

INTERNATIONAL SCALING UP OF EBP'S IN LARGE SYSTEMS

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MST
Multisystemic Therapy

Breaking The Cycle of Criminal Behavior
by keeping teens at home, in school and out of trouble

Large System Reform Efforts: Goals for Each System

Norway

- Increase and improve competence, research, and services through Evidence-Based Programs, in relation to children and youth with conduct problems

Louisiana

- Increase availability of scientifically supported community interventions to divert youth from courts and incarceration into outcome-based interventions

Chile

- Reduce youth crime
- Increase perception of safety among all citizens
- Provide widespread accessibility to people who most need the services

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Evolution of MST in Context of Large System Reform

	System Reform Start	First MST Teams	Current # of MST Teams
NORWAY	1998	1999	21
LOUISIANA	2006	1996 Restart- 2000	39
CHILE	2011	2012	31

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Blueprints Programs in Each System


Norway	Louisiana	Chile
<input type="checkbox"/> MST	<input type="checkbox"/> MST	<input type="checkbox"/> MST
<input type="checkbox"/> FFT	<input type="checkbox"/> FFT	<input type="checkbox"/> FFT
<input type="checkbox"/> Incredible years	<input type="checkbox"/> Incredible Years	<input type="checkbox"/> Familias Unidas
<input type="checkbox"/> TFC-O	<input type="checkbox"/> Big Brothers Big Sisters	
<input type="checkbox"/> PMTO	<input type="checkbox"/> CBITS	
<input type="checkbox"/> NFP	<input type="checkbox"/> Communities that Care	
<input type="checkbox"/> Olweus Bullying	<input type="checkbox"/> Life Skills	
<input type="checkbox"/> PALS	<input type="checkbox"/> NFP	
	<input type="checkbox"/> Olweus Bullying	
	<input type="checkbox"/> Triple P	


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Similarities Across the Systems

- MST and other Blueprints models started in context of large system reform designed to better serve our youth
- Reform initiatives were driven by centralized government (national or state)
- MST was implemented by local leadership (Network Partners)
- Effective collaboration with stakeholders at all levels was essential




The Norwegian Center for
Child Behavioral Development

Blueprints 2016




International Scaling Up of EBPs in Large Systems

Denver, Colorado

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Norwegian Center for Child Behavioral Development



Unirand, University of Oslo, Norway
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Large scale implementation of MST

- 1997: Conference on Serious Behavior Problems
- 1998: A committee appointed by the Norwegian Research Council recommended that *empirically supported family and community treatment programs* should be implemented and evaluated in randomized controlled trials.
- 1998 a national initiative was launched by the Norwegian government in order to increase and improve services, competence and research in relation to children and youth with conduct problems
- 1999: All 19 county health directors accepted an invitation from two ministries to initiate the nationwide implementation of the Oregon Model of Parent Management Training (PMT) and Multisystemic Therapy (MST).

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- Established by the Ministry of Children and Family Affairs and supported by the Ministry of Health and Social Affairs and Ministry of Education and Research in 2003.
- The center is responsible for implementing evidence based methods for children and youths with behavior problems in the child – welfare system.
- By integrating research and clinical work, increase knowledge and competencies to effectively prevent and intervene to serious behavior problems among children and youth.
- The center will support the child-welfare system in cooperation with the school system and mental health services for children and youth.

What influenced the implementation of EBPs in Norway?

