



Selling Apples to Someone that Wants Oranges: Doing “Whatever it Takes” to Manage Community Stakeholder Relationships

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Outpatient
Treatment

Foster Care

Group
Therapy

Individual
Counseling

Detention

Jail

Out-of Home
Residential
Placement

EVIDENCE-BASED
TREATMENT:
MST
FFT
AND OTHER
BLUEPRINT MODELS

In-patient
Substance
Abuse
Treatment

Services as
Usual

Day
Treatment

+ Redirection Program

- Created by the Florida Legislator in 2004 as alternative to residential commitment (MST, FFT, BSFT)
- Currently serves 17 out of 20 Judicial Circuits in Florida
- Served over 7260 at risk youth and families in their communities
- In published findings, when compared to matched youth send to Residential commitment programs, the Redirection program has achieved improved youth outcomes
 - 20% fewer re-arrests
 - 31% fewer felony convictions
 - 21% decrease in subsequent adult commitments

From EBA “Fast Facts-Redirection Program Through Year End 2011”

+ FFT & Engagement



From the FFT Clinical Training Manual (Alexander, J & Sexton, T., 2004):

Engagement is: “involving the family in the immediate activities of the session such that they become interested in taking part in and accepting therapy” (p. 55).



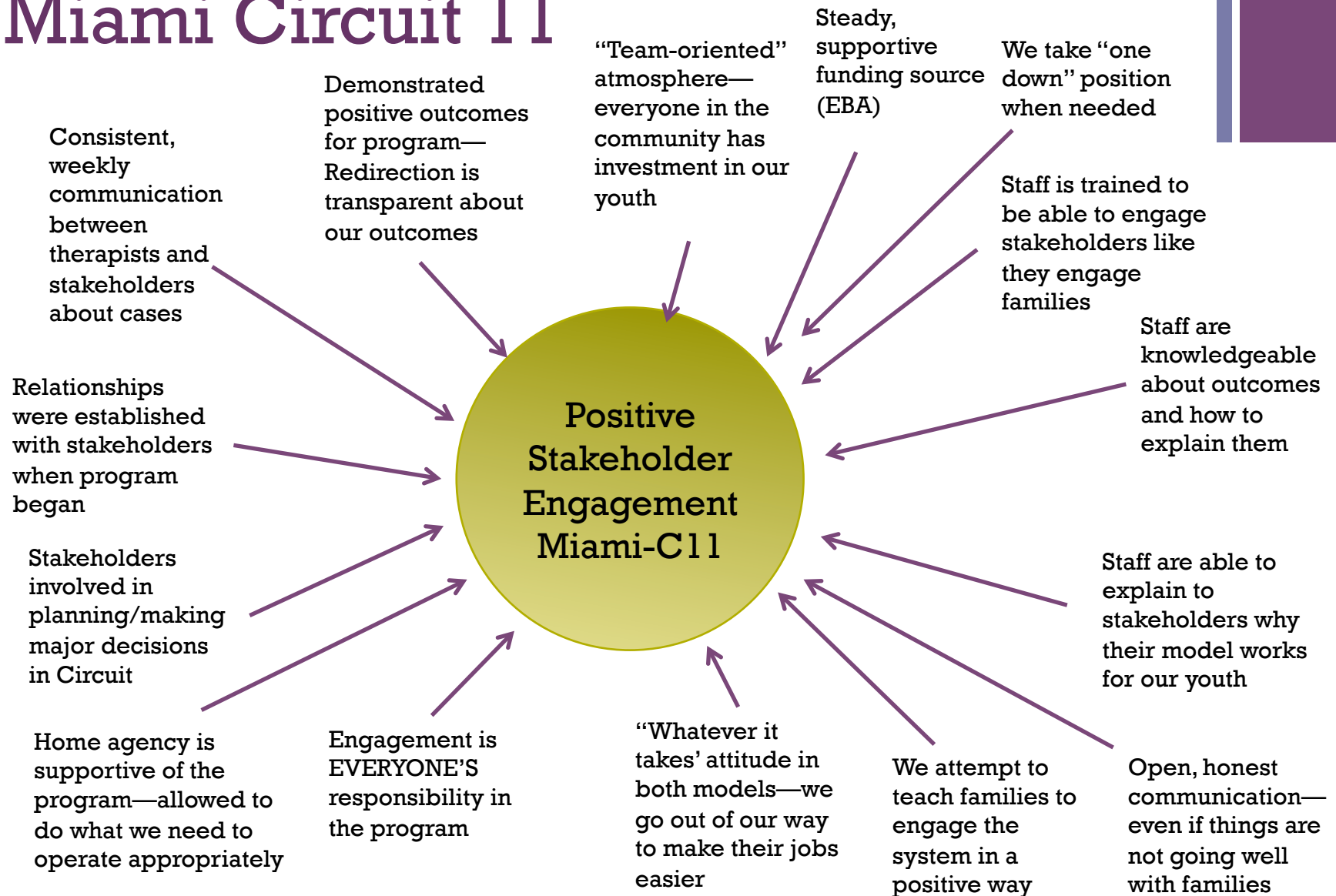
MST & Stakeholder Engagement



- Strong community collaboration is important to make our program work
- Included as part of the 5-day initial and supervisor trainings
- Focuses educating the stakeholders on your mission as a program and promotes an environment of understanding each other's missions and purposes
- Helps the families better engage with the systems in their lives-positive therapist engagement with stakeholders is required for this to happen.
- Build good relationships and emphasize strengths in other systems—acknowledge their expertise in their areas

