


Ensuring Outcomes in the Real World

Examples Across Family-Based Programs


Blueprints Conference
Denver, 2016



Formula for Success

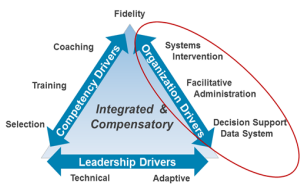
Effective Interventions + Effective Implementation Methods + Enabling Contexts = Socially Significant Outcomes

National Implementation Research Network (NIRN)




Active Implementation

Implementation Drivers




National Implementation Research Network (NIRN)




Decision Support System Challenges

- Clearly identifying what to measure
- Knowing how to deliver information in way that will be useful to those who need the information
- Finding resources to build the needed infrastructure support
- What else???




TFCO Targets

- Alternative to congregate care
 - Youth with severe behavioral problems
 - Many without aftercare plans
 - Multiple previous arrests
- Adaptations for different age ranges
 - TFCO-A
 - TFCO-C
 - TFCO-P



Randomized Trials

- CWS Involved Youth leaving a state psychiatric hospital
- Boys from juvenile justice for chronic delinquency
- Girls from juvenile justice with severe mental health problems and abuse histories (2)
- CWS involved "challenging" children
- CWS involved children receiving a next placement
- 6th grade girls in foster care
- Young children in foster care
- 10 year follow-up of girls



Recent Trial: Baseline Characteristics



11.5 arrests (first at age 12 ½; 72% had at least 1 felony)

57% clinical-level and 17% borderline-level internalizing scores (CBCL)

47% clinical level depression

Over 3/4 of study girls met criteria for 3+ Axis 1 diagnoses

57% report an attempted suicide

26% had been pregnant

66% used hard drugs in last year

36% used weekly



Recent Trial (cont.)

Physical Abuse	88%
Sexual Abuse	69%
Physical or Sexual	93%
Both	63%
Family Violence	79%
At least one act of sexual abuse <13	76%
Average sexual abuse acts <13	5
Ave. number of parental transitions	17
Ave. number of prior treatment placements	2.96
Mother convicted of crime	46%
Father convicted of crime	63%
At least 1 parent convicted	74%



Social Learning Theory



Individuals learn to behave in social contexts

Interactions between children and adults shape behavior.

Adult reinforcement can be powerful in changing child/adolescent emotion and behavior problems.

Hundreds of studies throughout the US and Europe confirm social learning theory.

TFCO: Goals

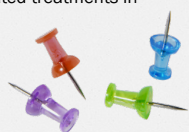
Objective

Change the trajectory of negative behavior by improving social adjustment across settings

How is this achieved?

Simultaneous & well-coordinated treatments in multiple settings

Home
School
Community
Peer group



Strategy



- Youth are placed individually in foster homes
- Treatment in a family setting focusing on the youth *and* the family
- Intensive support and treatment in a setting that closely mirrors normative life
- Intensive parent management training
- Youth attend public schools

TFCO Team



- Treatment Foster Parents
- Team Leader (1.0 FTE)
- Family Therapist (.50 FTE)
- Youth Therapist (.50 FTE)
- Skills Trainers (hourly)
- PDR Caller/Foster Parent Recruiter (0.75 FTE)
- Consulting Psychiatrist (hourly)
- Agency Program Director/Program Champion

Behavioral Program

The Point and Level system is a daily behavior management program.

It provides a concrete way for parents to:

- ✓ teach appropriate skills
- ✓ reinforce desired behaviors
- ✓ provide negative consequences for problem behavior



Goal is 5-1 Positive Reinforcement

Developed by TL and implemented by FP

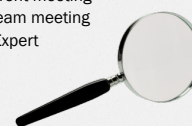
Key Program Components

- Placement in Well Trained and Supported home
- Foster Parent Support Meeting
- Individual Child Therapy
- Family Therapy
- Skills Training
- Collaboration and Coordination with Collateral Contacts (e.g., schools, psychiatry, coaches)



Making It Happen

- Daily "observation" of child behavior
- Weekly observation of foster parent meeting
- Weekly observation of clinical team meeting
- Weekly consultation calls with Expert
- Site Visits
- Leadership Calls
- Certification – observation based
- On-going certification monitoring – observation based