- Lack of services and competency in Child Welfare and Child Psychiatric Services concerning children and youth with serious behavior problems
- Much media attention to the deficiencies within the child welfare systems and the lack of professional personnel within some of the institutions
- The fact that youth were being institutionalized, for longer periods of time, far away from their homes and returning home to their original environment where little changes had been made



- Great budgetary deficits in Child Welfare because of the amount of out-of-home placements
- By the Childlaw - family based help and support should be tried before the children are placed out of home



Facilitators at the National Level

- A genuine interest and commitment at the political and administrative level – consistent funding from The Ministry of Children and Equality and the Ministry of Social and Health
- Determination and support to establish a national implementation and research center
 - National implementation teams for children and youth
 - Research group



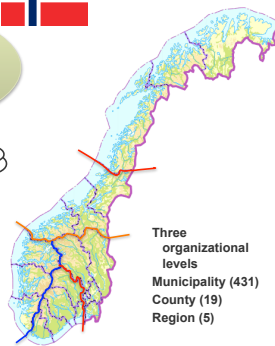
Mandate

To strengthen competence in the specialist treatment services for young children and youth with conduct problems through the nationwide implementation of the Multisystemic Treatment (MST)

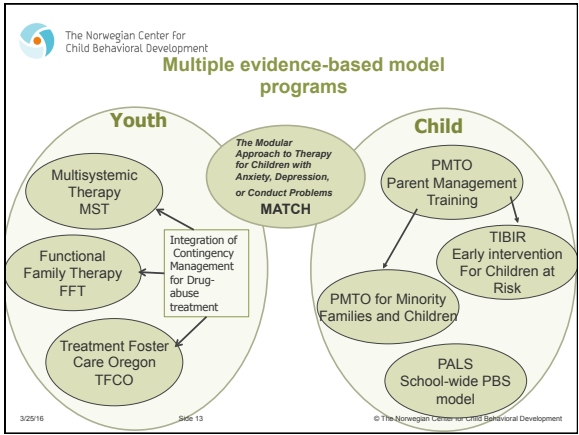


Research RCT

To make the evidence-based knowledge and principles of MST available in various settings and arenas in municipality-based services for children.



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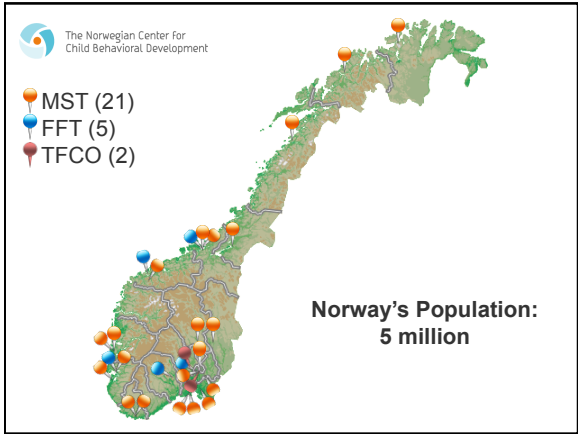


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Establishing a continuum of evidenced based interventions for families with youth showing serious behavior problems (training, supervision and monitoring of fidelity)

Intervention components	Training of practitioners and QA	Target for intervention	Research
MST (Multisystemic Therapy) 24 teams	5 days training combined with weekly supervision and weekly consultation, 4 2-day "boosters" every year	Parents and youth	RCT pre-post and follow up study published
FFT (Functional Family Therapy) 5 teams	12 days training over 12 months plus weekly supervision 3 1-day boosters every year	Parents and youth	RCT started 2013
TFCO (Treatment Foster Care - Oregon) 2 team	4 days training and weekly supervision and consultation and a certification process 4 1-day boosters every year	Parents and youth	RCT planned when more teams are implemented

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Local MST leadership and collaboration with key stakeholders at various levels

- **No Juvenile system**
 - Child Welfare has responsibility for taking care of and initiating treatment for all serious offenders under 18 years
- Legal adaptation
 - Organizational factors – nationwide and regionally
 - Development, consolidation and maintenance of a QA organization in Norway
 - Cultural adaptation
 - Attitudes towards treatment and therapist role

Staff recruitment and selection process.