From: MST Supervisor Training Manual “Laying the Foundation for Strong Interagency Collaboration”-MST Services

+ Fit for positive engagement in Miami Circuit 11





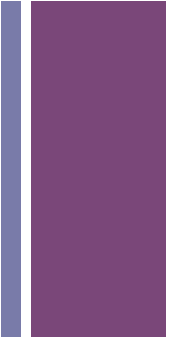
Who are the Stakeholders?



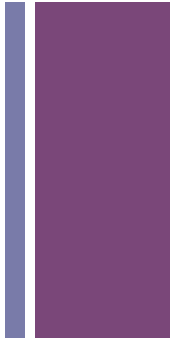
- Legislators, policy/law makers
- Judges
- Probation Officers
- Department of Juvenile Justice Officials
- Public Defenders
- State Attorney
- Community members
- Tax payers

+ Who is responsible for engagement?

- Funding Sources
- Home Agencies
- Model Consultants
- Program Managers
- Program Supervisors
- Therapists
- Families



+ Funding Sources



- At start up the following MUST happen to set up good engagement:
 - Community meetings that include Juvenile Justice representatives (Chief Probation Officers, Assistant Chiefs, Commitment Managers, Probation Officers/Supervisors), Juvenile Circuit Judges, State Attorney, Public Defender's office, Home agency administrators, model representatives.
 - If stakeholders see that there is a commitment in funding/maintaining the funding for the program, the stakeholders will be more engaged in using and promoting the use of the program.
- EBA is consistently involved in supporting the community engagement by having quarterly meetings in the circuit to present program statistics; collecting, compiling and reporting our outcomes and results; and being a consistent QA support for the contracted agencies.

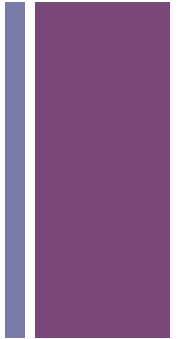


Home Agency



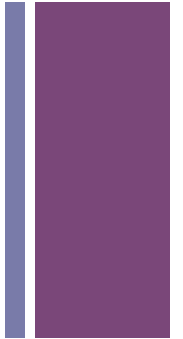
- Must be supportive in promoting the program
- MUST buy in to the evidence-based model and some of the non-traditional requirements of the models
- Must be flexible to allow Program Managers to run the programs as intended: allowing therapists/supervisors to go to court, meetings, pay mileage, competitive pay for therapists
- Allow Program Managers/Supervisors to hire the therapists that are the right fit AND transfer/move on the ones that are not.

+ Program Manager



- Have consistent communication with ALL stakeholders—not just ones that are on the same administrative level!!!
- Attend all administrative meetings—meet & greets with JPOs
- Be knowledgeable about the models and the clinical process—even if you do not practice the model, be able to describe how it works
- Be available to answer questions about outcomes and statistics on your program!!!
- LESS THAN 24 HOUR RESPONSE TIME FOR RETURNING EMAILS AND PHONE CALLS!!!

+ Supervisors



- Be able to talk about how we track our outcomes and that they are closely monitored.
- Be able to provide stakeholders with user-appropriate data for the cases.
- Must be knowledgeable about the cases on the therapist's caseload—be able to answer questions that the therapist can answer about the families/youth.



Supervisors



- Encourage therapists to put themselves into the stakeholder's shoes about cases—understand the urgency that the stakeholder might have.
- Attending hearings and meetings when important decisions are being made about youth.
- Consistent communication with JPO, JPO supervisors (make visits, phone calls, etc)
- LESS THAN 24 HOUR RESPONSE TIME FOR RETURNING EMAILS AND PHONE CALLS!!!
- Review and sign monthly reports and discharge forms—it is important for our stakeholders to know that the cases are being well supervised.

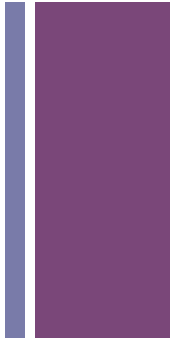


Therapist



- LESS THAN 24 HOUR RESPONSE TIME FOR RETURNING EMAILS AND PHONE CALLS!!!
- Visit JPO offices often (bring treats)
- Watch for the JPOs and other stakeholders in court—say Hello!!
- Be personable—take the “one down” position when needed
- Make the JPOs feel that they have to do less work because of the treatment (help youth find community service placement, etc).
- Email updates on closure and openings and all important items

+Therapist



- Promote a team atmosphere “we are all trying to help the youth and families in our circuit”
- Be knowledgeable about WHY your model works and be able to talk about user-appropriate outcomes
- Be a problem-solving partner with the JPO—if things don’t go well on a case—ask the JPO for help
- Conduct pre-discharge meetings
- Complete discharge forms and Monthly reports.

