

CWE Fall 2024 Cohort: MDFT Application

Eligibility

In order to be eligible to participate in this initiative you must be a CFTSS provider prior to the start of MDFT training.

Are you a CFTSS provider authorized for OLP and/or CPST **OR** an adolescent designated program currently seeking CFTSS designation?

- Yes
- No

Agency MDFT Contact

Please enter your contact information below:

Agency Name

Agency Contact

Title

Email

EBP Requirements

EBP Requirements

Implementing an evidence-based program merits careful consideration. We want providers to know what to expect. Please carefully read the *MDFT Implementation and Sustainability Guide* and answer the following questions.

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a. Multidimensional Family Therapy is an intervention that focuses on and meets, from the very beginning, with families. As part of the MDFT training, trainers will teach you how to apply the MDFT family engagement interventions. **Programs will be expected to work directly with families, not just the youth, throughout the treatment episode.**

b. **The agency will collect consent from participating clients based on their organization's policies and procedures.**

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c. **Confirm ability to maintain current CFTSS documentation in addition to the MDFT documentation requirements.**

d. MDFT teams are made up of a minimum of 3 (2 therapists and 1 supervisor; the supervisor can also work as a therapist or devote themselves fully to supervision) and not more than 7 therapists to 1 fulltime MDFT supervisor (teams can have more than 1 supervisor.) Agencies can have more than 1 team of 7 therapists and 1 supervisor.

Confirm your agency will have at least 2 therapists and 1 supervisor identified and/or hired prior to the start of MDFT training.

e. For therapist certification in MDFT, there is completion of an eLearning introduction to MDFT, 12-16 weekly team consultant calls, 2 Knowledge Assessments, 2 intensive video reviews, and an on-site intensive including Live Supervision sessions. All supervisors must successfully complete therapist training working with at least 1 MDFT case. Therapist training takes about 6 months to complete. Therapists begin seeing MDFT immediately following the eLearning Introduction. **Confirm that your site and its provider agency can meet this therapist certification commitment.**

f. For supervision certification, there is a 1 day on-site or virtual Introductory Training, 1 knowledge assessment, on-site supervision intensive including teaching supervisors how to do live supervision sessions, video review of 4 - 6 supervision sessions (MDFT Case Review and MDFT Video Review supervision), and review of therapist development plans. Supervisor training takes about 5 months to complete. **Confirm that your site and its provider agency can meet this supervision certification commitment.**

g. MDFT may require that trainee workloads are reduced for at least 5 months to allow staff to fully participate and benefit from the MDFT training. The time commitments of MDFT training include training activities and additional study and preparation time each week (weekly consultations, on-site visits, independent reading and studying, and completing MDFT case and session planning forms). This may result in a reduction of billable hours while clinicians are in training. **Confirm that you understand initial training requires a commitment on the part of provider organizations, supervisors, and therapists.**

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h. Site basics for MDFT include clinic space for in-clinic sessions, including the ability to conduct Live Supervision (See the *MDFT Implementation and Sustainability Guide* for more information on Live Supervision requirements); recording equipment, and authorization and capacity to use HIPPA compliant services utilized by MDFT: Zoom for videoconferencing and ShareFile for file sharing of recorded therapy and supervision sessions (provided by MDFT). **Confirm that your agency can meet these requirements.**

i. **Confirm that your agency will attend all CWE activities (in addition to training and supervision), including three Learning Collaborative sessions which may occur in person and require travel.** Learning Collaboratives are approximately 4 hours and should be attended by the program supervisor, director, and clinicians (if available).

j. Confirm that you understand choosing to implement MDFT establishes an ongoing training and coaching relationship with MDFT International that will continue as long as the MDFT program continues to operate.

k. Confirm that you have read the *MDFT Implementation and Sustainability Guide*.

Operation and Workflows

Operations and Workflows

MDFT is an evidence-based therapy model that serves youth with a wide array of challenges between the ages of 12-18 and their families. MDFT does not exclude families with domestic violence or parents with substance misuse or

mental health disorders. It broadly defines the "parent/caregiver" role to reflect the variety of family situations and dynamics. Please provide the following information about your agency's ability to implement MDFT:

a. How many families are currently working with your CFTSS or adolescent designated program?

b. How many families currently served would be eligible to participate in this program?

c. How many referrals does your CFTSS or adolescent designated program receive each month?

d. Based on your current referrals and MDFT's target population, how many of these referrals do you think would be eligible for MDFT services?

