

# Multidimensional Family Therapy (MDFT) for CFTSS Providers

September 20th, 2024  
Cohort 1 Kick-Off Webinar



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Excellence in EBPs  
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# Housekeeping



**Slides will be available after the webinar**



**This webinar is being recorded and will be distributed to all registrants**



**All participants have been muted. Please use the chatbox to ask questions/comments**



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Information discussed and shared is accurate as of today.

# Agenda

- Introduction
- Overview
  - Timeline
  - Eligibility
  - Funding
- Training
- MDFT Overview
- Evaluation & Reporting
- Next Steps
- Q&A
- Resources



# Introduction



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# Introduction to CWE Initiative:

- Last year, NYS announced a new project for the inclusion of Evidence Based Practices (EBPs) within Children and Family Treatment and Supports Services (CTFSS) programs through the Center for Workforce Excellence (CWE)
- The CWE is leading the EBP rollout under CFTSS on behalf of all state partner agencies: **NYS OMH, DOH, OASAS, OCFS.**



Department  
of Health

Office of  
Mental Health

Office of Addiction  
Services and Supports

Office of Children  
and Family Services



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# Introduction to CWE Initiative

- The first two EBPs piloted were :
  - Functional Family Therapy (FFT) and
  - Parent-Child Interaction Therapy (PCIT)
  - Training for both EBPs launched in Fall 2023 & a 2nd Cohort is launching in Fall/Winter 24/25
- The new MDFT training cohort will begin Fall/Winter 24/25



# Overview



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# Timeline

**Friday, September 20th**

- **Kick Off Webinar & Application Launch**

**Thursday, October 10th**

- **Office Hours**

**Friday, October 18th**

- **Application Due Date**

**Mid November**

- **Notifications to Selected Participants**

**Fall/Winter 2024/2025**

- **Orientation & Learning Collaboratives**

**Early 2025**

- **EBP Trainings Launch**



# Eligibility

- Providers designated for OLP and CPST OR providers currently seeking CFTSS designation are eligible to apply to participate in this MDFT rollout.
  - Providers must be designated for CFTSS prior to the start of MDFT training.



# Eligibility

- MDFT has specific staffing and population served requirements
- Providers will need to complete the application in order to participate & confirm they meet staffing and case criteria.
- Providers will be expected to have fully staffed teams and families available as soon as the initial training is complete



# Application Process

## Apply

- Applications will be submitted via a Qualtrics survey link distributed by CWE
- Send questions to **CWE.info@nyu.edu**
- Join the Application Office Hours on **Thursday, October 10th at 1pm**

## Submit

- Applications are due **October 18th**
- All forms must be completely filled out prior to submission.
- Incomplete or missing forms may result in an applicant not being authorized for a specific cohort but may reapply for future cohorts.

## Train

- NYS & CWE will notify all applicants of authorization determination.
- If authorized, the provider agency will receive an updated designation letter indicating the approved site(s).
- Authorized providers will be connected with information regarding training and other applicable processes.



# Funding

- All training and credentialing costs will be covered by CWE, including training costs for replacement staff.
- Agencies are eligible to bill the EBP specific enhanced rate as soon as staff complete the initial training.
- Once initial training has been complete, OMH/OASAS will send an authorization letter to plans, and this will also appear on the Exhibit 4.



# Proposed Billing Information



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# Proposed Billing: Start Up Funds

- The state intends to provide start-up costs equivalent to those provided in the FFT and PCIT Cohorts. The amount is being finalized at this time and more information will be shared when available.
- These funds are intended to offset costs associated with retaining qualified staff identified for EBP training, integrating EBP processes into existing programming, and supporting the implementation of EBP services within CFTSS and OASAS Adolescent-designated programs.



# Proposed Billing: Start Up Funds Eligibility

- In order to be eligible organizations must:
  - Participate in the First Kick-Off Learning Collaborative hosted by CWE
  - Have requisite staff onboard
  - \*If any staff changes or updates occurred, the agencies needed to notify their NYS CFTSS designating authority and CWE prior to the initial training session.
  - Complete Initial Training by ***Spring 2025***



# Proposed Billing Enhanced Rates: MDFT

The state is going through a process similar to that of the enhanced rate development for FFT and PCIT, meaning we have used similar assumptions to the other two EBPs and need CMS approval.



