

MULTISYSTEMIC THERAPY: THE MST TEXAS PROJECT

A high-level overview of a well-supported evidence-based program
serving high-risk youth and families across the state.

Annual Report
2024

September 1, 2023 – August 31, 2024

MST® Texas Project

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Background

Approximately two years ago, through Executive Action, Texas provided funding to seven Local Mental Health Authorities (LMHA’s) across the state to begin implementing **Multisystemic Therapy (MST)**, an evidence-based community level of therapy for youth at-risk of severe system consequence and families in need of mental health care.

MST is delivered in the youth and family’s natural environment – home, school, and community. Treatment proactively targets specific relevant strengths and needs of the family identified by the family and local stakeholders and is provided in an ongoing and intensive manner at the local level. MST professionals do “whatever it takes” to work with the family throughout the week and are on call and available 24 hours a day, seven (7) days a week. **MST features the largest body of evidence, by far, of successful interventions for high-risk youth and has been scientifically proven to transform lives, empower families, provide dramatic cost savings communities.**

Dramatic Cost Savings



MST DELIVERS
**SUPERIOR CLINICAL
& FINANCIAL RESULTS**
RELATIVE TO INCARCERATION AND
ALTERNATIVE TREATMENTS

UP TO
\$23.59
ROI FOR EVERY
DOLLAR SPENT

UP TO
\$200K
NET BENEFIT
PER YOUTH

**Journal of Family Psychology*

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In 2023, the 88th Texas Legislature appropriated an additional 30 million dollars through the Health and Human Services Commission (HHSC) to continue funding for the original seven teams (cohort 1: \$9,450,000); and to establish fifteen additional teams (cohort 2: \$21 million).

According to Meadows Mental Health Policy Institute (MMHPI), “using the statewide roll-out of MST in Louisiana and other states, we estimate that approximately 7,000 Texas youth and their families could benefit from MST services; Texas would need approximately 140 teams to meet this need”. To date, 15 of 39 LMHA’s and LBHA’s are licensed providers of MST yet only 33 of 254 total counties in Texas have

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access to utilize MST in their local area. As of September 1, 2024, there are 20 of 22 teams currently receiving referrals in this project.

According to the Texas Tribune, TJJJD reported on “severe understaffing in prisons that routinely left children inside cells alone for up to 23 hours a day, [and] almost half of the nearly 600 kids in the prisons had been on suicide watch”. [Texas teens launch quest to shut down the state’s last five youth prisons | The Texas Tribune](#) State legislation has been approached with asking to close the remaining five juvenile prisons and to “dismantle the agency that runs them by 2030”.

Through high-quality implementation from Evidence-Based Associates (**EBA**), **twenty** of twenty-two teams across the state have become fully staffed with high level *Family intervention Specialists* (FIS) since funding despite the state workforce shortage of behavioral health professionals. As of September 1, 2024, **90 of 104 total FIS positions**, including supervisors and bilingual staff, have been filled since project conception. Being fully staffed equates to 84 *therapists* and 20 supervisor positions being filled. Since September 4, 2024, and through this funding source, over eighty qualified Family Intervention Specialists (**FIS**), *MST supervisors and “therapists”*, have completed a rigorous training by **MST Services** to provide this evidence-based program (**EBP**) to their local service area.

Cohort 1:

