

**CLIENT-CENTERED LOGIC MODEL
OUTCOMES: FAMILY PRESERVATION SERVICES**

NEEDS	INPUTS	ACTIVITIES/ INTERVENTIONS	OUTPUTS	QUALITY INDICATORS	CHANGE IN CLINICAL STATUS CHANGE IN FUNCTIONAL STATUS OUTCOMES	IMPACT
<p>Multisystemic Therapy (MST) is a nationally recognizable program for at-risk youth & their families. It is supported by more than 150 published peer-reviewed journal articles. Locally, MST is supported by key community participants including Public Child Welfare & Juvenile Court Services.</p>	<p>The following resources support program activities & the achievement of program objectives:</p> <ul style="list-style-type: none"> • Funding • Staff • Evidence-based model • Referral network • MST expert consultation • Quarterly & semi-annual program evaluation • Staff training • Technology • Fee-for-service contract model • Child & Adolescent Services System Program Principles 	<p>A wide body of longitudinal research prioritizes the importance of treatment adherence & quality assurance in the delivery of MST services in community practice settings including:</p> <ul style="list-style-type: none"> ▪ Assessment ▪ Therapeutic contacts ▪ Targeted interventions ▪ Parenting assistance ▪ Treatment modalities including: <ul style="list-style-type: none"> - Contracting - Communication - Cognitive skill development - Structural therapy - 24 hour on-call services - Quality assurance - Clinical consultation 	<p>The agency management information system tracks:</p> <ul style="list-style-type: none"> ▪ Number Of therapy sessions ▪ Hours of direct service ▪ Number of billable hours ▪ Number of consultation units ▪ Client-length-of-stay ▪ Number of clients served ▪ Measurement of client satisfaction through the agency PQI program. 	SAFETY	<ul style="list-style-type: none"> • Contract Specific: Juvenile Probation & Public Child Welfare incident data at 6 + 12 months post program closure. Target at 85%. • Fidelity Model Specific : % of youth with no new arrests. Target at 90%. 	<p>Over \$10 million of rigorous, scientific evaluations of MST have demonstrated:</p> <ul style="list-style-type: none"> ▪ Reduction in long-term rates of criminal offending ▪ Reduction in out-of-home placements ▪ Significant improvement in family functioning ▪ Decreased mental health problems for adolescents ▪ Cost savings when compared to conventional mental health & juvenile justice services.
				PERMANENCY	<ul style="list-style-type: none"> • Contract Specific: Juvenile Probation & Public Child Welfare placement data at 6 + 12 months post program closure. Target at 80%. • Fidelity Model Specific: % of youth living at home. Target at 90%. • Fidelity Model Specific: % of youth in school /working. Target at 90%. • Fidelity Model Specific: % of youth placed. Target at 10%. 	
				WELL-BEING	<ul style="list-style-type: none"> • Fidelity Model Specific: % of youth completing treatment. Target at 85%. • Client Satisfaction: at 80% or higher. The following outcomes are qualitative measurements. Targets established at 90%. • % with improved family relations. • % with improved network of supports. • % with improved parenting skills. • % with success in educational / vocational setting. • % of youth involved with prosocial peers/activities. • % of cases were changes have been sustained. 	