# Billing: Enhanced Rates

- **MCOs will be notified once rates are approved.**
- Providers are able to bill enhanced rates once the initial training has been completed.



# Billing: Enhanced Rates

Only individuals who:

- have received the initial MDFT training and
- are continuing to participate in requirements and/or have received certification under this project, and
- maintain fidelity to the model throughout the duration of service provision, **are eligible to bill for this service.**



# Billing: Working with Managed Care

- We strongly encourage providers to work with MCOs once they have been notified that they have been selected to participate to ensure that the rates and codes are loaded for their organization.
- We encourage providers to work with their EHRs, billing systems and/or clearing houses to make sure that these rates and the rules applicable to these rates are appropriately reflected within these systems.
- CWE will be providing further resources and training around billing.
- Once providers begin to bill, if there are issues with billing for the MDFT rates, we encourage you to let CWE know immediately so that we can work with NYS and the MCOs to address. (**[CWE.info@nyu.edu](mailto:CWE.info@nyu.edu)**)

# Training



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# Training and Credentialing

- MDFT has specific training requirements for both staff and supervisors.
- Participating agencies will be expected to participate in all required trainings and consultation.
- Upon the completion of all required training and consultation, each participating program/clinician will be eligible to be credentialed in the appropriate practice.
- Participation includes completion to credentialing.



# MDFT Model Overview



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# MultiDimensional™ *Family Therapy*

**MDFT Training:  
An Effective and  
Sustainable Approach for  
EBP Implementation**

[www.mdft.org](http://www.mdft.org)

[facebook.com/MDFTintl](https://facebook.com/MDFTintl)

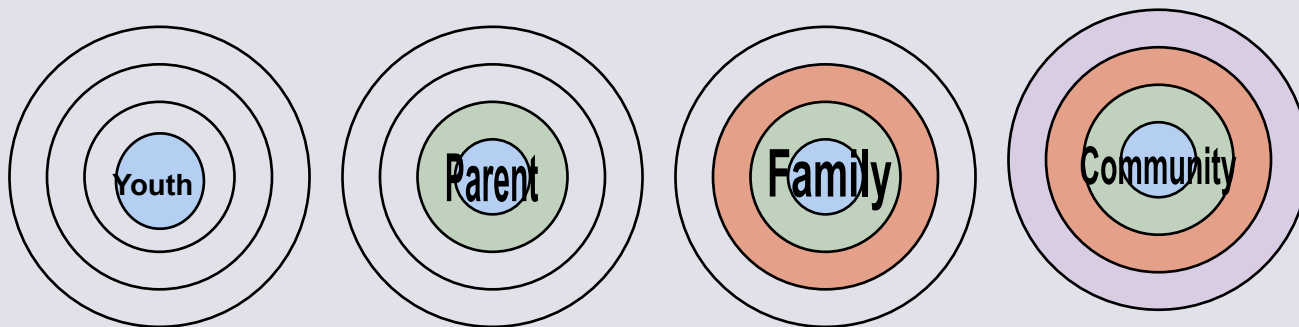


# ***What is Multidimensional Family Therapy, MDFT?***

A comprehensive family-centered treatment for youth substance use and mental health challenges that has demonstrated strong and consistent positive outcomes in ten randomized controlled trials in the United States and Europe.



# MDFT Therapists Work In 4 Domains





Stage 1:  
*Build the Foundation*



Stage 2:  
*Request Change*



Stage 3:  
*Reinforce the Changes and  
Exit*

# ***How Does MDFT Work?***

## **Promotes Individual Change in Youth By Changing:**

- ✓ The heart and minds of youth
- ✓ How parents influence their children (parenting practices)
- ✓ How family -youth and parents together-talk about conflict and solve problems, and how they support and love one another
- ✓ How youth and parents interact with their community and social institutions

# ***MDFT: Overarching Goals Across Domains***

## **ADOLESCENT DOMAIN**

- Improve self-awareness and enhance self-worth and confidence
- Develop meaningful short-term and long-term life goals
- Improve emotional regulation, coping, and problem-solving skills
- Improve communication skills
- Reduce substance use and behavioral problems