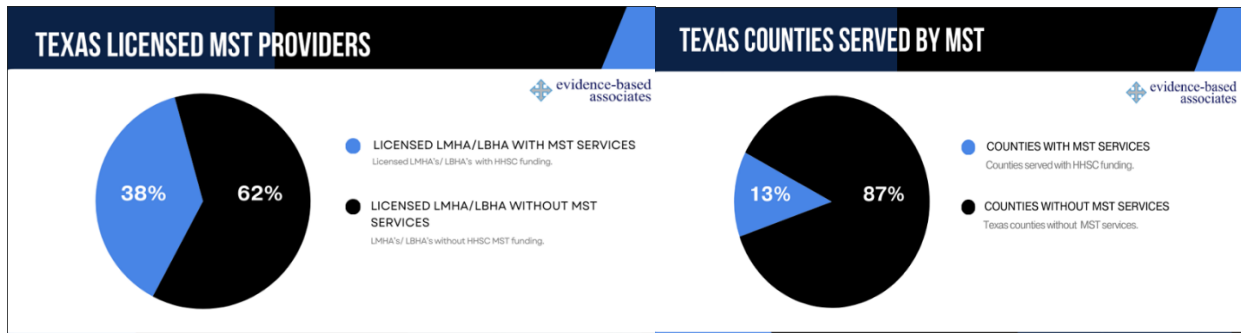
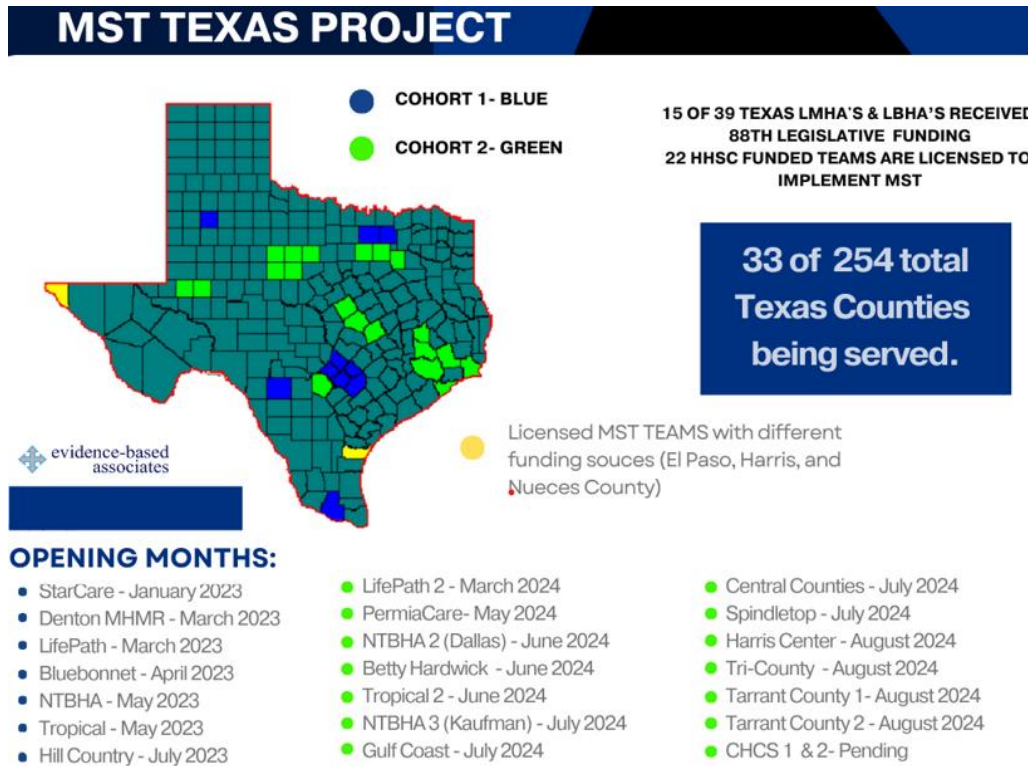
- Hill Country MHDD Centers (Uvalde, Comal, Hays counties)
- Bluebonnet Trails Community Services (Guadalupe, Caldwell, Gonzales counties)
- Denton County MHMR Center (Denton County)
- LifePath Systems (Collin County)
- North Texas Behavioral Health Authority (Ellis County)
- StarCare Specialty Health System (Lubbock County)
- Tropical Texas Behavioral Health (Hidalgo County)

Cohort 2:

