



FFT MARYLAND • QUARTERLY REPORT

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

UTILIZATION, FIDELITY, AND OUTCOMES: October 1, 2013—December 31, 2013

FY 2014, SECOND QUARTER

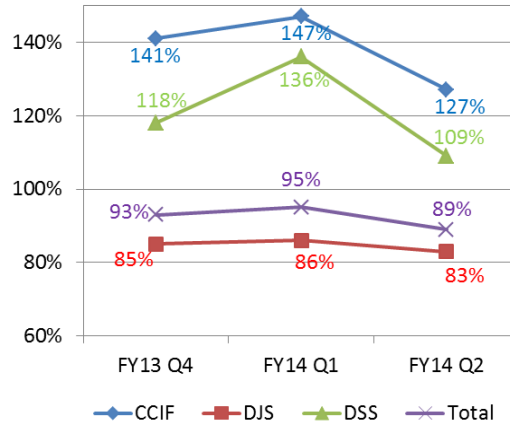
Utilization

Utilization of DJS-funded slots (83%) has declined this quarter and falls below the target of 90%. Utilization of CCIF- (127%) and DSS-funded (109%) slots also declined this quarter but remain above 100% (note: therapists have been taking on larger caseloads due to staffing shortages).

Table 1. Utilization, FY14 Q2

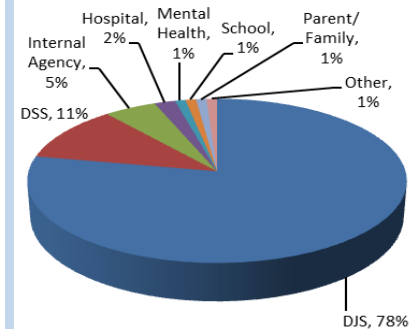
	DJS	DSS	CCIF	Total
# Funded Slots	248	18	44	310
Avg. # Active Slots	224	9	35	268
Avg. Daily Population	184.9	9.8	44.3	239
% Utilization, Active Slots	83%	109%	127%	89%

Figure 1. Utilization Trends



Referral Sources

Figure 3. Referral Sources of all Referred Youth, FY14 Q2



Funding Sources

Most admitted youth were funded by DJS (90%, n=134). Other FFT funding sources this quarter included CCIF/LMB (5%, n=7), DHR/DSS (5%, n=7), and Medicaid (1%, n=1).

Youth Status at the Start of Treatment

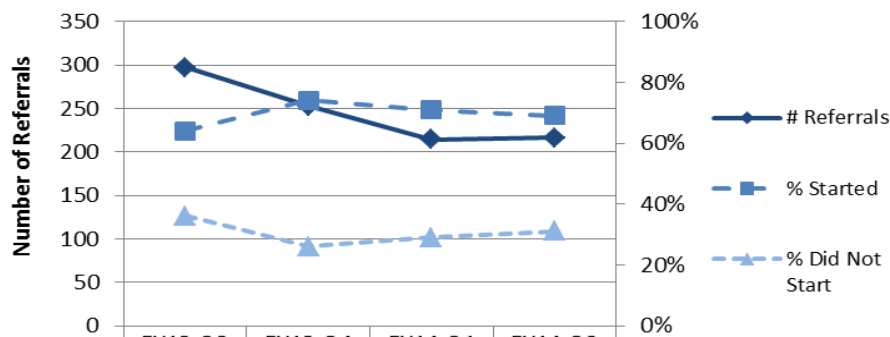
Of the 149 youth who started treatment²:

- 147 (100%) were living at home at the start of services;
- 137 (93%) were in school or had completed school/GED;
- 30 (20%) were working or seeking employment; and
- 102 (75%) had been arrested or referred to DJS during the year prior to the start of services.

Referrals & Admissions

A total of 258 youth¹ were referred to FFT during the second quarter of FY14, of whom 23 were waitlisted and 19 temporarily pending admission at the close of the quarter. Of the remaining 216 youth, 149 (69%) started FFT services and 67 (31%) did not start FFT.

