



MST QUARTERLY REPORT

SEPTEMBER 1, 2024 - NOVEMBER 30,
2024



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INTRODUCTION

Since 2022, the Texas Legislature has provided funding to 15 Local Mental Health Authorities (LMHA's) across the state to begin implementing Multisystemic Therapy (MST), a highly rigorous and evidence-based therapeutic model that provides therapy for youth at-risk of severe system consequences and families in need of mental health care. **MST is a community-based systems and family-driven intervention for antisocial behavior in youth with highly structured clinical supervision and quality assurance process.**

MST is delivered in the youth and family's natural environment – home, school, and community. Using the Social Ecological Model (Bronfenbrenner, 1979), the intervention is systems driven, family centered, culturally appropriate, and strengths focused, strategically targeting specific and relevant strengths and needs of the family mutually identified by the family and local stakeholders. MST professionals do “whatever it takes” to work with the family intensively throughout the week and are on call and available 24 hours a day, seven (7) days a week. MST Family Intervention Specialists, referenced as “therapists” throughout this report, serve a small caseload of four to six families at a time, with an intervention duration of four to six months.

MST features the largest body of evidence, by far, with 90+ studies including 57,000 families, and has been scientifically proven to transform lives, empower families, provide dramatic cost savings of up to \$200k per youth. **As of November 2024**, there are a total of **20** MST teams operating across Texas and **586** families have been served by MST Services. MST's ultimate goals are to keep youth at home, out of trouble with the law, in school or working, reduce anti-social behavior, and improve overall family and behavioral functioning. Youth can be referred to MST treatment from multiple settings, such as courts, probation departments, school, social care systems, justice systems, and mental health practice.

HIRING, RECRUITMENT, & PROGRAM DEVELOPMENT

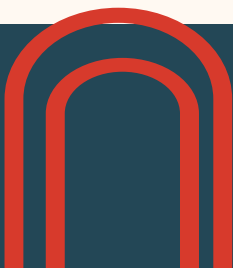
In September 2022, seven LMHA's were awarded funding through the Health and Human Services Commission. In September 2023, an additional eight LMHA's were awarded by the 88th Texas Legislative session. In total, 22 MST teams were established from these 15 LMHA's to implement MST across the state of Texas. Currently, 20 teams are actively accepting referrals. Two additional teams are projected to begin accepting referrals in February 2025. The Center for Health Care Services (CHCS) out of San Antonio opted to subcontract with another provider (Clarity Child Guidance Center) due to unforeseen circumstances with their original subcontracted selection. Clarity began onboarding for recruitment and hiring on November 1, 2024.

Hiring highly qualified professionals to oversee and facilitate the model with fidelity remains the priority. Each Texas MST team is staffed for the structure of a supervisor and three to four therapists per team contingent upon location. Following staffing, each provider hosts an on-site stakeholder meeting to introduce MST to referral sources in preparation to provide services and accept referrals. As of November 2024, 19 of 20 supervisors (**95%**) have been hired to lead their MST team. Whereas the recruitment of qualified mental health clinicians nationally has been a widespread problem, Eighty percent (**80%**) of the MST Texas therapist positions have been filled.

In the last quarter, 309 families were served by 20 teams in Texas. When all 22 teams are fully staffed, the MST Texas project is projected to serve approximately 900 families per year. Based on this projection and the current number of teams (n=20), the Texas project is on track to exceed expectations of the number of youths served.

Texas Local Mental Health and Behavioral Health Authorities continue to rely on MST Services and Evidence-Based Associates (EBA) for successful program start up, recruitment and hiring strategies, training, consultation, and quality assurance to implement Multisystemic Therapy (MST) across the state.