FOCUS

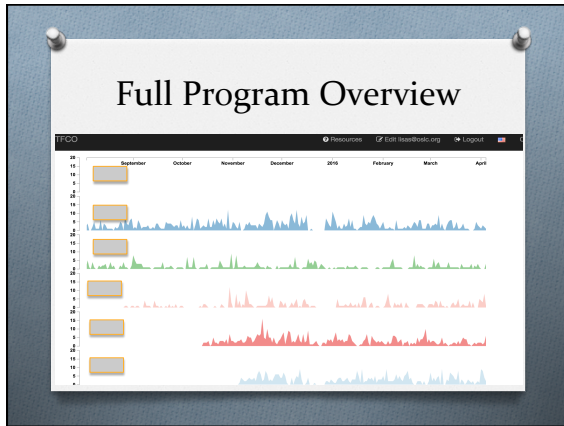


Web-based Observation System



Program Overview of PDR Collection

FOCUS TFCO									
Clients									
Name	Age	Questionnaire	Gender	Placement Date	1st PDR	% Collected	% On time	Action	
DuWay	5	3 to 6	Male	03-Nov-2015		0 / 154	0 / 0	Go	Get More Info
George Jackson	11	7 to 11	Male	21-Oct-2014	22-Oct-2014	24 / 102	10 / 24	Go	Get More Info
Jack O	5	3 to 6	Male	03-Nov-2015		0 / 154	0 / 0	Go	Get More Info
Jane Doe	13	12 to 18	Female	21-Oct-2014	22-Oct-2014	42 / 102	17 / 42	Go	Get More Info
Jorge G	9	3 to 6	Male	21-Oct-2014	22-Oct-2014	4 / 102	2 / 4	Go	Get More Info
Lady G	15	12 to 18	Male	07-Nov-2014	09-Nov-2014	3 / 105	2 / 3	Go	Get More Info
Sally Sue	14	12 to 18	Female	01-Dec-2014	10-Dec-2014	1 / 491	1 / 1	Go	Get More Info
Willy Cherry	11	12 to 18	Female	03-Feb-2015	04-Feb-2015	1 / 427	1 / 1	Go	Get More Info
pink water	14	12 to 18	Female	29-Nov-2015		0 / 17	0 / 0	Go	Get More Info



Data Collected From Foster Parent/Caregiver by PDR Caller

The form displays a list of behaviors on the left and a corresponding list of responses on the right. The behaviors include: 21. Lying, 22. Nervous/Jittery, 23. Not Minding, 24. Punt/Whining, 25. Pouting, 26. Repetitive Questions, 27. School Problems, 28. Sexual Behavior, 29. Short Attention Span, 30. Sleep Problems, 31. Shaggy/Disheveled, 32. Stealing, 33. Swearing. The responses are listed in a column on the right, with a 'Select...' dropdown for each behavior.

This form contains several input fields and a table. The fields include: Daily Grade (dropdown), Number of Timeouts (text input), Number of Timeouts to Privilege (text input), Medication Administration (Yes/No dropdown), Incentives (table with columns for Incentive, Number, and Text), and a Note field.