- Hiring the right people in Norway
- Educational criteria
- Theoretical foundation
- A treatment philosophy challenging old ideologies and changing the ecology of services delivered
- Resistance to a method from a different culture
- Developing a work force of Norwegian coaches who understand the Norwegian system
- Strict laws regulating working conditions which don't comply with 24/7
- Having manuals and training materials in Norwegian

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An evaluation report from the Norwegian Research Council delivered in March 2016 points out the following about the implementation of MST in Norway:

- The Center has enhanced the implementation by ensuring a good context for MST, having a strong focus on establishing a firm foundation in the host organizations. They have communicated clearly what resources are required and at the same time given strong support to their leadership as needed.
- The Center is involved in hiring, training and sustaining knowledge in the teams and in that way has ensured the recruitment of highly competent practitioners who maintain high adherence to the model.

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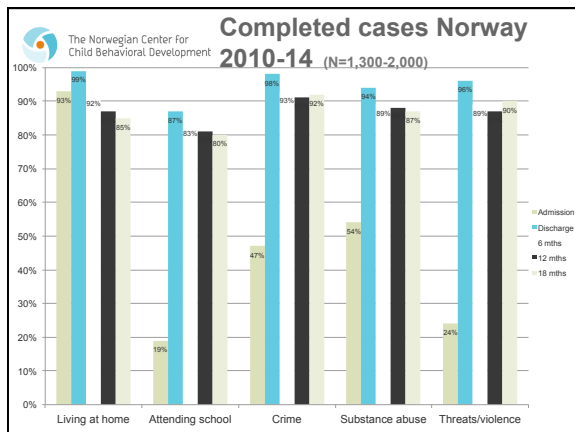
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- The QA and reporting routines are features of the program which contribute to high program fidelity while at the same time they are considered to have high legitimacy among the practitioners and leaders of the organization.
- In areas of potential conflict with MST adherent practices, the Center has developed solutions that safeguard the fidelity of the intervention.

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SCALING UP of EBPs: MST in Louisiana


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APRIL 2016
DENVER, COLORADO

 JPHSA
Jefferson Parish
Human Services Authority

 **LSU Health New Orleans**
Institute for Public Health and Justice

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1990s—
Largest Juvenile Prison System Per Capita

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2006 MST PART OF BROADER REFORM—
Focus for Louisiana *Increasing Access to EBPs*

- Goal: Increase availability of scientifically supported community interventions to divert youth into outcome based interventions
- Multi-Faceted Approach:
 1. **Outcome-Driven** Reforms
 2. **Stakeholder Awareness**, Education and Partnerships
 3. **Strategic Implementation** (local and state)

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STATE & LOCAL

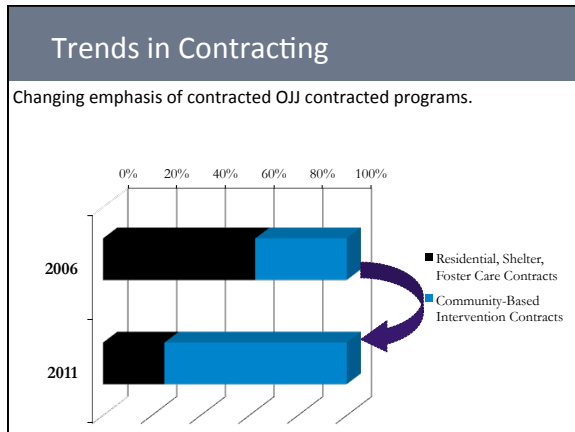
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Go where the \$ is...
can't do "good" without doing
"well" (enough)

- Maybe not that much money, but....