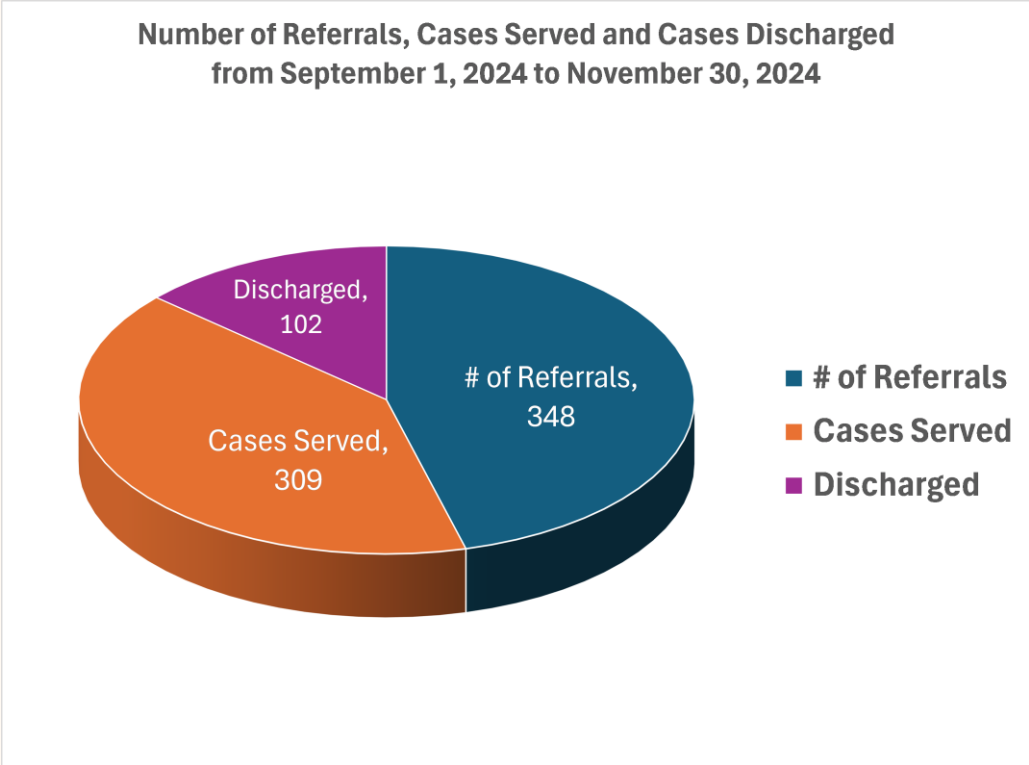
Evidence Based Associates welcomed their first Program Manager for the Texas Project on Oct 1, 2024. Dr. Sujeeta Menon (Ph.D., LMSW) joined the team to support Texas specific data collection and reporting, stakeholder engagement, and referral utilization. Dr. Menon has 18 years of direct and indirect Social Work practice and research in Youth Justice.



SEPTEMBER 1, 2024 – NOVEMBER 30, 2024 DATA OVERVIEW

Since project inception in September 2022, a total of 586 youth and their families have received Multisystemic Therapy services. From September 2024 to November 2024, **348 referrals** were received from multiple referral sources (i.e. child welfare, juvenile probation, mental health, juvenile courts, education/schools, parole, police, etc.). **309 youths** received specialized community-based counseling services through MST **across the state of Texas**.

In this quarter, a total of **102 youths** were successfully discharged, and 84 youths had the opportunity for a full course of treatment. Since 2022, a total of 379 total discharges have occurred. Based on the inclusionary criteria where all youths were referred due to being at risk of serious system consequences, including out of home placement, it is notable that 81% of the time, MST was able to help the families maintain a safe, stable home environment – thereby avoiding an out of home placement, and maximizing cost savings and improving outcomes. Out of those discharged, 83% of youth were in school or working, and 79% did not have any new arrests. The data speaks to the large impact that MST has on youth and families in need of community-based services to prevent out-of-home placements and further system involvement.