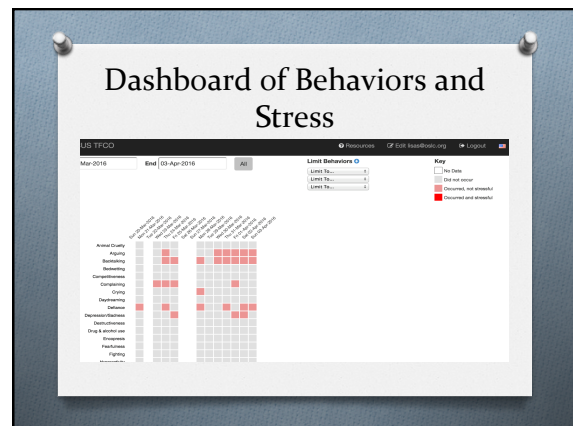
Weekly Client Overview

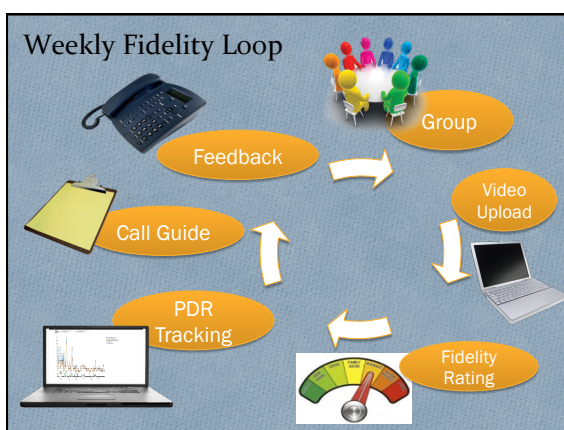
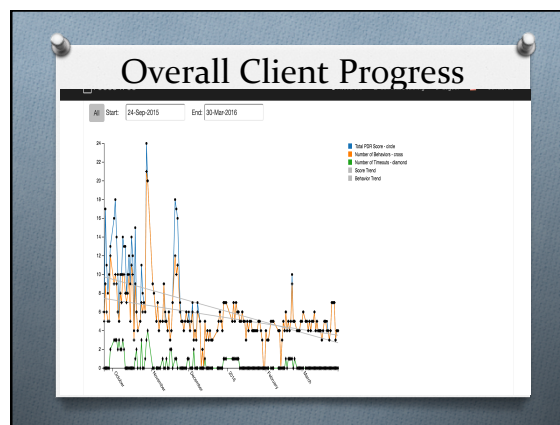
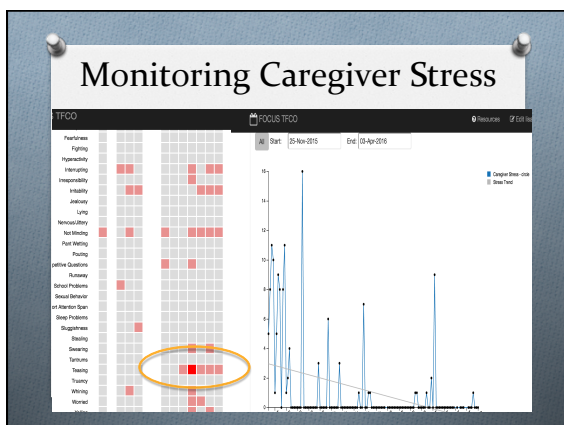
The dashboard shows a table of client data for the week of March 29 to April 4, 2016. The table has columns for each day of the week and rows for various behaviors and metrics. The data is summarized in a table at the bottom.

	Tue 29-Mar-2016	Wed 30-Mar-2016	Thu 31-Mar-2016	Fri 01-Apr-2016	Sat 02-Apr-2016	Sun 03-Apr-2016	Mon 04-Apr-2016
Physical Target Behavior	0	0	0	0	0	0	0
Points earned in Physical Target Behavior	0	0	0	0	0	0	0
Total Points	115	120	110	100	110	100	70
Points Lost	14	0	10	20	0	0	50
Medication Administered	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Total Behaviors	1	3	1	0	0	0	0
Total Intensity	1	3	1	0	0	0	0
Interview	1	2	1	1	1	1	1
Respondent	1	2	1	1	1	1	1

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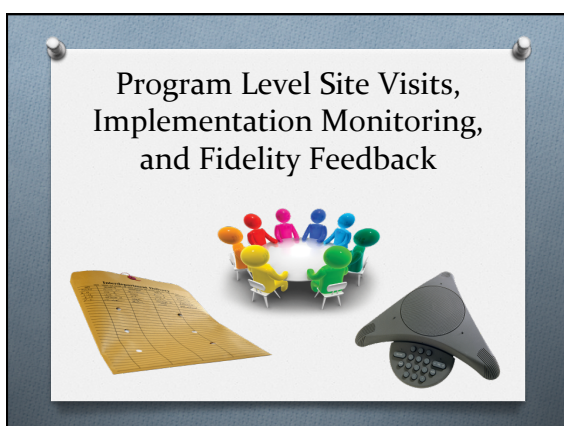
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Total Intensity	1	3	1	0	0	0	0
Interview	1	2	1	1	1	1	1
Respondent	1	2	1	1	1	1	1