- LifePath Systems (Collin County)
- North Texas Behavioral Health Authority (Dallas County)
- North Texas Behavioral Health Authority (Kaufman County)
- Tropical Texas Behavioral Health (Hidalgo County)
- Betty Hardwick Center (Callahan, Jones, Shackelford, Stephens, Taylor counties)
- Center for Health Care Services (Bexar County – two teams)
- Central Counties Services (Bell, Coryell, Milam counties)
- Gulf Coast Center/Southwest Key Programs (Galveston County)
- Harris Center (Harris County)
- My Health My Resources of Tarrant County (Tarrant County – two teams)
- PermianCare (Midland, Ector counties)
- Spindletop Center (Jefferson County)
- Tri-County Behavioral Healthcare (Liberty, Montgomery, Walker counties)

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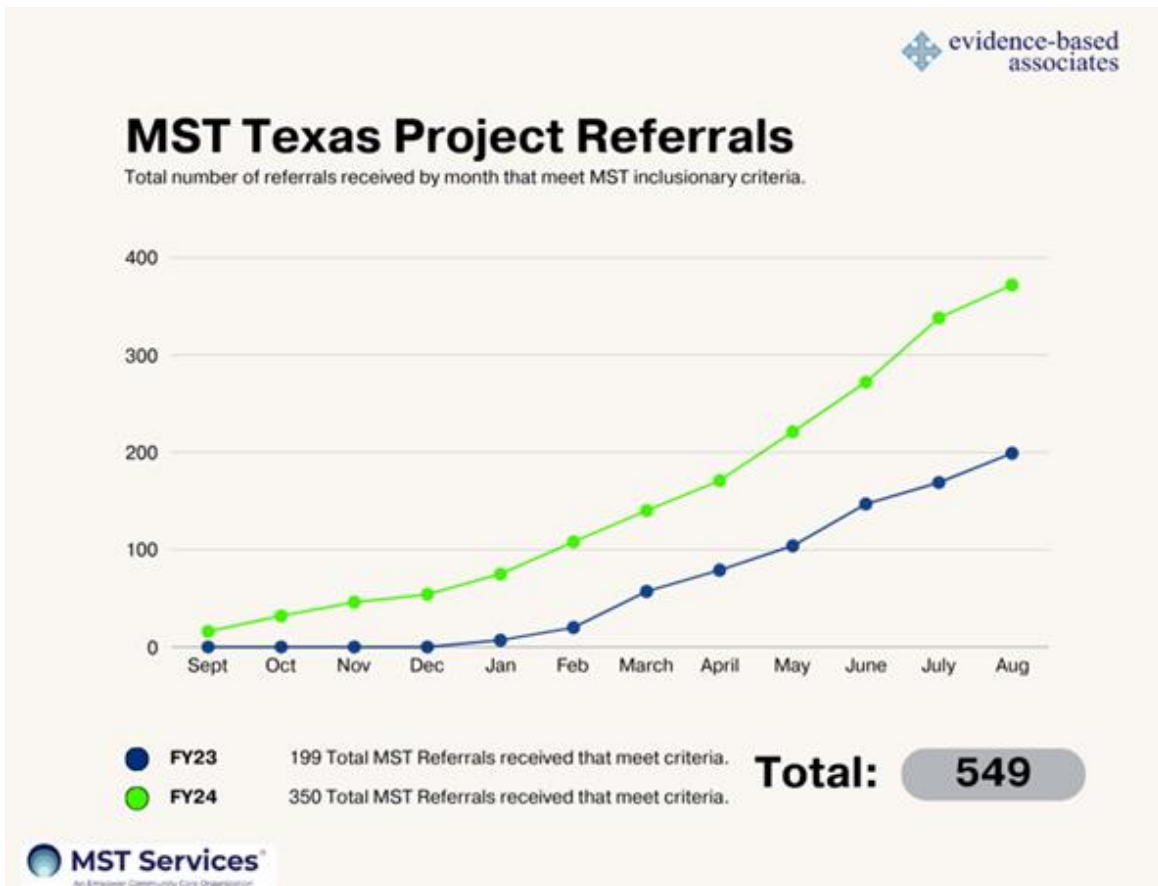


Since the first licensed MST provider of the initial allotment of funding opened in January 2023, **approximately 550 referrals** that met MST criteria have been made by families and local stakeholders across the state in sought of this program.