Linking Kids to Right Service

Service Matrices- WHO is doing WHAT, WITH WHOM, WHERE

Risk / Need	Family	Educ	Sub Abuse	Mental Health
LOW				
MED				
HIGH				

LOCAL PROGRAMS TO FIT NEEDS



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Implement Selected EBP

- Decreasing barriers
- Staffing, training & administration
- P&Ps
- Data and Info Sharing

Quality Assurance

- Licensing requirements
- Youth Outcomes
- Staff Turnover

Collaboration/Stakeholder Support

- Lots of champions but not a lot of action.
- MST presentations to anyone who would listen (coffee groups, universities, state conferences)

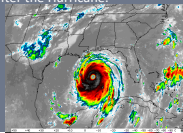
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Realignment of Resources

- 2005 – Hurricane Katrina.. lost all of our teams and most of our staff. MST Services continued to support our NP to be in a position to continue to serve families in Louisiana.
- Thank you to Division of Child and Family Services for shifting funding after the Hurricane.
- Selected 6 locations around the state to pilot MST with DCFS population.
- Primary goals were to prevent out of home placement or reintegrate back into the home
- Very successful project which led to Medicaid's decision to fund MST.



Align Interventions with State/Community Needs

- Big Picture – Getting Office of Behavioral Health and Department of Health and Hospitals on Board with the MST and Medicaid Standards.
- Smaller Picture – Regional efforts in each community – Shreveport Office of Juvenile Justice director coordinated all the EBP's to present to his Probation Officers.
- Inviting Stakeholders to boosters.
- Connecting MST providers to each other for support.

Training & Technical Assistance

- Training- the director of Office of Behavioral Health in the entire 5 day orientation training to be an advocate for us at the state level
- Partnered with the Quality Management Group of Magellan and trained their staff to include MST fidelity in provider reviews
- Quarterly calls with OBH, Magellan and Providers
- Provide 5 day trainings, Supervisor Orientation and Financial Workshops to Providers

Developing Sustainability plan including evaluation and outcome reporting



- Assessing threats to sustainability on an ongoing basis.
 - Financial
 - Lack of qualified therapists in rural areas
 - Licensing requirements
- Helping providers find creative ways to increase clinical intensity
- Facilitate communication between Magellan and Providers




Evaluation and Outcome reporting


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MST Dashboard Report

	Previous Period 7/1/2008 - 6/30/2010	Current Period 7/1/2010 - 6/30/2011
Items click on on them to view a comparison chart	Score	Score
Total cases discharged	1246	8431
Total cases with opportunity for full course treatment	1047	7476
Ultimate Outcomes Review		
Percent of Youth Living at Home (Target: 90%)	86.91%	92.11%
Percent of Youth in School/Working (Target: 90%)	85.77%	91.33%
Percent of Youth With No New Arrests (Target: 90%)	88.23%	89.77%
Case Closure Data		
Average length of stay in days for youth receiving MST (Target: 120)	123.01	121.96
Percent of youth completing treatment (Target: 85%)	82.04%	86.70%
Percent of youth discharged due to lack of engagement (Target: <5%)	6.10%	6.01%
Percent of youth arrested (Target: <10%)	8.99%	5.73%
Adherence Data		
Overall Average Adherence Score (Target: >1)	0.829	0.845
Percent of youth with average adherence above threshold (Target: 80%)	83.84%	88.24%
Percent of youth with at least one TAA-B interview (Target: 100%)	77.93%	89.20%
Percent TAA-B due that are completed (Target: 70%)	57.57%	76.31%
Total cases with a valid TAA-B	1246	7878
Operations Data		
Average FTE for active therapists (Target: 3 to 4)	3.51	3.15
Average number of open cases per therapist (Target: 4 to 6)	0.88	4.96

Lessons Learned

- Relationships are the most important aspect of this job.
 
- Never burn a bridge
 
- Staying connected to past MST Champions
 
- Whatever it takes!
 

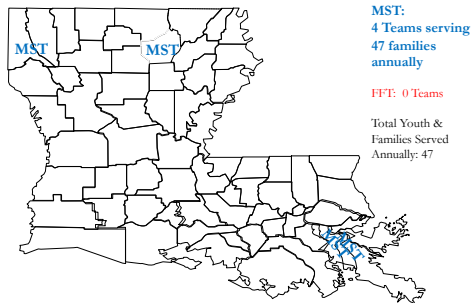



DID IT WORK?