Weekly Call Guide

Youth (out 8 points grid for each youth)																					
First Name:	TFCO Meeting:																				
Last Name:	Current Level:																				
Brief summary since last call:																					
Problem behaviors (what did they look like this past week):																					
Alternative/Prosocial behaviors (prosocial to problem behaviors listed above):																					
Reinforcement (how well the prosocial behavior he supported/reinforced this coming week):																					
Consequence for problem behavior (any given this week in addition to point loss):																					
Intervention strategies for this week (see team notes):																					
<p>Recruitment</p> <p>Advertising activities of the past week (include details):</p> <p>Advertising plans for the coming week (include details):</p>																					
<p>Foster Parent Meeting</p> <p>1. Did all foster parents attend the last meeting? Y/N</p> <p>2. If the video did not attend?</p> <p>3. Does this TF typically attend?</p> <p>4. What went well in your last foster parent meeting?</p>																					
<p>Clinical Meeting</p> <p>1. Did the entire clinical team attend the meeting?</p> <p>2. What went well in your last clinical meeting?</p>																					
<p>Outcomes</p> <table border="1"> <thead> <tr> <th>Youth</th> <th>Total Sessions</th> <th>70% or More</th> <th>70% or More</th> <th>70% or More</th> <th>70% or More</th> <th>70% or More</th> <th>70% or More</th> <th>70% or More</th> <th>70% or More</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Youth	Total Sessions	70% or More	70% or More	70% or More	70% or More	70% or More	70% or More	70% or More	70% or More										
Youth	Total Sessions	70% or More	70% or More	70% or More	70% or More	70% or More	70% or More	70% or More	70% or More												



Certification Criteria

Program in operation a minimum of 12 months

Meet standards on at least 6 out of 7 criteria

- Successfully graduate 7 youth within 12 months
Youth moved to less restrictive setting
minimum 66% success rate across all program youth
- 70% of youth receive 70% of services (≤ 9 sessions/month)
- Behavioral components collected and used appropriately
PDR, Point Charts, School Cards
- A minimum of 8 foster parent meetings in last 12 weeks
Foster Parent Meeting attendance: Min 70% attended for 70% of youth
3 consecutive videos rated for Content and Performance (must match PDR)
- A minimum of 8 clinical meetings in last 12 weeks
Min 70% attendance for 70% of meetings
3 consecutive videos rated for Content and Performance (must match PDR)
- Staffing: Roles are filled and job descriptions meet the TFCO definition
- Training completed by all staff
TFCO 5 day training, Approved on-going training plan

CERTIFICATION EVALUATION IS CONDUCTED BY AN INDEPENDENT CODER



Certification and Sustainment

IF a contractual arrangement is in place to monitor program fidelity and address model adherence issues

- Initial certification is valid for 2 years
- Subsequent certification is valid for 3 years

Otherwise certification is valid for 1 year


Success

Correlated to active use of the fidelity monitoring tools

As tools have improved, so have success rates



THANK YOU

Functional Family Therapy

Using Data to Improve Implementation



STEPHEN KING'S
IT

The Master of Horror unleashes everything you were ever afraid of.