## **PARENT DOMAIN**

- Strengthen parental teamwork
- Improve parenting skills & practices
- Rebuild parent-teen emotional bonds
- Enhance parents' individual functioning

## **FAMILY DOMAIN**

- Improve family communication and problem-solving skills
- Strengthen emotional attachments and feelings of love and connection among family members
- Improve everyday functioning of the family unit

## **COMMUNITY DOMAIN**

- Improve family members' relationships with social systems such as school, court, legal, workplace, and neighborhood
- Build family members' capacity to access and actualize needed resources and services



# Key Features of MDFT

- ✔ It is a **family intervention** that also provides individual therapy for the youth and parenting interventions for parents.
- ✔ It is **manualized and protocolized** such that anybody receiving MDFT throughout the world receives the same treatment.
- ✔ It is **manualized but not rigid**: It is up to the therapeutic team (supervisor & therapist) to decide if, when, and how to apply MDFT core interventions to each youth and family.
- ✔ It is **experiential**. Creating an environment whereby parents and youth experience themselves and each other in a new way is key route to change.

# ***What Are the Parameters of MDFT***

- ✓ MDFT teams can be as small as 3 (2 therapists and 1 supervisor) or as large as 5 (4 therapists and 1 supervisor)
- ✓ All supervisors and most therapists must have Master's Degrees in Counseling, Family Therapy or Social Work
- ✓ Programs, depending on its size, can have 1 therapist without Master's Degrees
- ✓ Therapist caseload: between 6 – 20, varies by location (rural, urban), service delivery setting, and complexity of problems
- ✓ Duration: 4 to 6 months, depending on severity and case complexity
- ✓ Dosage: 2 sessions/week. National average considering holidays/sick days/etc. = 1.5 sessions/week

**Treatment  
should be  
individualized.**



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# *Hear From Ryan*

“For years I was dependent on drugs, and basically a zombie. I have no memory for 2 years of my life. MDFT was different. The counselors gave me respect and showed me that they actually cared. As I became more comfortable, I opened up more and discussed more of my problems. I stopped blaming my family for everything. I was finally feeling good about myself. I did not have to use drugs. I was getting good grades, going to school, going to work every day. I didn’t need drugs to block out my emotions. For once I was content in life.”

— Ryan, Received MDFT at Connecticut Junior Republic, Waterbury CT





# ***Overview of the MDFT Training Approach***

- ✓ Detailed intervention guides, protocols and manuals document the systematic approach to MDFT training
- ✓ Therapists learn the basics of the approach and certify as MDFT therapists within a 6-month period
- ✓ Therapists continue to master MDFT interventions as they recertify annually
- ✓ Supervisors are trained and certified after initial therapist certification, and then recertify each year
- ✓ Training and training materials available in English and Spanish

# ***MDFT Training Activities – Initial Certification: 6 Months for Therapist Certification***

- ✓ Trainees are expected to have 1 “training case” start treatment within a window of 2 weeks before or after the MDFT Introductory Training
- ✓ eLearning Introduction to MDFT
- ✓ Consultation Zoom calls begin immediately following completion of the Introductory Training
- ✓ Therapists begin with no more than 2 MDFT cases and gradually ramp up to a full caseload by month 5
- ✓ 2 intensive video reviews (virtual)
- ✓ 1 on-site visit for live supervision, video review, and case consultation
- ✓ 2 Knowledge Assessment written exercises
- ✓ Competency and training evaluations by trainer
- ✓ Supervision training following therapist training

# ***MDFT Training Activities: Annual Recertification***

Therapists have an intensive video review (virtual) at the mid-year point

Therapists participate in at least 1 refresher training each year (virtual)

Therapists participate in an annual on-site visit for live supervision, video review, and case consultation

Competency and training evaluations by trainer

Supervisors have a supervision video review (virtual) at the mid-year point

Supervisors participate in at least 2 refresher trainings each year (virtual)