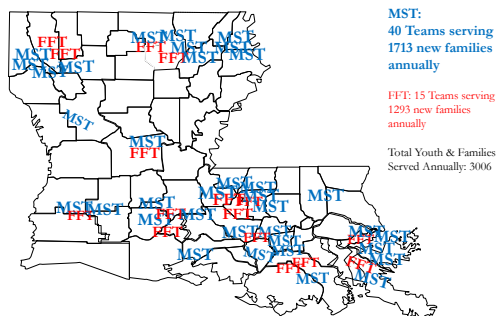
SCALING UP

Louisiana MST and FFT Teams 2006

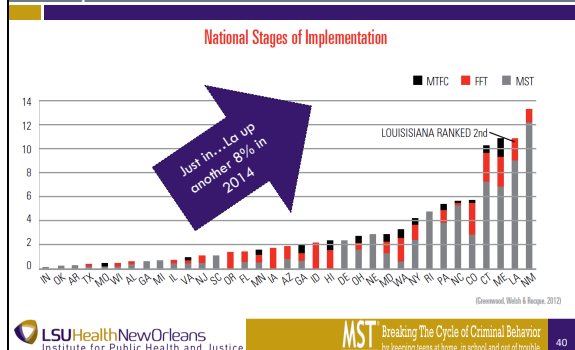


Trends in Services

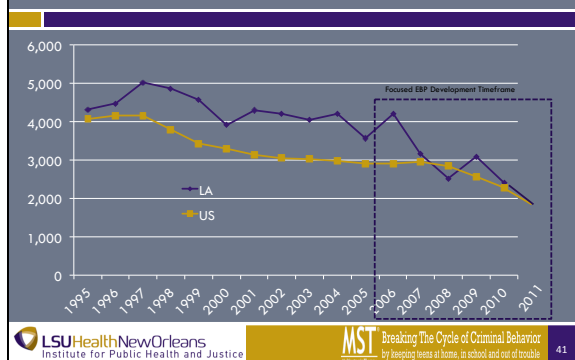
Louisiana MST and FFT Teams 2014



OUTCOMES: Number of EBP Teams Per Capita



OUTCOMES: Juvenile Arrest Rates in Louisiana & U.S.



Strategies for Success

- Leadership & Management
- Collaboration/Stakeholder support
- Realignment of Resources
- Align interventions with state/community needs
- Training & Technical Assistance
- Developing sustainability plan including evaluation & outcome reporting

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Multisystemic Therapy in Chile

SCALING UP OF EBPS IN LARGE SYSTEMS

Fabiana Castro
Subsecretary for Crime Prevention

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todos**

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MST as part of a broader system

- Multisystemic Therapy is part of a national security plan that contains a range of programs that aims, among other things to:
 - Reduce youth crime
 - Increase perception of safety among all citizens
 - Provide widespread accessibility to people who most need the services



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MST as part of a broader system

24 hour
program

• Created in 2010 to provide support to children and young people who have committed crimes.

Management
System

• All children involved in crimes and living in the selected community are evaluated by Early Detection Teams in terms of re-offending risk with a British assessment tool (Asset)

MST

• MST is the program selected for those children that, as a result of the assessment, require intensive intervention. MST is the only evidence based program offered by the 24 hour program


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Teams progression

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- 2012 – 8 teams, all in the Metropolitan Region (MR)
- 2014 March – 14 teams, including 3 outside MR
- 2014 December – 27 teams
- 2015 – 31 teams, including 8 outside MR
- 2016 June – 36 teams, including 3 outside MR and the accomplishment of the Presidential Commitment