KEY OUTCOMES



**81% OF YOUTH
LIVING AT HOME**

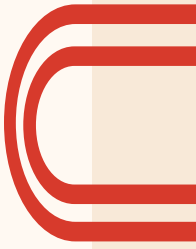


**83% OF YOUTH IN
SCHOOL/ WORKING**

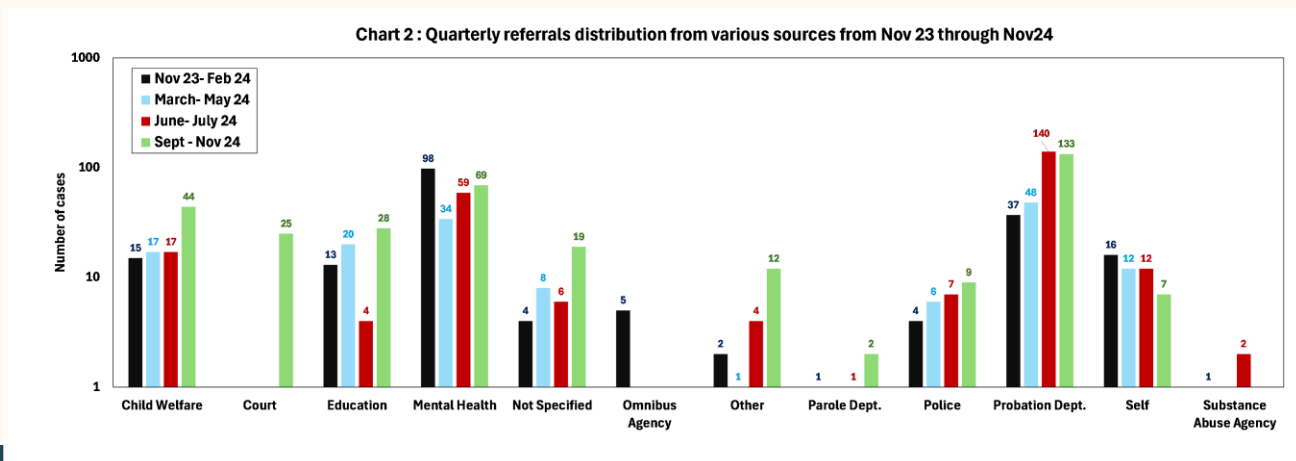
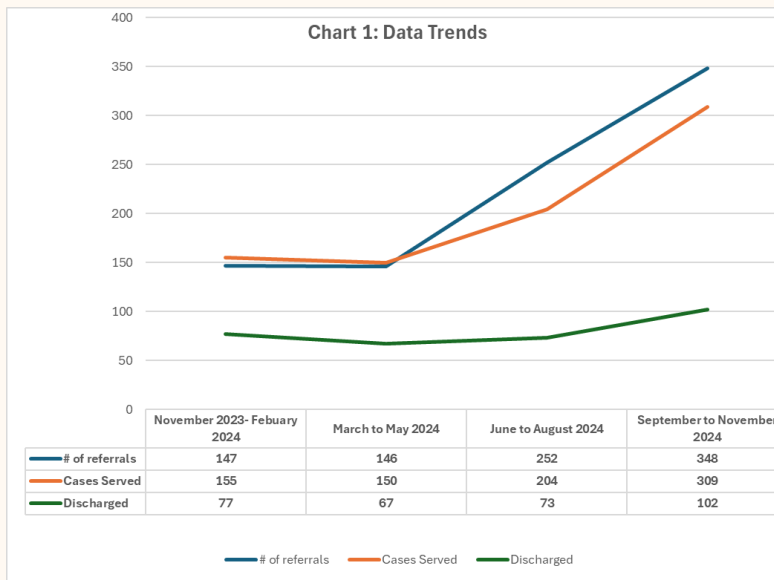


**79% OF YOUTH WITH
NO NEW ARRESTS**

REFERRALS



The total number of referrals of youth continues to rise, from 252 referrals in the last quarter to 348 referrals in the current quarter. This trend reflects the outstanding outreach efforts to increase awareness of MST among stakeholders and the access to MST services for youth and families in Texas. Along with the increase in referrals this quarter, the number of cases served increased by 51% in September to October 2024, compared to the previous quarter (Chart 1). Additionally, there was a 39% increase in the number of discharges this quarter, compared to the last. More than half of the referrals were received from the Juvenile Probation department, followed by Mental Health sources, and Child Welfare (Chart 2). There is also a growing number of referrals from Educational and Legal institutions. Chart 1 below illustrates the number of referrals, cases served, discharges, and trends across four quarters, from November 1, 2023 to November 30, 2024. Chart 2 displays the distribution of referrals from various sources across the last four quarters.