Figure 2. Number of FFT Referrals, Percent Started Services, and Percent Did Not Start Services*

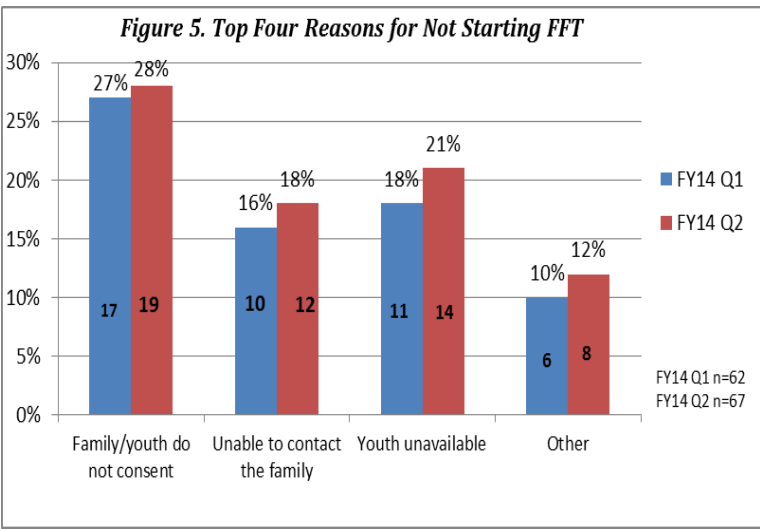
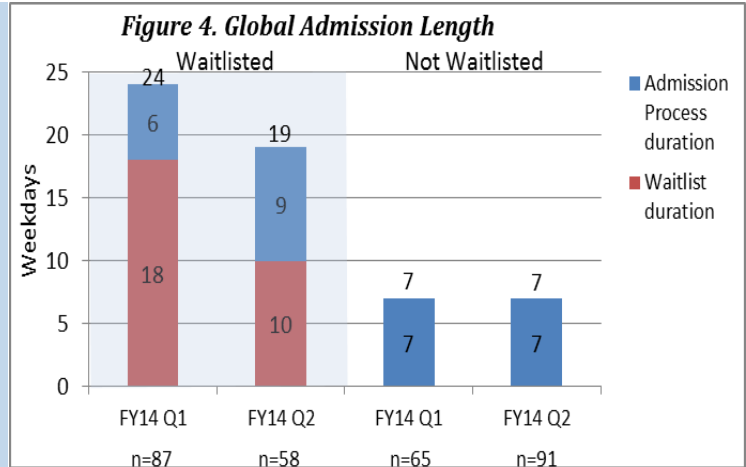


# Referrals	297	253	214	216
% Started	64%	74%	71%	69%
% Did Not Start	36%	26%	29%	31%

*Started/Did Not Start %'s are only out of referrals that were not pending/waitlisted.

Global Admission Length

The Global Admission Length (GAL) indicates the amount of time it takes youth to enter treatment, accounting for time spent on the waitlist. Among the 149 youth starting FFT this quarter, 58 were temporarily waitlisted. Two-thirds (n=38) of waitlisted youth were placed on the waitlist because the program was at capacity; 21% (n=12) were awaiting the youth’s release from an out-of-home placement. Waitlisted youth took 19 weekdays to enter treatment compared to 7 weekdays for non-waitlisted youth.



Reasons for Not Starting FFT

Of the 67 youth who did not start FFT, the majority (58%) were eligible for treatment. The most frequently cited reasons for not starting were:

- family/youth did not consent (28%, n=19),
- youth was unavailable (21%, n=14),
- unable to contact the family (18%, n=12), and
- other (12%, n=8).

Difficulties contacting and obtaining consent from the family/youth continue to pose challenges to youth being admitted to FFT.

FFT Fidelity & Adherence

The *Average Dissemination Adherence Score* rates the therapist’s execution of the administrative components of delivering FFT, and the *Average Fidelity Score* evaluates the therapist’s application of the model’s clinical components. During this quarter, the Average Fidelity score was 3.75, and the Average Dissemination Adherence Score in Maryland was 4.31. All 7 therapist teams were at or above the target Average Fidelity Score of 3 (scores ranged from 3.09-4.84) and 5 of 7 were at or above the target Average Dissemination Adherence Score of 4 (scores ranged from 3.51-6.00).

