What is the Extent of the Need?

In Texas, there are an estimated **20,000 children and youth** (ages 6-17) currently at very high risk for out-of-home or out-of-school placement because of their **mental health needs**. It is estimated that of these 20,000 Texas youths, approximately **7,000 are eligible** and would benefit from MST services.

Given that MST services typically last between three to five months and MST teams should serve at least 50 youths per year, Texas would need approximately 140 teams to meet statewide need.

Since September 2022, Texas has added a **total of twenty-two MST teams** that operate through the Health and Human Services Commission.

Meadows Mental Health Policy Institute continues to work at the intersection of MST and Evidence-Based Associates to create accessibility to youth and families in need of this program across the state of Texas.

WHO CAN MAKE A REFERRAL?

Referrals can be made from a wide range of sources that come into direct contact with the child or youth including social workers, case managers, probation officers, community-based mental health providers as well as parents, legal guardians, foster parents, or other caregivers.

WHERE DO SERVICES TAKE PLACE?

Services take place in the home, school, and community of the youth and their family.

WHICH TEXAS COMMUNITIES HAVE ACESS TO MST?

- Betty Hardwick Center (Callahan, Jones, Shackelford, Stephens, Taylor counties)
- Bluebonnet Trails Community Services (Guadalupe, Caldwell, Gonzales counties)
- Center for Health Care Services/Southwest Key Programs (Bexar County - two teams)
- Central Counties Services (Bell, Coryell, Milam counties)
- Denton County MHMR Center (Denton County)
- Gulf Coast Center/Southwest Key Programs (Galveston County)
 - Harris Center (Harris County)
- Hill Country MHDD Centers (Uvalde, Comal, Hays counties)
- LifePath Systems (Collin County- two teams)
- My Health My Resources of Tarrant County (Tarrant County - two teams)
- North Texas Behavioral Health Authority (Ellis, Dallas, and Kaufman Counties- three teams)
 - PermiaCare (Midland, Ector counties)
 - Spindletop Center (Jefferson County)
- StarCare Specialty Health System (Lubbock County)
- Tri-County Behavioral Healthcare (Liberty, Montgomery, Walker counties)
- Tropical Texas Behavioral Health (Hidalgo County- two teams)

CONTACT US

Questions about MST can be directed to: Deidra Ewing M.A.

Texas Statewide Project Director 832.657.9538/dewing@ebanetwork.com https://evidencebasedassociates.com/texas/







Supporting At-Risk Youth

TEXAS



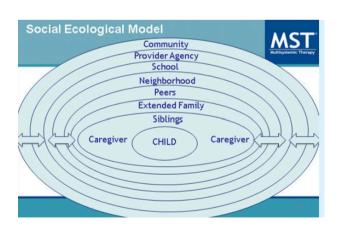
WWW.MSTSERVICES.COM



WHAT IS MST?

Multisystemic Therapy (MST) is an evidence-based intervention for youth at high risk of severe system consequences due to serious anti-social and/or delinquent behaviors. Youth and families receive support within their communities via a full team of licensed MST providers.

Central to the MST treatment approach is the view that the MST "client" includes not only the youth, but also the multiple systems within which the youth is embedded: immediate and extended family, peers, schools, neighborhood, providers, and other key participants. MST teams provide immediate support to families when and where it is needed—within any combination of these systems—and are dedicated to improving youth and family functioning.











HOW DOES MST SPECIFICALLY ADDRESS SCHOOL & COMMUNITY VIOLENCE?

The factors that lead to school and community violence are varied, meaning there is no singular solution to school and community violence – still, MST can play an important role in prevention. Given the issue's complexity, a discussion about school and community solutions that can help prevent violence and elicit meaningful change is very necessary. MST should be considered a service that schools and communities incorporate into their approaches to preventing violence in both school and varied community systems.

PROVEN RESULTS FOR FAMILIES & COMMUNITIES

Research shows that the MST approach is not only innovative, but also highly successful. MST features the largest body of evidence of successful interventions for high-risk youth and is the only intervention for high-risk youth where results have been repeatedly replicated by independent researchers. MST's research base consists of 70+ studies, 140+ peer-reviewed journal articles, and over 57,000 families included across all studies.



PROGRAM OVERVIEW

GOALS:

To empower parents with skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and community problems by equipping them with skill building strategies that support the Theory of Change that reduces recidivism.

INCLUSIONARY CRITERIA

EXAMPLE BEHAVIORS

- Theft and other criminal behaviors
- Aggressive/violent/ assaultive behavior
- Substance abuse
- Selling substances
- Chronic school absences and/ or problem behaviors at school
- Sexual offenses in conjunction with other anti-social behavior

EXAMPLE SYSTEM CONSEQUENCES

- Out of home placement
- Arrest and/or charges
- Violation of Probation
- School expulsion
- Child Welfare involvement

EXCLUSIONARY CRITERIA

- Youth who live independently
- Sex offending in the absence of other antisocial behavior
- Youth with moderate to severe autism
- Youth severely or profoundly intellectually impaired
- Actively homicidal, suicidal or psychotic
- Youth whose psychiatric needs supersede the reason for the referral