Client Services System

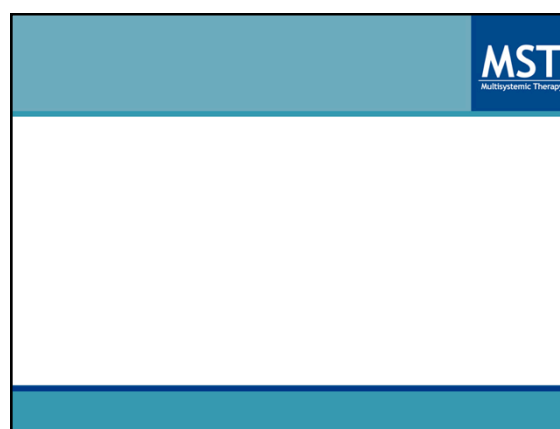
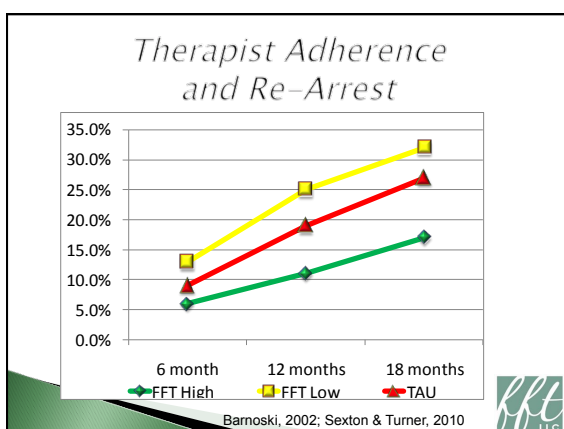
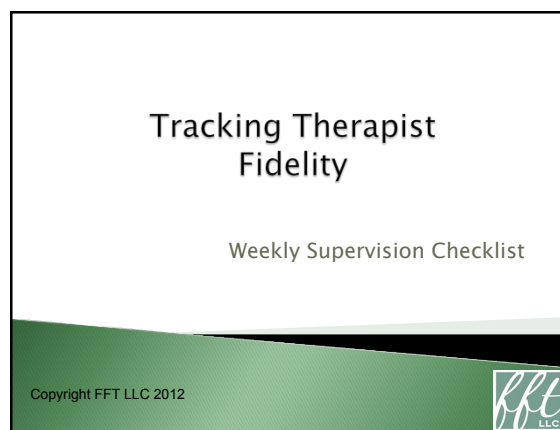
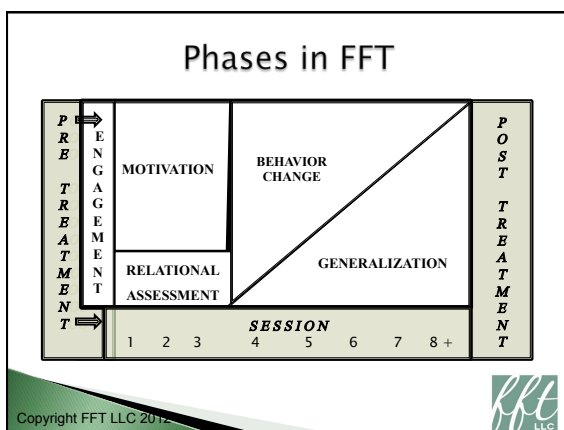
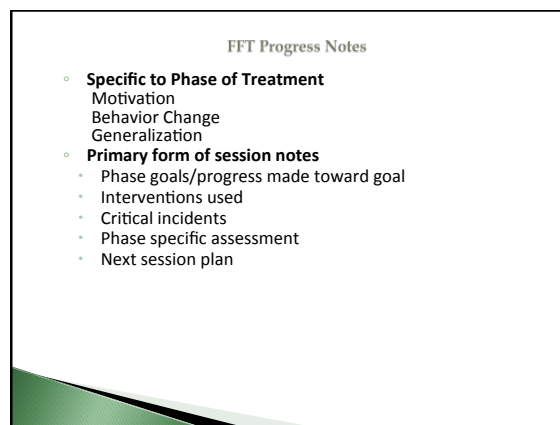
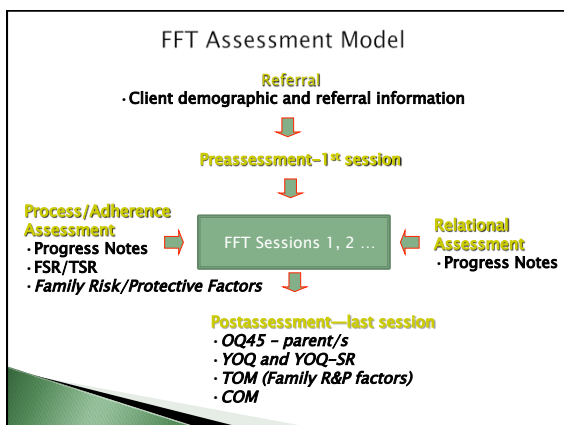
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FFT Client Services System (CSS)

- ▶ **Web-based system**
 - Clients
 - Contacts / Sessions
 - Assessments
 - Reports
- ▶ **Functions:**
 - Supervision/Monitoring
 - Service Delivery information
 - Client Change (OQ instrument—parent->youth)
 - Outcome assessment (therapist, youth, parent)
 - Process assessment





Using Data to Enhance Practice

Quality Assurance, Quality Improvement,
TYPE Reports

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Early Spacing of Sessions

The spacing, or number of days between the first, second, and third FFT sessions, depends primarily on:

- 1 - the severity of risk factors
- 2 - the immediate availability of protective factors
- 3 - your over all judgment of how long the family can go without a major disruption.

