

APPENDIX E

Sterling Pilot Program: Determination of Readiness for Discharge

Readiness for Discharge is determined on a case-by-case basis to determine a successful discharge. Some things that are taken into consideration when discharging a youth are as follows:

Completion of probation term

Completion of community service hours

Noticeable improvement in youth's attitude during groups

Good attendance at all groups

Becoming a role model for other youth just beginning the program

Making good choices outside of Pilot groups

Reports from parents, teachers, probation officers, etc. that the youth is doing better

Sustained sobriety from drugs and alcohol, no recidivism, etc.

UNIVERSITY OF COLORADO HOSPITAL MULTISYSTEMIC THERAPY TEAM

DISCHARGE PROCEDURES:

- Review of Overarching goals and evaluation of the percentage of resolution of referral behaviors in terms of positive changes made, skills learned and shift of relational processes.
- Review of sustainability of gains/changes made within the family and structural system to evaluate if the new behaviors are significantly anchored to move toward discharge.
- Begin strategizing with the family and systemic stakeholders to address potential barriers to success post discharge (contingency planning).
- Plans developed with parents and youth to maintain contact with systemic stakeholders after treatment ends
- Evaluation of necessary resources needed for the family to maintain the gains/changes they have made.

CRITERION FOR COMPLETION OF THE MST PROGRAM:

- Family and stakeholders are convinced of sustainable gains/changes within the family system and MultiSystemic ecology.
- At least 80% success in addressing the referral behaviors (80% completion of Overarching goals).
- Evaluation of Family satisfaction/comfort with level of positive & self-sustaining changes made and stakeholder consensus that mandatory compliances have been met.
- A 90 Day target has been our goal for length of treatment, although data suggests that our actual average length of stay has been approximately 4.2 months. Families have liked a fixed-length of time intervention as this focuses treatment to be intensive and goal-oriented for an achievable and reasonable length of time.
- Detailed Discharge Summaries are distributed to systemic stakeholders (per release of information) which detail gains made and future recommendations so that any future services are able to target identified needs.
- Cases discharging with partial success:
 - Continual assessment is done regarding client/family engagement and progress in treatment. The decision to end services is made when decreasing family/client responsiveness to MST and other stakeholders becomes evident, but gains/changes made have achieved reduction in the most significant referral behaviors (safety, stabilization, security issues, risk issues) with reasonable, sustainable change to the MultiSystemic ecology. (Research supports that even minimal gains made during treatment often lead to sustained change and avoidance of further need for treatment if critical systemic factors have shifted).
 - In these instances system stakeholders give consensus that current outcomes are the best outcomes possible within the current ecology/ circumstances after all reasonable efforts have been expended. (As a rule,

therapist treatment efforts in these cases are beyond-the-call-of-duty). Attempts are made, targeting critical systemic factors, to prime the ecology (family system, etc.) for future opportunities for change at the next anticipated contact with the system stakeholders.