Figure 6a. Average Fidelity Score

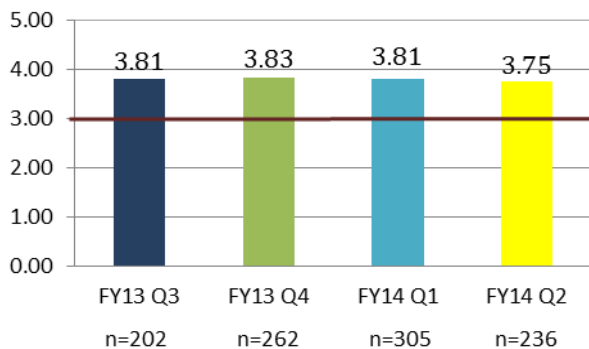
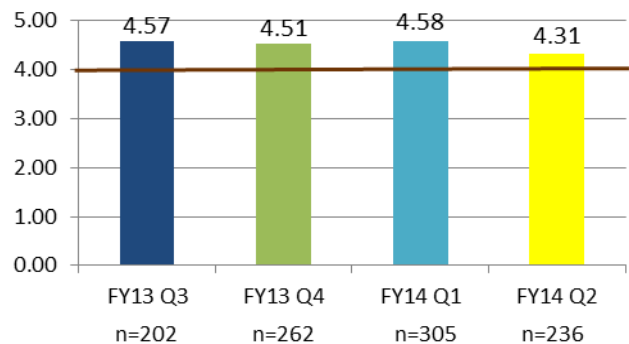


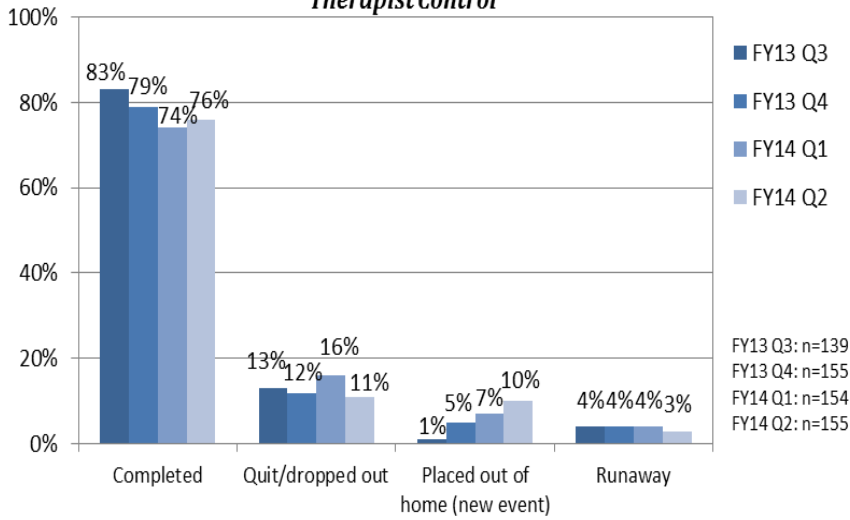
Figure 6b. Average Dissemination Adherence Score



Discharge Reasons

Of the 169 youth who were discharged from FFT this quarter, 155 (92%) discharged within therapist control. Of the 14 youth who discharged outside of therapist control: 5 (3%) were discharged due to administrative reasons; 4 (2%) were placed out-of-home for an event prior to FFT; 3 (2%) were removed by the referral or funding source; and 2 (1%) moved prior to completing treatment.

Figure 7. Discharge Reasons for Youth Discharged Within Therapist Control



Among youth discharged within therapist control, the top three reasons for discharge were:

- 117 (76%) completed treatment;
- 17 (11%) quit/dropped out; and
- 16 (10%) were placed out of home for a new event during FFT.

The proportion of youth who completed treatment slightly increased from the past quarter (74% vs. 76%). At the same time, there was a decrease in the percentage of youth who quit/dropped out (16% vs. 11%), while the percentage of youth placed out of home for a new event during FFT increased (7% vs. 10%).