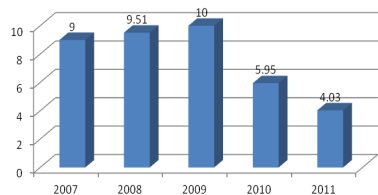
With high risk families we would expect 3 sessions in the first 10 days of FFT

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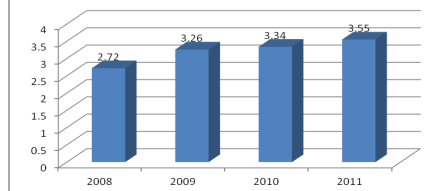
Speed in Initial Response

Avg Days between Referral and Open Date

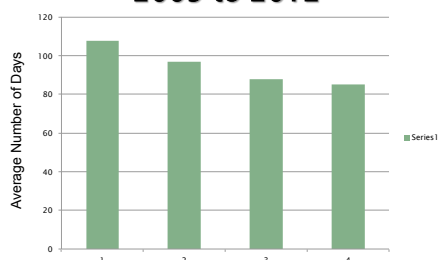


Density of Services

Avg. Sessions Per month per family

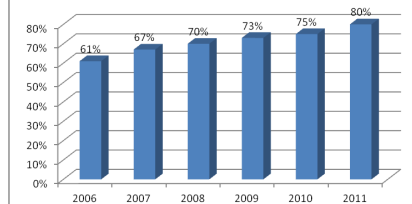


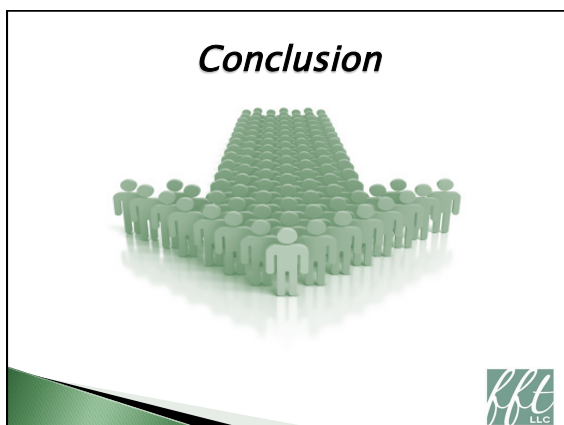
Length of Service 2009 to 2012



Services Received

Successful Completion





Multisystemic Therapy

Use of a Multi-Method Information System for Decision Support and Quality Improvement

What is “MST”

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on empowering caregivers (parents) to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood
- Highly structured clinical supervision and quality assurance processes
- Services delivered by licensed teams of therapists

Components that Support Good Outcomes

- Maintain laser focus on outcomes
- Multi-method information feedback system
- Standardized assessments of fidelity that predict outcomes
- Ongoing training on use of the information to improve fidelity and program outcomes

OUTCOME FOCUS

MST Ultimate Outcomes 2015 MSTI Data Report

AT HOME	90%	These results are based on a comprehensive review of the 11,958 cases* (85.4% of 13,995 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).
IN SCHOOL/ WORKING	85.6%	
NO ARRESTS	86.2%	

www.mstinstitute.org

Focus on Outcomes at Every Level



- Families: Overarching Goals
- Teams: Ultimate Outcomes & Case Closure Status
- Network Partners: Team Performance
- MST Services: World-wide Performance
 - Monthly meetings with Network Partners
 - Quality Improvement Council (QIC)

MULTI-METHOD INFORMATION FEEDBACK SYSTEM

Description of General CQI Process



- Define and communicate the standards for the activity
- Gather information about implementation of the activity or program
- Compare the information gathered to the standards or benchmarks (e.g., TAM-R targets).
- Use information to improve the program
- Continue feedback loop in ongoing way.

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Standard Information Collected



- Measure Adherence to the Model
 - Standardized assessment measures (TAM-R, SAM, CAM)
 - Program Drift (Program Review Form)
 - Work sample review (e.g. session recordings and field visits, group supervision recordings, weekly case summaries)
- Measure Outcomes
 - Discharge Review Form data entered and monitored via the MSTI Website