Supervisors participate in an annual on-site visit for live supervision

Supervisors review therapist development plans and Portal reports

# *Training Expectations for Clinicians*

- ✔ Therapists must devote time to study and review training materials, and to participate in weekly group Case Consultation Meetings
- ✔ Therapists watch exemplary MDFT videos, as well as recordings of their own sessions
- ✔ Therapists participate actively/collaboratively in training
- ✔ Therapists take responsibility for their own development as MDFT therapists – they look for ways to improve skills and take advantage of opportunities to increase mastery

# *Case Consultation Process*

- ✔ Therapists learn the model through work with a “training case” – they present their cases each week for discussion of interventions and action plans
- ✔ Therapists submit and review case conceptualization and weekly case planning summaries 24 hours ahead of case consultations for review by trainers
- ✔ Together therapists work through intervention and implementation problems/challenges

# ***Live Supervision and Video Review***

- ✔ In live supervision, MDFT trainers observe a session while it occurs, and phone in suggestions to shape the therapist's interventions and outcomes of the session
- ✔ Live supervision offers unique direct shaping and “learning-by-doing” training opportunities
- ✔ Review of video recorded therapy sessions offers minute-by-minute analysis of interventions
- ✔ Therapist development is the major focus of reviews



## ***MDFT Therapists Are:***

- ✓ Believers in change: They are optimistic
- ✓ They are compassionate
- ✓ Have excellent basic counseling skills: listening, attending, empathizing, validating
- ✓ Seekers of strength: They respect and admire parents and teens
- ✓ Comfortable working in close emotional proximity
- ✓ Driven by a “do what it takes” attitude
- ✓ Non-punitive and non-judgmental
- ✓ Always seeking to improve skills/outcomes

# Tracking MDFT Fidelity & Outcomes

- ✓ The MDFT Clinical Portal tracks fidelity, client improvements and clinician certification progress
- ✓ MDFT International provides agencies with annual reports of implementation/ fidelity and behavioral outcomes

## Service Delivery Report

1. Percent of therapy sessions in clinic:	39.38%
2. Average case duration (in days):	139.86
3. Total number of cases served during reporting period:	30
4. Percent of cases closed that completed at least 8 sessions (TARGET 80% or higher):	85.71%

## Percent Improvement Report

1. Marijuana and/or Alcohol Use:	51
2. Hard Drug Use:	50
3. Delinquency/Crime:	74
4. Aggressive and Violent Behavior:	52
5. Involvement in Pro-Social Activities:	28

## **NOTE**

Agencies can request additional reports at any time



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# Keys to Implementation

## Characteristics of exemplary providers/agencies:

- ✓ Excellent agency management (funding, structure, organization, staff)
- ✓ Agency has culture of excellence (strives to be the best, deliver the best services)
- ✓ System of accountability (to assure excellence)
- ✓ Fully embraces its mission to help the people it serves (e.g., youth and families)
- ✓ Selects excellent staff for its MDFT program
- ✓ Procedures in place (or willing to put in place) to support and retain staff

# Why Choose MDFT?

## Therapists can learn the model —

95% of therapists who start training successfully complete it

## Fits into existing clinical settings —

In-home, outpatient, day treatment, residential, detention centers, drug courts, diversion programs, child welfare

## Clinicians like it —

In a survey, 85% of clinicians report MDFT training made them a better therapist



# Why Choose MDFT?

## Proven effectiveness —

MDFT has over 25 years of research in U.S.-based and international studies presenting significant and consistent client improvement in functioning.

## Learnable and sustainable—

Since 2001, MDFT has been implemented in over 175 programs, 87% of which have been sustained for 5 years or longer (70% for 8 years or longer).

## Lowers service costs —

MDFT is a third of the cost of residential treatment. It also saves costs by preventing out-of-home placements and the costs to the justice and child welfare systems.



## ***Voices from the field***

“It makes all our programs for adolescents and families better. It strengthens the services for adolescents.”

— Catherine Corto-Mergins, Director of Training,  
The Village for Children and Families, Hartford  
Connecticut



# ***Voices from the field***

“I think MDFT produces the optimal comprehensive outcomes. It has a multipronged approach: the flexibility to work with people in the family as individuals, as a family unit, and in dyads. Some other programs are a lot more rigid than MDFT. A lot of other models don’t have a focus on substance abuse as does MDFT. There is a broader range of outcomes that we get more consistently in MDFT. There is a deeper emotional change that we get from MDFT.”

