MST Services State Success Guides

Gain helpful insights on how to implement MST by learning about other states' paths to success. This guide will share the history of MST in five states, what makes MST strong in each state, and what lessons the states learned along the way.

MST® Services

Proven Results
for Families and Communities

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Services

Invest in the Evidence

In today's era of tight budgets and demands for high accountability, states feel the pressure to invest in programs that will give them the most bang for their buck. The best way to meet these demands is by investing in evidence-based programs (EBPs) where research demonstrates that they achieve intended outcomes.

MST: Proven results for families and communities

Multisystemic Therapy (MST) is the leading EBP in the field of juvenile justice. Whereas traditional approaches to treating delinquent youths— such as incarceration and out-of-home placements — are tremendously costly and ineffective, MST's effectiveness has been proven time and again.

MST features the largest body of evidence, by far, of successful interventions for high risk youth

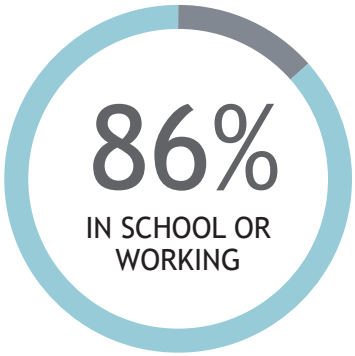
60+ STUDIES

$75m+ RESEARCH FUNDING

130+ PEER-REVIEWED JOURNAL ARTICLES

48,000+ FAMILIES INCLUDED ACROSS ALL STUDIES

MST has been proven effective over the course of decades, not months. Long term follow-up studies found that MST reduces rearrests by 54% over 14 years, violent felony arrests by 75% over 22 years and caregiver felony arrests by 94%. The treatment generates a net benefit of up to $200,000 per youth.



* AT THE CLOSE OF TREATMENT*

info@mstservices.com
www.mstservices.com

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Learn from other states' success stories

While MST's track record is impressive, the challenge of implementing a new evidence-based practice can be intimidating. To help states overcome that challenge, and better visualize how they can start successful MST programs in their communities, MST Services has compiled this State Success Guide. The guide outlines how five states implemented MST, and what lessons they learned.

Some key takeaways from the guide:

- ***Collaboration between state officials and providers is critical for success***. All the states talk about how invested stakeholders at the state level have helped make the difference in getting programs off the ground smoothly and sustaining operations in the long run.

- ***Diversify funding streams***. Several states tap into multiple funding streams to improve financial sustainability of their programs. In New Mexico, providers use mental-health and juvenile-accountability block grants to cover program startup costs and then fund ongoing operations through Medicaid. In Ohio, providers access Medicaid and grant funding to ensure that they can serve a diverse population of youth, including those that aren't Medicaid eligible.

- ***Provider communication and collaboration***. Having frequent communication and collaboration between provider agencies is another best practice that can help states troubleshoot challenges and circulate ideas for improvement. Providers in Connecticut meet quarterly with state stakeholders to share their outcomes and testimonials. In New Mexico, providers meet quarterly to remove implementation barriers and celebrate each other's successes.

Read on to learn more about the history of MST in these five states and gain insight from their experiences. Once you're ready to initiate an MST program, reach out to our team at MST Services, and we'll work with you to develop a game plan for success in your state.

Contact us at info@mstservices.com, 843-856-8226, or at www.mstservices.com

MST® Services

Charleston
710 Johnnie Dodds Blvd, Suite 200
Mount Pleasant, SC 29464

Atlanta
3490 Piedmont Rd NE, Suite 1250
Atlanta, GA 30305

For More Information:

Phone
843.856.8226

Email
info@mstservices.com

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MST State Success Guide

Connecticut

How MST came to Connecticut

In the late 1990s and early 2000s, the state of Connecticut was grappling with a challenge that is quite familiar for state officials: many of their youth programs were not effective. In 2004, a report found that Connecticut's services provided were often making youth worse off than they were prior to treatment. As a result, the Court Support Services Division (CSSD) began investigating alternative programs.

At that time, there were a few MST providers operating in Connecticut, and CSSD quickly identified MST as an effective treatment for youth. They decided to invest heavily in MST, launching 15 MST teams in just 18 months. It was a huge initiative, but by focusing on relationship building and communicating the effectiveness of MST, the state made the endeavor a success.

MST Champions

Pete Panzarella, the statewide director for substance abuse services for DCF, played a crucial role early on by helping start the initial teams in Connecticut. Equally as important to the development of MST was Julie Revaz, with the judicial branch of CSSD, who was another early champion of MST.

Their early advocacy of MST set the stage for a sustained interest by the state in the program. As a whole, the state is very supportive of and invested in evidence-based programs for youth, and highly values MST due to its emphasis on data monitoring and quality assurance.

"It was easy to champion MST. Once I finally made the conceptual commitment to it, I began to see the proof that this parent-focused intervention with its resultant sustainability is an effective remedy for addressing the complex needs of children in our system. And, most importantly, it's what I'd want for my daughter if she were to find herself in the spot that so many children do."
—Julie Revaz,
Connecticut Judicial Branch

Strengths of MST in Connecticut

State stakeholders have developed a strong interest in learning about the model and engaging with the MST process. Officials from funding agencies often attend Program Implementation Review meetings, during which MST experts and providers discuss the strengths and challenges of implementation. State stakeholders learn from experts and gain insight into outcomes, and can help set and evaluate goals for the MST program.