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MSTI Dashboard Report



Team	Total Cases Discharged	Total Cases with Op. for Full Course of Tx.	% Youth living at home	% Youth in school or working	% Youth with no new arrests	Avg. Length Stay in Days for Youth receiving MST	% Youth Completing Treatment	% Youth Discharged to Lack of Eng.	Total Youth Placed	Overall avg. adherence score	% Youth reporting adherence above threshold (≥ 61)	% of youth with at least one TAM-R interview	% TAM-R due that are completed	Total Cases within Valid Therapist Positions	Number of active FTE Therapists	Avg. Cases Per Therapist
Target			90%	90%	90%	120	85%	<5%	0.61	80%	100%	70%		3 to 4	4 to 6	
Organization																
Team A	18	18	100.0%	88.89%	94.44%	140.00	100.0%	0.00%	0.70	100.0%	100.0%	100.0%	100.0%	18	18	1.00
Team B	19	19	94.44%	11.33%	11.33%	110.00	89.47%	5.26%	0.73	100.0%	94.44%	100.0%	100.0%	19	19	1.00
Team C	20	18	88.89%	55.56%	55.56%	122.22	88.89%	11.11%	0.70	100.0%	100.0%	100.0%	100.0%	20	20	1.00
Team D	15	15	100.0%	100.0%	100.0%	110.11	89.13%	0.00%	0.70	100.0%	100.0%	100.0%	100.0%	15	15	1.00
Team E	18	18	88.89%	77.78%	88.89%	110.11	88.89%	0.00%	0.70	100.0%	100.0%	100.0%	100.0%	18	18	1.00
Team F	32	28	88.44%	89.29%	82.86%	114.81	88.24%	0.22%	0.70	100.0%	100.0%	100.0%	100.0%	30	30	1.00
Team G	11	10	80.0%	100.0%	100.0%	124.50	80.0%	0.00%	0.67	100.0%	100.0%	100.0%	100.0%	11	11	1.00

Improve Implementation of MST as Needed



- Information gathered used to identify:
 - staff's strengths and needs to use in professional development planning
 - Program strengths and needs to use in developing plans for improvement in program implementation
- Follow an ongoing cycle of utilizing trainings and materials to guide implementation, measuring, and improving implementation

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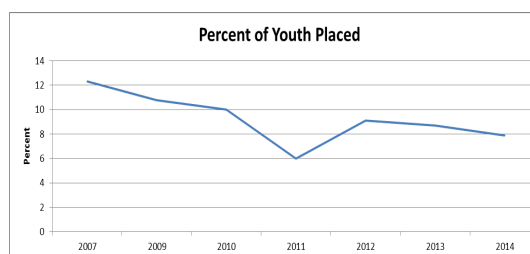
Improvement Cycle Example

MST
Multisystemic Therapy

- Upon review of annual performance data, the QIC identified a need to address problem of teams with high placement rates
- Developed plan to improve
 - Gave official notice to teams of the concern
 - Provided additional resources and tools to MST Experts on how to support teams
 - Monitored team improvement plans

Placement Rate Over Time

MST
Multisystemic Therapy

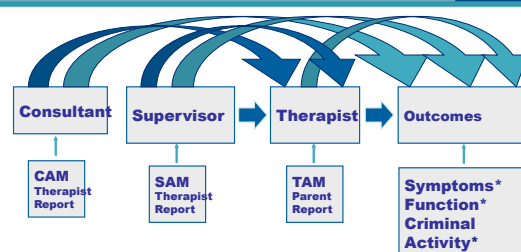


STANDARDIZED ASSESSMENT MEASURES

MST
Multisystemic Therapy

Empirically – Tested Fidelity Links

MST
Multisystemic Therapy



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Adherence Measures

MST
Multisystemic Therapy

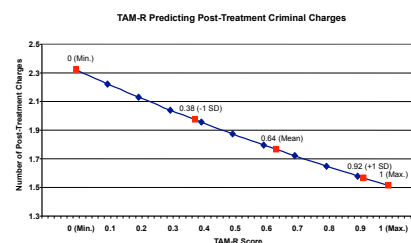
Research-based adherence measures:

- TAM - youth criminal charges 36% lower for families with maximum adherence score (1) than for families with minimum adherence score (0)
- SAM - youth criminal charges 53% lower for families with maximum SAMSP score (1) than for families with minimum SAMSP score (0)
- CAM - consultant/MST expert adherence predicts improved therapist adherence and improved youth outcomes

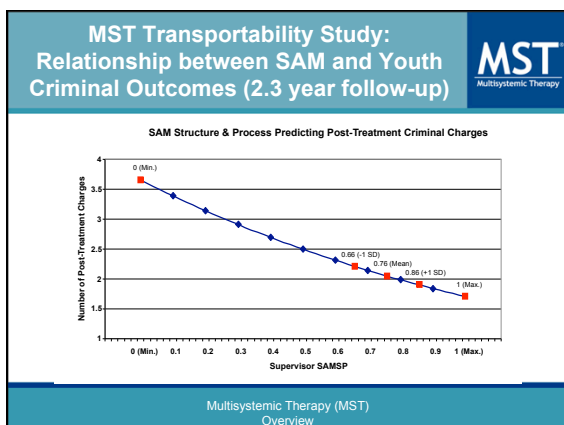
Multisystemic Therapy (MST)
Overview

MST Transportability Study: Relationship between TAM-R and Youth Criminal Outcomes (2.3 year follow-up)