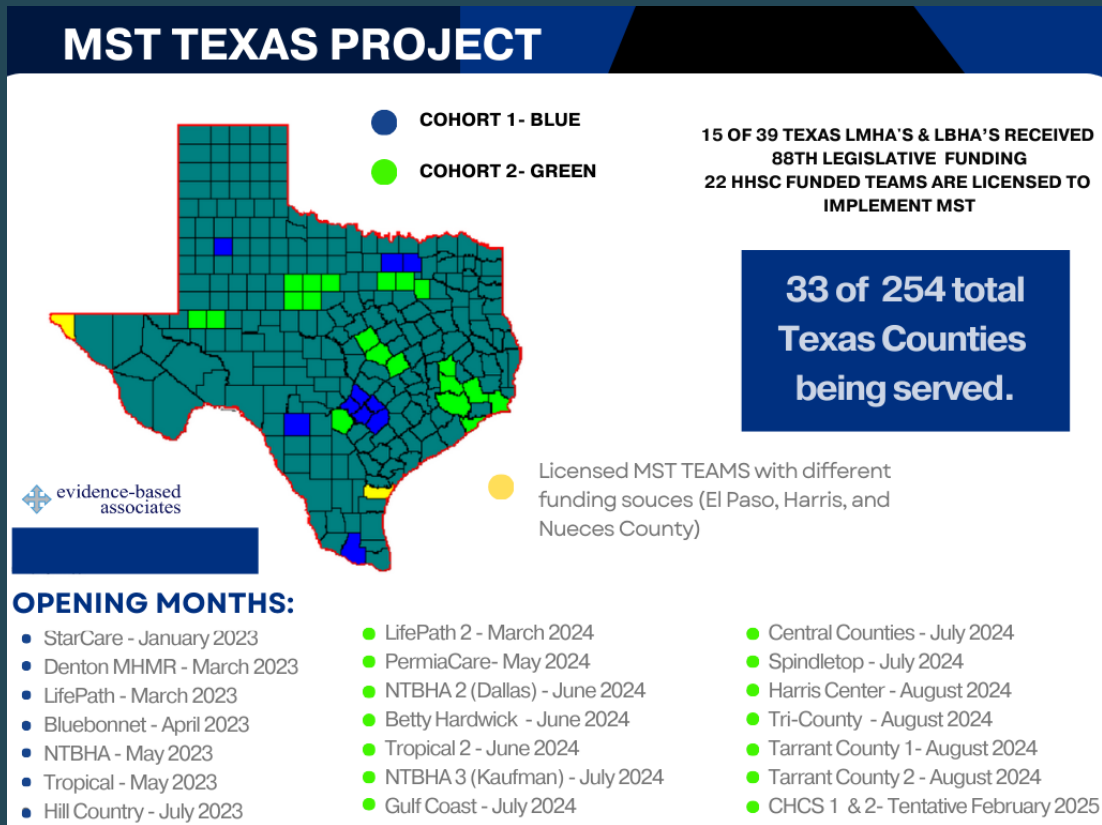


DATA SUMMARY

**Reporting Period:
September 1, 2024 – November 30, 2024**

Number of Referrals Received	348	A <i>referral</i> is described as a youth that has been submitted to the MST Supervisor (written) for screening of MST inclusionary and exclusionary criteria.
Number of Cases Served	309	<i>Cases served</i> are referrals screened and approved for MST criteria and assigned to a Family Intervention Specialist (i.e. <i>therapist</i>).
Total Number of Cases with Opportunity for Full Course of Treatment	84	Cases with opportunity for <i>full course of treatment</i> are youth discharged based upon the mutual agreement of the primary caregiver(s) and the MST team
Number of Referrals from Juvenile Probation	133	<i>Discharge</i> 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,
Number of Referrals from Child Welfare	44	therapist 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.
Total number of Discharges*	102	*This data reflects the total number of discharges across time within this quarter. Some of these youths were referred from previous quarters. MST model <i>target value</i> of youth living at home, in school/working, and youth with no new arrests is 90%.

SERVICE PROVIDER MAP



The Texas project continues to thrive, delivering strong outcomes for youth and families. Data consistently demonstrate that at least of 80% of youth and families served by MST experience positive outcomes, youth living at home, participation in school or work, and no new arrests. These outcomes help reduce recidivism and enhance public safety in each local community. Combined with significant cost savings, MST remains an effective solution for youth at risk of justice involvement and out-of-home placement. EBA and MSTs remain committed to excellence in service delivery, collaboration with community partners, and dedication to the well-being and success of youth and families.

MOVING TOWARD 2025...

QUARTER 1, FY 25 GOALS

December 1, 2024 - February 28, 2025

1. Continue to increase the overall number of referrals received across the state and ensure a robust referral flow.
2. Expand the stakeholder network and strengthen relationships with current stakeholders.
3. Improve staff retention.
4. Onboard and fully staff two additional teams in Bexar County to begin accepting referrals in the San Antonio area.

WHAT CAN OUR STAKEHOLDERS EXPECT?

1. Local on-site stakeholder meeting in San Antonio aimed at aligning the needs of the community with LMHA's services.
2. Virtual stakeholder meetings for existing teams.
3. Enhanced referral utilization through active collaboration, adherence to MST model fidelity, quality assurance, training, and ongoing improvement efforts.
4. Increased awareness of MST within local communities to ensure it is accessible to those in need and meets the required criteria for services.

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