)

**Located within the Kempe Center, University of Colorado (effective July 1, 2021)**

## MST Network Partner

Licensed by MST Services
Adheres to MST standards and procedures

## Provides

Program development support

Ongoing training and consultation

Fidelity monitoring and support

Implementation support and problem-solving

# Questions?

- We would love to hear from you!
- Email: Suzanne.Kerns@CUAnschutz.edu

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# Continuing our Momentum



# Functional Family Therapy (FFT)

FFT is a short-term, evidence based program designed to support adolescents and their families . FFT is a strength-based model built on a foundation of acceptance and respect. The model utilizes assessment and intervention to address risk and protective factors within and outside of the family system.

# Target Population

- Services work with the youth, caregiver(s), and other family members as appropriate.
- Youth are between the ages of 12-18.
- Youth are typically showing behaviors such as aggression, truancy, delinquency, running away, substance use, as well as mental health struggles.
- Referrals come through child welfare, schools, hospitals and other agencies involved with truancy, pre-trial, probation, or parole. Additionally, clients can be self pay.

# Structure and Goals of Intervention

- FFT is a phasic, evidence-based model.
- The family relationship is the client.
- Uses a structured framework and relational assessment processes.
- Matches to the family's specific dynamics and culture.
- Services aim to empower families by teaching them skills that work for their specific situations.
- Overall goals are to reduce referring behaviors and build on existing strengths.
- Nationally, FFT has an 87% engagement rate and a 72% overall success rate.
- Cost-benefit analyses on studied groups indicated that FFT had significantly *lower direct costs* than treatment as usual.
- Per Savio House's data, in 2019 the overall success rate for families was 86% with 81% of clients served in 2018 still successful one year later

# Service Intensity

- Weekly sessions, typically 1 hour long.
- In between contacts during the Behavior Change phase or as needed.
- Length of Stay is between 3-5 months or 12-15 sessions.

# Location/Delivery Setting

FFT is an in-home service.

Includes all family members as appropriate in sessions.

If youth is in long term out of home placement or foster care, FFT can support transition home.

FFT services can be very effective in kinship or foster to adopt homes.

# Education, Certifications, and Training (staffing and supervision requirements)

- All clinicians hold Master's level degrees
- All therapists complete a 3 part FFT training and attend annual boosters.
- Supervision includes a minimum of 1 hour of individual supervision and 2 hours of group supervision.
- There is monthly oversight from the national FFT consultant.
- FFT LLC has it's own online services system that ensures model fidelity and adherence.

# Capacity and Implementation Considerations

- Feasibility to launch, implement, scale, and sustain.

# Additional Information

FFT has had success in multiple regions, both virtual and in person.

Therapists providing services to rural areas would have a reduced case load to account for travel time.

Existing sites and teams have the infrastructure to carry more therapists and extend services to more communities.

# Existing Infrastructure

- FFT is an accepted and contracted service with numerous Departments of Human Services throughout the state.
- There are existing contracts with probation departments and pre-trial services in different judicial districts and utilize CYDC (Colorado Youth Detention Continuum) funding as an additional funding stream.
- Savio House has created a rural/mountain team for our MST program and has been gaining more momentum with connecting services to communities with less access to services.

Evidence based and have supporting data showing positive outcomes.

The foundational goals are to keep youth in their homes.

Similar youth served with the same goals of reducing referring behaviors.

Consistent collaboration with treatment teams is important.

The right intervention at the right time is critical in supporting families.

MST addresses the ecological systems, FFT focuses on the family system.

# MST and FFT Models

# Questions?

Nicole DeHerrera, LPC ndeherrera@saviohouse.org

# Areas of Articulation – Complements and Overlaps

| | MST | FFT |
|---|---|---|
| POPULATION | Youth ages 12-17 at risk for out-of-home placement and/or at risk for involvement in juvenile justice system. **Focus on the "ecology" of the youth during service delivery.** | Youth ages 12-18 referred to the juvenile justice, mental health, school, or child welfare system(s) for behavioral or emotional issues. **Focus is on adolescents and the family system during service delivery.** |
| GOAL | Improve family functioning and reduce antisocial/delinquent behavior in youth | Build on existing strengths and reduce referring behaviors |
| DOSAGE | 3 to 5 months; several sessions per week (with less intensity over time); 24/7 crisis management | 3 to 5 months; weekly 1-hour sessions (average); interim contacts at key times |
| DELIVERY SETTING | In-home, community-based, At-school | In-home |
| PROVIDER EDUCATION | Master's-degree preferred | Master's degree required |
| PROVIDER TRAINING | MST dedicated initial training with required *quarterly* booster trainings | 3-Part FFT specific training with required *annual* booster trainings |
| DELIVERY MODEL | Team-based delivery (2 to 4 F/T MST-dedicated therapists, 1 P/T supervisor per team) | Team consists of up to 7 FT therapists and a FT supervisor. |
| IMPLEMENTATION CONSIDERATIONS | After initial site readiness and training requirements, agencies agree to adhere to MST guidelines, maintain MST license, and engage ongoing QA/CQI (including fidelity) efforts | Sites progress through 3 phases of operation, all having oversight from FFT to support continued growth and model adherence. Agencies must maintain appropriate supervision requirements |
| SUPERVISION | Weekly group supervision and group consultation | Weekly individual supervision and group supervision |

# Next Steps

- Conversations will continue as we invest in capacity-building for Family First, together


- Recording and slides will be posted
- Save the Date! Final Session will be:
  - Thursday, May 20th 11am – 12pm on TF-CBT
- Help us advertise these sessions far and wide!

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# Many thanks!





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