What kind of challenges/issues are typically faced by the teens served by your program?



Full time MDFT therapist's caseloads are 8 cases at any given time, but therapists can build up to this number over the course of the first few months. MDFT recommends that programs begin therapists with no more than 2 MDFT cases, with a full caseload by month 5 of the initial training. Therapists must serve a minimum of 3 MDFT cases per year in order to be eligible for re-certification. Discuss planning and anticipated process to assure appropriate flow of referrals at start up. Include any barriers to building caseloads in a timely way such as extensive waitlists or delays from time of referral to service initiation.

Staffing

Staffing

MDFT trains groups of a minimum of 2 therapists and 1 supervisor to a maximum of 7 therapists to 1 supervisor, with the recommendation from CWE being 3-4 therapists with 1 supervisor. Provide below the anticipated number of therapists, names, experience, hours worked per week, and educational background of each proposed MDFT therapist as well as the supervisor.

Please note: After the first 6 months of training, training shifts to focus on a lead or supervisor on your team who saw cases in phase one of MDFT training. This person will be supported and trained to provide the supervision support that MDFT provided during the therapist certification phase. It is important that all applying programs/agencies

anticipate the need to select a supervisor from the team in planning.

Please provide the following information.

Number of MDFT Therapists to 1 MDFT Supervisor

Please provide the site* information below:

**Please note: The site must be designated for CFTSS, for the appropriate population (the agency's clinic cannot be used, for instance) prior to the start of MDFT training.*

Site Name:

Address:

Population Served:

General Mental Health

Foster Care

Substance Use

Are you applying for multiple sites?

Yes

No

Location #2

Site Name:

Address:

Location # 2 Population Served:

General Mental Health

Foster Care

Substance Use

Location #3

Site Name:

Address:

Location # 3 Population Served:

- General Mental Health
- Foster Care
- Substance Use

Will you have half-time therapists* (i.e, therapists who also see clients not receiving MDFT)?

- Yes
- No

MDFT therapists often match to family schedules.

What hours will your MDFT therapists work and what sort of

flexibility will they have with work schedules? If they will only be half-time, what other job duties will they have?

**Please confirm that the days or times fall within the CFTSS or adolescent designated program's authorized hours of operation.*

Proposed MDFT Therapist #1

**Indicate "TBD" for each field if you are planning to hire for this position*

Name	<input type="text"/>
Email	<input type="text"/>
Educational background	<input type="text"/>

Length of time in practice

Hours worked per week

Site location

Proposed MDFT Therapist #2

**Indicate "TBD" for each field if you are planning to hire for this position*

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Proposed MDFT Therapist #3

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Proposed MDFT Supervisor

**Indicate "TBD" for each field if you are planning to hire for this position*

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Will your MDFT team have more than 3 therapists on it?

Yes

No

Proposed MDFT Therapist #4

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Proposed MDFT Therapist #5

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Proposed MDFT Therapist #6

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Proposed MDFT Therapist #7

Name

Email

Educational background

Length of time in practice

Hours worked per week

Site location

Acknowledging that during MDFT implementation, even with the best retention plan, there may be a staff departure.

What steps will the program/agency take to mitigate the impact of this staff loss?



Leadership

Leadership

Through this initiative, New York State is making a considerable investment in helping agencies implement a highly regarded EBP and wants to make sure there is adequate leadership support and commitment to not just the initial training process but to long-term sustainability. Discuss how your program and agency will provide ongoing support, oversight, and monitoring to ensure MDFT continues after the initial support period.



Attestation

On behalf of the Designated CFTSS Provider Agency, I (Chief Executive Officer or Designee listed below) attest that I have read the materials and guidance associated with Evidence Based Practices in CFTSS, understand the requirements associated with certification, both initially and ongoing, and will abide by all EBP CFTSS program and billing allowances. In addition, the agency will maintain communication and engagement with associated Cohort Two – Fall 2024 partners (e.g., NYS, CWE, Proprietors) and the agency is aware that additional agreement with the proprietary organization may be necessary.

Initials

Date (DD/MM/YY)

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