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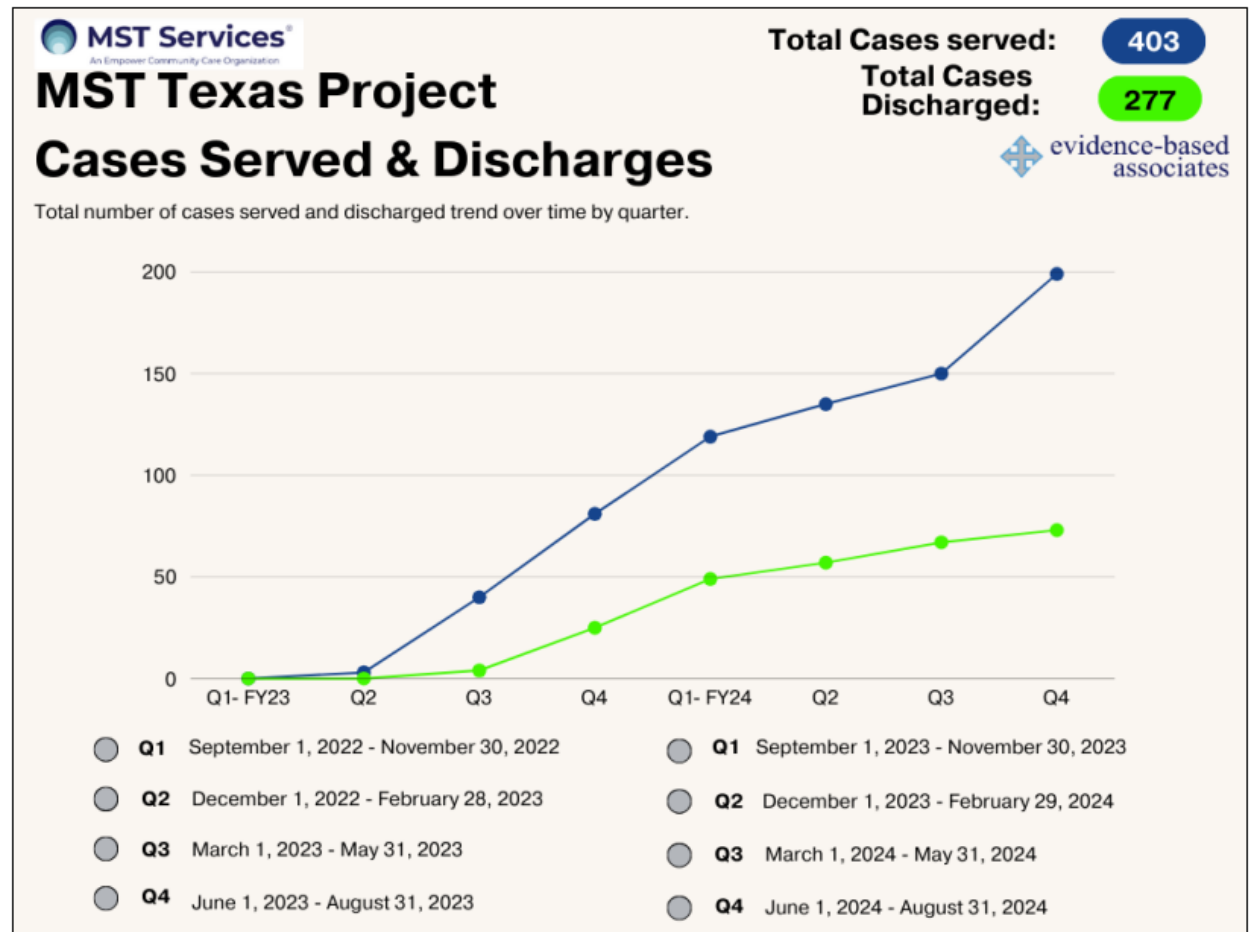
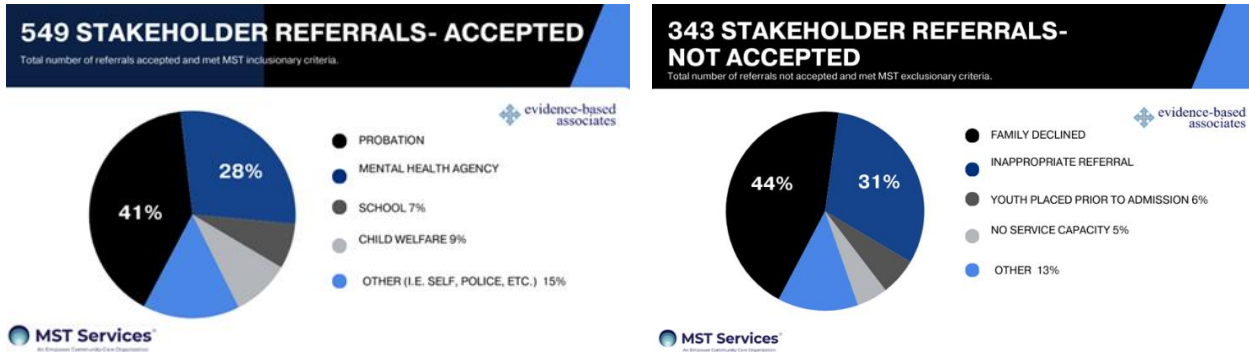
Referrals and Outcomes