Total of 36 teams, 14 outside MR, in 4 years of implementation




Where We are Located

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Republic of Chile



Our Results from 2012 to 2015

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	Model Target	2013	2014	2015
TOTAL CASES DISCHARGED	--	440	617	1342
CASE COMPLETION	85%	93%	93%	93%
AT HOME	90%	93%	95%	96%
IN SCHOOL/ WORKING	90%	71%	78%	82%
NO ARRESTS	90%	71%	79%	77%
AVERAGE ADHERENCE SCORE	.61	.732	.834	.847





Drivers to successful scale-up

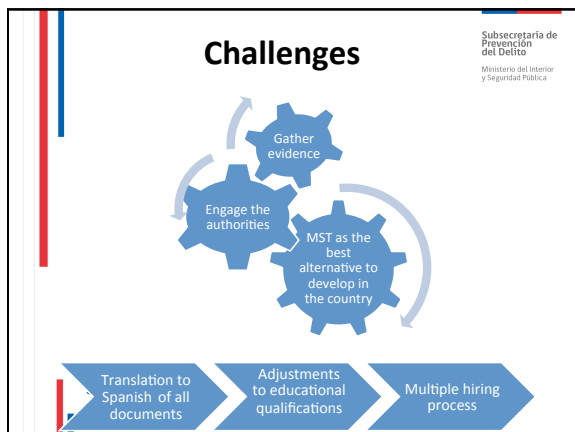
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- Continuous working and going up even with political changes: One of the 56 priorities President Bachelet's Initiatives



- MST operates through contracts with Municipalities who receive annual funding from the national government
- The selection of municipalities is done by the national government maintaining the focus on the needs

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Lessons learned

1. Leadership for MST program from National Government

- ✓ Focused on treatment of causes of crime and with targeted communities and population
- ✓ The intensity and quality of the treatment provided in a natural environment
- ✓ The quality assurance that provides support and training to teams and the evaluation and accountability process both depending on the Undersecretary of Crime Prevention

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Lessons learned

2. Collaboration with key stakeholders at various levels in the system:

- ✓ Municipalities need to be engaged and committed to the develop of the Program
- ✓ The dedication to developing positive relationships with other agencies and stakeholders on the community

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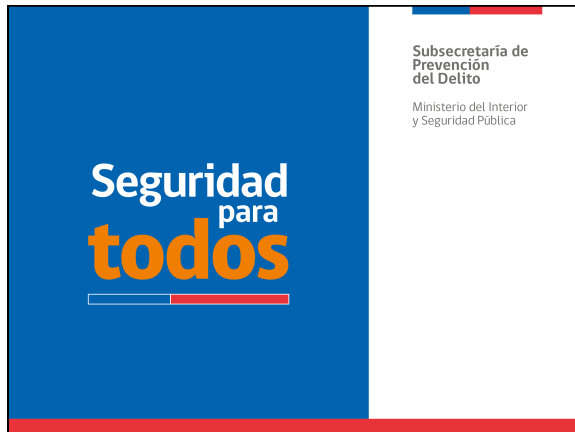
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Lessons learned

3. Staff recruitment and selection process:

- ✓ Strong hiring and selection process leads to professionals who are compensated well and invested in achieving positive outcomes for families
- ✓ Opportunities for advancement: development of professionals inside MST vs turnover

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Similarities Across the Systems, cont.

- Consistent focus was maintained on increasing utilization and ongoing public relations
- Strong quality assurance and quality improvement processes, including outcome reporting, were essential
- Program locations were chosen based on identified needs of youth in the community
- Implementation process was culturally responsive, attending to the needs of various cultural groups within each system



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Similarities Across the Systems, cont.

- Implementation of MST was tailored to the local and system context
 - > Staff credentials and training varied
 - > Materials were translated in Chile and Norway
 - > MST Experts typically hired from local pool of MST Supervisors
 - > Collaboration focused on the most relevant key stakeholder groups (e.g. Social Welfare in Norway, Police and 24 Hour program in Chile, Child Serving State Agencies & MCO's in LA)