— Michelle Dubowy, Deputy Director of Child Welfare & Family Services Division,  
Children’s Aid Society, New York City



## ***Voices from the field***

“I’m proud to say that Wheeler is approaching our 18th year operating MDFT services across the State of Connecticut. We have experienced significant success with the families and youth who we have served within this program. I can’t say enough about MDFT. It is my favorite, favorite model of all the evidence-based practices we work with at Wheeler, and we work with a lot of them. MDFT is flexible, caring, supportive to the family and youth. MDFT is the ‘go to’ model.”

— Kimberly Nelson, Chief Program Officer at Wheeler Clinic, Connecticut

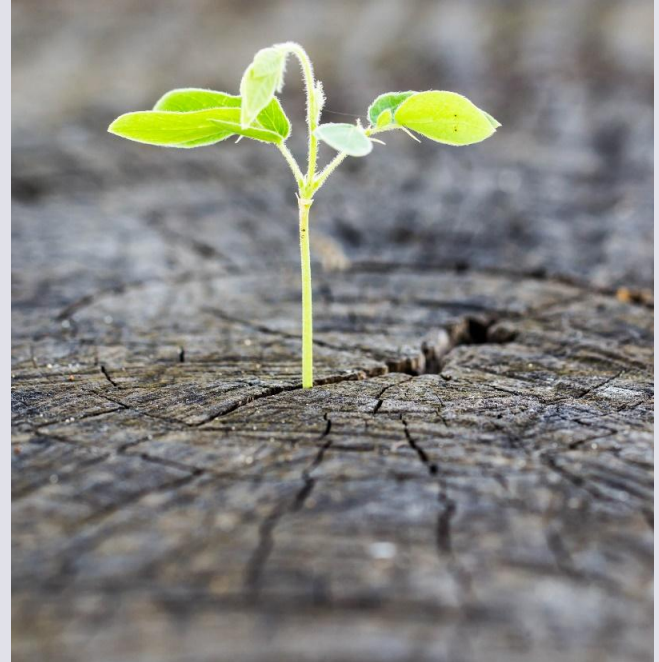


# ***Thank You!***

MDFT International, Inc.

[MDFT.org](http://MDFT.org)

[facebook.com/MDFTintl](https://facebook.com/MDFTintl)



# Evaluation and Reporting



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# MDFT Evaluation

- Evaluation provides a systematic way to study an initiative to understand how well it achieves its goals
- This evaluation will help us understand what is working and what can be improved in future rollouts
- Process Evaluation
  - Program operations; the who, what, when, and how many of program activities and outputs
- Outcome Evaluation
  - The effects of program delivery



# Evaluation/ Data Categories

**2, 3, 5, & 6: Collected as part of EBP**  
**4: Collected as part of LC sessions**

**1: QR Code: During 1st training  
session will complete <5 min survey**

1. Therapist/Organizational Characteristics
2. Participation in Training Activities
3. Therapist use of MDFT
4. MDFT Feedback
5. Fidelity
6. Clinical Outcome Measures (e.g. substance use; MH functioning, family functioning)



# Evaluation Data

- CWE is conducting a robust evaluation for each initiative
- Data submission is a requirement as part of your participation
- Reporting requirements associated with the CWE
- Data will inform future initiatives
- Individual identifiable data will not be shared—aggregated data only
- Aggregated implementation data will be shared back to the group during LC sessions

# Next Steps



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## What Comes Next?

<b>Office Hours</b>	<b>Application Due</b>	<b>Selection</b>	<b>Orientation/LC</b>	<b>EBP Trainings</b>
10/10/24 from 1-2pm	Due by 10/18/24 COB	Participants notified by mid November	Fall/Winter 2024/2025	Begin Early Winter 2025



**Questions?**  
**CWE.info@nyu.edu**



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# Resources

[CFTSS Manual](#) (Updated as of 6/2024)

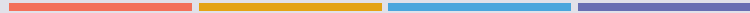
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