Of those 549 referrals, **403 high-risk youth have received treatment** despite the staggering onboarding of licensed MST providers, hiring, and training. **275 youth have been discharged.** 343 referrals were not accepted into MST for various reasons including having no service capacity and families declining services.

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MST treatment typically lasts from 3 to 5 months (average of 4 months) and caseloads range from 4 to 6 families (average of 5 families). Caseload size may be impacted by such characteristics as the average time of the cases in treatment on a caseload (newer cases require significantly more time), number of problem youth in the home and the relative complexity of the youth’s behavior (e.g., youth with multiple distinct referral behaviors).

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With only 7 teams, the service capacity to provide MST Services was approximately 390 at-risk youth and families each year when fully staffed (average caseload-5 x number of FIS x average total treatment slot = 390). Now that there are 20 teams, approximately 1,260 at risk youth and families can be served when fully staffed over the course of one year (average caseload – 5 x total number of *therapists* 84 x average total treatment slot 3 = 1260). MST® teams can work with the family daily if needed and are on call and available 24 hours a day, seven (7) days a week.

Foregoing strategies to increase therapist adherence measures to the model, stakeholder engagement, assessment and dissemination of program referrals, and provider support from MST Services, EBA, HHSC, and MMHPI will continue to address anticipatory projections of more referrals, cases served, and more licensed MST teams.