+ Families



- Going to court prepared—be able to talk about strengths and struggles with the Judge
- Redirect “complaint” calls to JPO to session and to the therapist
- Reduce calls to JPO about demanding youth’s residential commitment
- Families learn the benefits of the in-home services vs. residential placements



How do we do it?



Communication is the key!!!!

- Forms (pre-discharge, monthly reports, judge letters)
- Weekly emails to the JPOs
- Phone calls to JPOs
- Drop-in visits to JPO offices
- Therapists attend all court hearings
- Therapist engage everyone in the youth's system—schools, positive activities (church, etc.)
- Pre-discharge meetings with JPO, Family and therapist

**EVERYONE AT ALL LEVELS IS RESPONSIBLE
FOR ENGAGEMENT!!!**

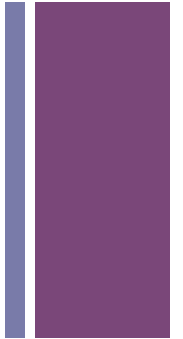


Communication!



- Pre-discharge Meeting/Pre-discharge Planning Form
 - 30-45 days prior to the anticipated discharge date
 - Therapist holds meeting between JPO & Family to discuss remaining sanctions, accomplishments made during treatment and begin the letter to the Judge
 - This is done to ensure that all DJJ sanctions/requirements are completed before the end of treatment
 - Encourages JPOs to petition court for termination of probation once Redirection closes successfully
 - Highlights the families accomplishments and lays out a plan for generalizing treatment and ensuring sustainability.

+ Communication!



■ Monthly reports

- Sent out every month, by the 10th of the month to each JPO/JPO supervisor, Judge and other important stakeholders
- Includes the strengths and barriers for that month, the progress made, plans to overcome the barriers and the direction of treatment for the upcoming month.

■ Discharge reports

- Emails are sent out to JPOs the SAME day that the case is closed, indicating the closure status, youth living arrangements status and that the report will follow.
- Reports include documentation of pre-discharge meeting, goals, along with advances and barriers in treatment.



Communication!



- Family Letters to the Judges
 - How were things before starting services
 - What did the family learn during treatment
 - Give an example of what the family has learned
 - What will they do if issues arise
 - What are the youth/family goals now treatment has been completed?



What are the results of good engagement with stakeholders?



High Demand for the Program

Positive Outcomes

Low Recidivism

+ High Demand



Good news spreads quickly!!!

- If one JPO has a good experience, they will tell their colleagues!!
- Judges will also do this—if the therapists attend court prepared and they can see the improvement in the youth and families, they will begin to include your program as part of the court order.



Positive Outcomes



- High percentage of successful completers
 - 7/1/2010-6/30/2011 (contract target is 70%)
 - FFT-84% Successful Completions
 - MST-86% Successful Completions
- Low percentage out of home placements
 - MST 7/1/10-6/30/11—0% out of home placements!!! (n=61)
- Low percentage of youth dropping out of treatment
 - MST 7/1/10-6/30/11—only 6.7% lack of engagement

MST data furnished by MST Institute via Dashboard report for 7/1/2010-6/30/2011

MST & FFT recidivism, ODS and completion data provided by Evidence-Based Associates.



Positive Outcomes



- Increased school attendance
 - MST 7/1/10-6/30/11-92.5% in youth or working
- Low percentage of offenses during services
 - 7/1/2009-6/30/2010 (contract target is no more than 25%)
 - FFT—13%
 - MST-16%
- IMPROVEMENT OF FAMILY FUNCTIONING, IMPROVE FAMILY RELATIONSHIPS, REDUCE FUTURE ARRESTS, AND IMPROVING THE LIVES OF OUR YOUTH AND THEIR FAMILIES!!!

MST data furnished by MST Institute via Dashboard report for 7/1/2010-6/30/2011

MST & FFT recidivism, ODS and completion data provided by Evidence-Based Associates.



Low Recidivism



Redirection Recidivism Rates for Circuit 11

For our JULY 2009- JUNE 2010 LONG TERM recidivism rates:

Contract target is >40%:

FFT-18%

MST-13%

Our current Short-term recidivism is (as of Feb '12):

FFT – adjudicated + pending: 17%

MST-adjudicated + pending: 12%

MST & FFT recidivism, ODS and completion data provided by Evidence-Based Associates.



+ For more information:

- Institute for Child and Family Health: www.icfhinc.org
- Evidence-Based Associates:
www.evidencebasedassociates.com
- Multisystemic Therapy: www.mstservices.com
- Functional Family Therapy: www.fftinc.com
- Other Blueprints models:
www.colorado.edu/cspv/blueprints/modelprograms.html

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