Length of Stay

The average duration of FFT treatment (i.e., the number of days between the start date and discharge date) was 125 days ($sd=41.8$) for youth who completed treatment and 83 days ($sd=52.8$) for youth who discharged within therapist control but did not complete treatment. The average for completers was shorter than the previous quarter (132 days) and fell within the FFT national target range of 60 to 180 days.

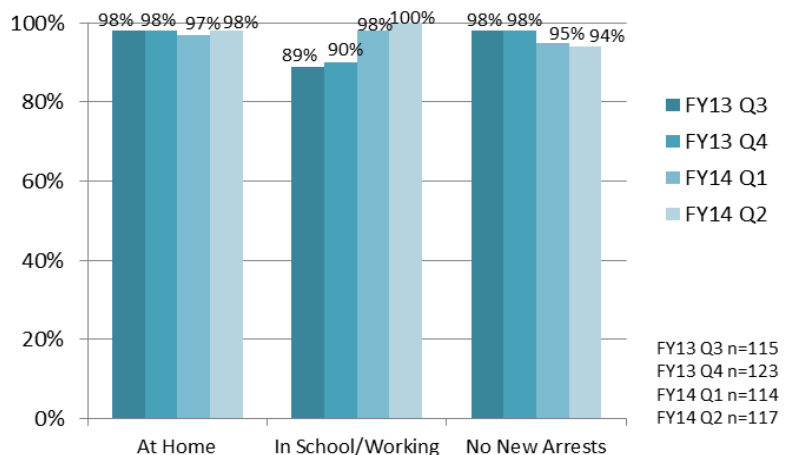
Ultimate Outcomes

The ultimate outcomes for 117 youth who completed treatment in FY14 Q2 were as follows:

- 115 (98%) of youth were living at home;
- 117 (100%) of youth were in school/working; and
- 110 (94%) of youth had no new arrests during FFT treatment.

Across the state, FFT completers continue to meet the 90% target for each of these outcomes.

Figure 8. Ultimate Outcomes, Youth who Completed FFT



Demographic Characteristics

Table 2. Demographic Characteristics of Youth, FY14 Q2

		Referred	Did Not Start	Started	Completed
Total Youth		258	67	149	117
Gender	Male	187 (73%)	44 (66%)	114 (77%)	91 (78%)
	Female	71 (27%)	23 (34%)	35 (24%)	26 (22%)
Race/ Ethnicity	African American/Black	162 (63%)	53 (79%)	86 (58%)	65 (56%)
	Caucasian/White	64 (25%)	11 (16%)	35 (24%)	38 (33%)
	Hispanic/Latino	19 (7%)	2 (3%)	17 (11%)	4 (3%)
	Other	13 (5%)	1 (2%)	11 (7%)	10 (9%)
Age	Average (s.d.)	15.8 (1.8)	15.9 (2.1)	15.9 (1.7)	16.1 (1.5)

Table 2 shows the demographic characteristics for youth who were referred, not admitted, admitted, and completed treatment during the second quarter of FY14. Notably, relative to referrals, a disproportionate percentage (79%) of non-admitted youth were African American.

Summary

Strengths:

1. Youth who were not placed on the waitlist were admitted to treatment an average of seven weekdays from referral, consistent with DJS’ guidelines.
2. All ultimate outcomes remained above their targets (90%) this quarter for FFT completers.

Issues/Drivers—Areas needing attention:

1. Despite substantial decreases since last quarter, utilization of slots funded by CCIF and DSS remained above 100% due to higher caseloads caused by continued staffing shortages. At the same time, utilization of DJS-funded slots remained below the 90% target.
2. Nearly two-thirds of the not start reasons for this quarter were due to youth/family unavailability, obtaining consent, or issues with contacting the family.
3. The average fidelity score dropped from 3.81 to 3.75 while the average dissemination adherence score decreased from 4.58 to 4.31 with two teams dropping below the target score of 4.00.
4. The percentage of youth placed out of home for a new event during FFT increased from 7% last quarter to 10% this quarter.
5. Youth who were placed on the waitlist took 12 weekdays longer to enter treatment than those who were not waitlisted.

¹FFT provides services for the entire family unit, but for the sake of brevity this report only references “youth.”

²Due to some missing information, percentages are based upon cases for which information was reported.