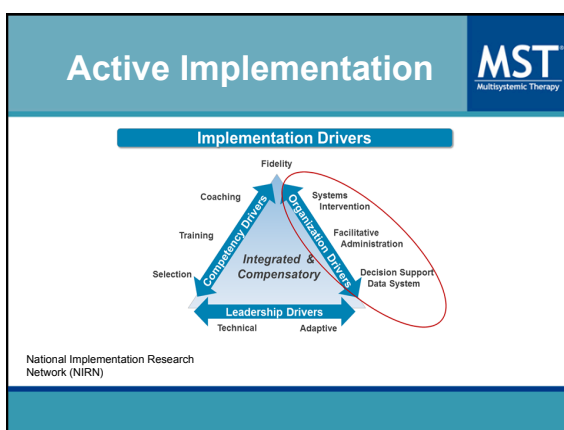
MST
Multisystemic Therapy



Multisystemic Therapy (MST)
Overview



ONGOING TRAINING AND SUPPORT



Program Support Overview

Positive outcomes for MST youth and their families are achieved through high adherence in all roles in MST (therapist, supervisor, expert) and by each provider implementing MST with fidelity

➤ Therefore, it is critical that we provide MST staff with strong training and support, then measure and work to continuously improve adherence and performance, in order to provide the best possible outcomes for families.

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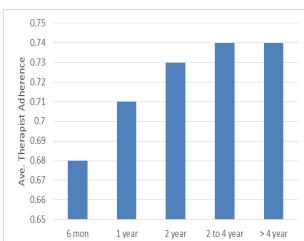
- ### Supporting Programs at Multiple Levels
- System level collaboration
 - Organization support
 - Staff Development

- ### Organizational Support for MST Programs
- Training resources and materials in organizational practices that support MST
 - Organizational Manual
 - Implement organizational practices needed to support delivery of the treatment model
 - MST Program Development Method
 - Ongoing problem solving of organizational and stakeholder barriers to implementation
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Training Matters



Significant improvement in therapist adherence was noted after 6 months and again after 1 year. Therapists who stayed more than one year had significantly higher adherence scores than therapists who had been in the job six months or less, and therapists with 2 years or more experience were the most adherent of all groups ($p < .001$)



MSTI Data Report (2014)

Staff Training Targeted to Needs



- Training structure of quarterly boosters and weekly consultation on cases
- Multiple sources of information used to identify staff's strengths and needs
 - Observation (at boosters or via recordings)
 - Review of data reports
 - Written case summaries

MSTI Therapist Adherence Report



Item Response Profile			
Item	Description	Jennifer	Jessica
9	The therapist tried to change some ways that family members interact with people outside the family.	Sometimes	Sometimes
8	The therapist tried to change some ways that family members interact with each other.	Most of the Time	Sometimes
7	My family and the therapist had similar ideas about ways to solve problems.	Most of the Time	Most of the Time
28	The therapist helped us keep our child from hanging around with troublesome friends.	Most of the Time	Almost Always
27	The therapist helped us improve our child's behavior at school.	Most of the Time	Most of the Time
28	The therapist helped us get our child to stay in school every day.	Most of the Time	Most of the Time
14	My family talked with the therapist about the success (or lack of success) of his/her recommendations from the previous session.	Most of the Time	Almost Always
13	My family talked with the therapist about how well we followed her/his recommendations from the previous session.	Most of the Time	Almost Always
22	The therapist checked to see whether homework was completed from the last session.	Sometimes	Almost Always
19	We got much accomplished during the therapy sessions.	Most of the Time	Almost Always
16	My family was sure about the direction of treatment.	Most of the Time	Most of the Time

Staff Training Targeted to Needs (cont)



- Content of training targeted to needs and can include how to use information to improve as well as specific clinical skills
- Staff development plans created to achieve specific improvement goals
- Multi-method information used to monitor progress on goals
- Information feedback/improvement cycle is ongoing

Contact Information



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Questions