Reporting Period Summary: September 1, 2022 – August 31, 2024		<p>A referral is described as a youth that has been submitted to the MST Supervisor (written) for screening of MST inclusionary and exclusionary criteria.</p> <p>Cases served are referrals screened and approved for MST criteria and assigned to a Family Intervention Specialist (i.e. therapist). Cases with opportunity for full course of treatment are youth discharged based upon the mutual agreement of the primary caregiver(s) and the MST team.</p> <p>Discharge is cases that were clinically closed based upon evidence from multiple sources (i.e., parent, school, probation officer, etc.). Examples of discharges include yet are not limited to cases that have met and sustained overarching goals, <i>therapist</i>, and supervisor agreement that the caregivers have the knowledge, skills, resources, and support needed to handle subsequent problems, the youth is involved with prosocial peers and is not involved with, or is minimally involved with negative peers, etc.</p> <p>MST model target value of youth living at home, in school/working, and youth with no new arrests is 90%.</p>
Number of Referrals Received	549	
Number of Cases Served	403	
Total number of cases with opportunity for full course of treatment	232	
Number of Discharges	277	
Percent of youth living at home	84.91%	
Percent of youth in school/working	87.07%	
Percent of youth with no new arrests	89.66%	

Utilizing MST, in the youth’s environment, over placing the youth in a hospital or secured facility, is an economical alternative with evidence-based research to prove effectiveness. Although the MST Texas Project is still within the infancy stages of implementation, a demand for services with increasing referrals and high-performance measures of impact stands. **89.66% of high-risk youth who received MST services did not acquire a new arrest or charge during treatment. 87.07% remained in school or maintained employment.**

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Summary & Projections

Summary: MST Services in partnership with Evidence-Based Associates

Hiring

- **90 of 104 total FIS positions** have been filled. 6 bilingual, 2 standard, and 1 Supervisor FIS remain open along with 2 teams pending completion of their contract (Center for Health Care Services in Bexar County – two teams)
- Continued sourcing of applicants will be sent to providers with open positions by EBA.
- MST will continue to be delivered by specially trained masters-level or bachelors-level staff, including Qualified Mental Health Professionals (QMHPs).

Program Development

- **20 of 22 teams have been trained and are currently receiving referrals** within this project.
- MST Services will begin program development upon contract completion of the Center for Health Care Services (Bexar County – two teams) and their selected subcontractor.
- An on-site stakeholder meeting will be conducted once positions are filled followed by an MST training near San Antonio.

Referrals

- According to Meadows Mental Health Policy Institute (MMHPI), “using the statewide roll-out of MST in Louisiana and other states, we estimate that approximately **7,000 Texas youth** and their families could benefit from MST services.
- Of 549 appropriate referrals received, **403 high-risk youth** have received treatment.
- EBA, MST Services, and MMHPI are assisting the providers with marketing material, community outreach, awareness, and education to community stakeholders.
- Approximately 1,260 at risk youth and families can be served when fully staffed over the course of one year (with the current licensed 20 teams).

Outcomes

- **So far, only 17% of the estimated need has received MST.**
- 89.66% of high-risk youth who received MST services did not acquire a new arrest or charge during treatment.
- 87.07% remained in school or maintained employment.
- 84.91% of youth remained living at home.

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Utilization

- **Cohort 1: 7 teams** were launched and trained from **January 2023 – July 2023** (6 months).
- **Cohort 2: 13 additional teams** were launched and trained **from March 2024 – August 31, 2024** (5 months).

In remembrance of the Uvalde community, steps to introduce effective, family-centered interventions to better ensure that senseless acts of violence are in progress but the education about this available service, more teams, additional service areas, and outreach is needed.

Identifying and addressing mental health issues at the familial and local level before they escalate into a crisis and placement are some of the many primary goals of MST. As LMHA's become licensed, staffed, trained, and they continue to build relationships with their referral partners; the MST Texas Project administration will continue to assist providers with program oversight, consultative services, stakeholder engagement, and marketing. Together, more families will learn skills within their community, to provide a lasting positive impact on the youth's overall ecology.

Acknowledgements

The MST Texas Project would not have the growth it has today without tireless efforts of collaborative work on the project mentioned within. The following is a list of names of those committed to service the MST Texas Project: *Family Intervention Specialists, MST Supervisors and Back up Supervisors, Human Resources Teams, MST Services, Evidence-Based Associates, Texas Health and Human Services Commission, Meadows Mental Health Policy Institute.*




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