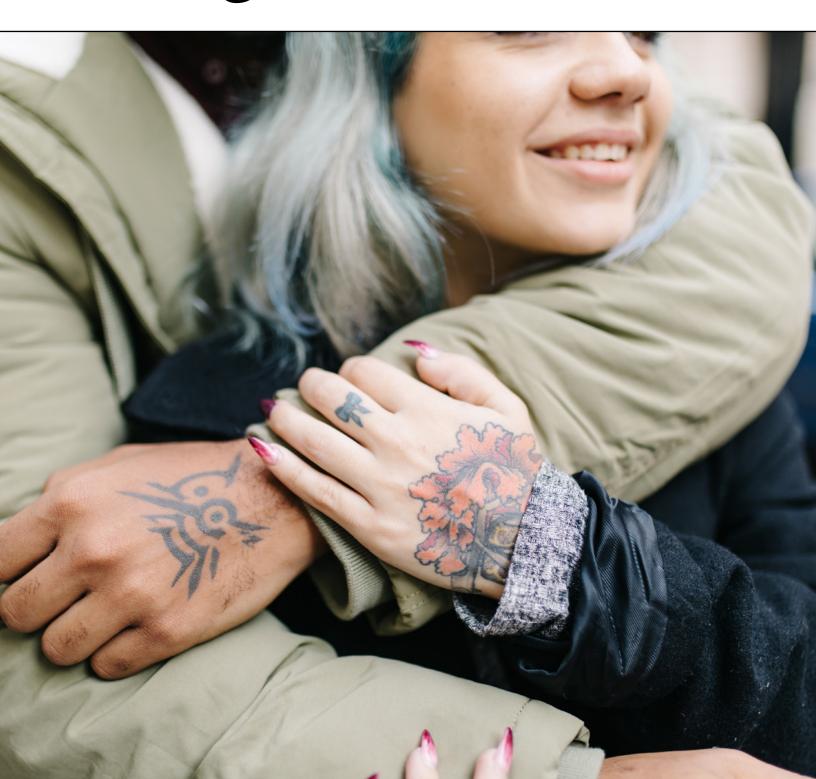


MDFT for Young Adults



MDFT for Young Adults

MDFT effectively reduces substance use, including opioid use, and reduces recidivism and mental health symptoms, while at the same time improving vocational/educational and family functioning among young adults.

Research shows that Young / Emerging Adults (ages 18-26):

- \checkmark Have higher rates of mental health and substance use disorders, arrests, and recidivism than adolescents or adults age 26 or older.
- \checkmark Experience significant barriers to accessing behavioral health services.
- \checkmark Have high treatment dropout rates, and poor clinical outcomes.
- Rarely receive interventions specifically designed to treat their distinctive developmental and behavioral health needs.

Outcomes among 284 young adults served in MDFT programs in the U.S. show promising effects with young adults and their families. At the end of treatment:

\checkmark	88% of young adults were living in the community	\checkmark	74% used marijuana or alcohol fewer than 10 days per month
\checkmark	86% had stable mental health	\checkmark	79% were rarely or never violent/aggressive
\checkmark	85% were abstinent from "hard" drugs	\checkmark	98% of families did not regularly resort to
\checkmark	85% had no arrests		violence
\checkmark	71% were in school or working	\checkmark	84% had stable family functioning

MDFT for young adults is also being piloted in Europe among incarcerated young adults ages 18 to 23. Early indications are very positive, with high participation rates and improvement in functioning.

Research indicates the MDFT is feasible and effective for young adults.

- ✓ 95% of young adults and their parents completed MDFT.
- Young adults showed a statistically significant (93%) reduction in days used any substances, and a 98% reduction in days used alcohol to intoxication.
- At discharge, 78% were employed (64% full-time, 14% part-time).
- Young adults showed statistically significant improvement in vocational functioning from intake to discharge and 47% reduction in unemployment from intake to discharge.
- Between intake and 18 months, 86% of young adults had no re-arrests.

"Honest to goodness we have seen a turnaround in these families that is near miraculous. The parents are coming into court and saying to us: 'I can't believe it. I've changed. My child changed. A whole new avenue of communication has opened up.' What is so surprising it's worked with families that were so fractured, I felt it would take years to get the parents and young adult speaking to each other even in a civil manner. Many of the parents were so wedded to their perception of their child and vice versa. I thought, my goodness, how in a period of 6 months were we going to change these very ingrained mindsets. And lo and behold, within the 6-month period we've seen a tremendous shift in the way these families are communicating with each other. That, in turn, creates compliance with the young adult with the other court requirements."

- Judge Jeri Beth Cohen, State of Florida 11th Judicial Circuit

The State of Connecticut has <u>4 programs</u> specifically designed to serve teen and young adults through age 21 with (or at high risk for) Opioid Use Disorder (OUD):



Wheeler Clinic – New Britain



United Children and Family Services (UCFS) – Norwich



Connecticut Junior Republic (CJR) – Waterbury

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CHR – Manchester