The state also holds quarterly meetings to bring together all the MST providers, as well as stakeholders from both the Court Support Services Division and the Department of Children and Families ("DCF"). These meetings allow teams to share data and testimonials about their successes, and help state officials understand the impact of MST. Through these meetings, agencies have developed a strong network of support with other providers as well as the funding agencies that contribute to the continued success of the MST program.

Lessons Learned

Connecticut took on an ambitious project in launching many MST teams at once. The initiative required substantial resources and resulted in significant change. Connecticut proved that it is possible to implement a large-scale project successfully. Much of their success hinged on developing strong relationships. To foster the necessary trust, state officials implemented transparent Program Implementation Review meetings, which allowed providers and funders to share information and build rapport. MST supervisors often hold office hours in the Department of Children and Families as well as in probation offices. These regularly scheduled sessions make it easier for stakeholders to interact and form important bonds.

Another lesson learned from Connecticut's experience is the benefit in proactively generating interest and enthusiasm in the MST program. MST stakeholders have prioritized sharing the successes of the program. Last year, the program held a statewide celebration that brought together all the MST stakeholders, as well as MST families who have benefited from the service. The stories and experiences shared by the families and stakeholders provided a powerful testimony to the impact of the program.

CONNECTICUT OUTCOME DATA

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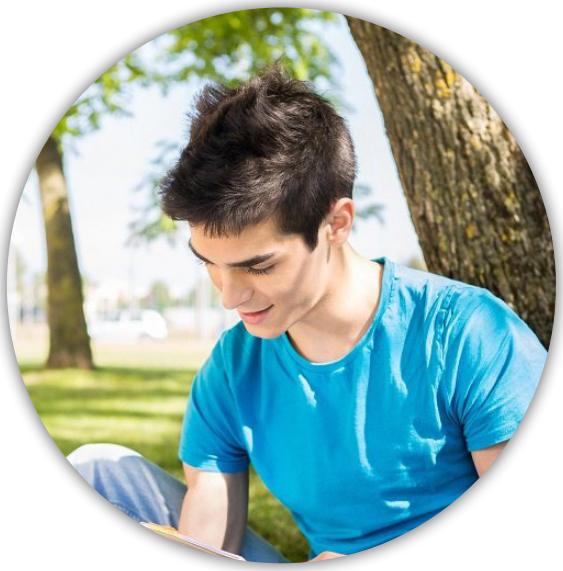
MST State Success Guide

Louisiana

How MST came to Louisiana



Louisiana was an early adopter of Multisystemic Therapy (MST). The initial wave of research on the treatment model caught the eye of researchers in the state, who were impressed with the outcomes reported and advocated for the state to adopt the model. In 1995, the first MST team was funded through a criminal justice grant, and over the years the model grew steadily, thanks largely to strong support from the court system.

In 2001, the Louisiana Supreme Court provided significant funding to the Jefferson Parish Health System Authority (JPHSA) to support their MST program – enough funding, in fact, to offer MST to every youth going through the state's drug court system.

The state has remained a steadfast supporter of JPHSA's MST program throughout the years, providing key funding and even helping the program restart after Hurricane Katrina disrupted their service in 2005. Today, there are over 50 MST teams in JPHSA's network partnership, funded through a combination of Medicaid support as well as state Supreme Court funding.

MST Champions

Stephen Phillippi, with LSU's Health Sciences Center, is a key champion of MST. His work in rewriting the standards for the youth drug court were instrumental in the growth of MST, and he continues to advocate at the state level to promote widespread use of evidence-based practices in general.

Additionally, Dr. Hussey, the Director of Louisiana's Office of Behavioral Health, helped pioneer the original funding of MST in the state, and went above and beyond the call of duty in attending a 5-day training for MST therapists, in order to be better informed to advocate for the service at the state level.

"MST has played an integral role in the success of our clients. I feel like we have seen some deep successes in the clients we have referred over. MST therapists are always available to advocate for their clients and are always willing to help navigate difficult situations."
-Harpreet Samra, Louisiana Center for Children's Rights

Strengths of MST in Louisiana

The success of Louisiana's MST program can be attributed, at least in part, to the program's effective collaboration with the state to fund and support the MST teams. Through the early years of development, the program worked with the state to find ways to bring MST to their communities – even in times of severe hardship, such as after Hurricane Katrina. Additional collaboration led to a revision of the Louisiana drug-court standards to implement a requirement for evidence-based programs as treatment offered to youth – changes that increased demand for MST across the state. In working with the court system, the Division of Child and Family Services, and the Medicaid offices to fund MST, Louisiana's MST program demonstrates that collaboration and common commitment to the program are keys to success.

Lessons Learned

Louisiana MST, like many other Medicaid-funded MST programs, has had to overcome the challenge of sustaining their teams while only being able to bill for a subset of all their activities and costs. Since Medicaid can only be billed for direct treatment costs, and can't be billed for start-up costs or administrative activities, there is a challenge in getting teams up and running when they must make significant investments before being able to bill their first dollar. However, Louisiana (like many other states) has shown that this challenge is surmountable, and has proven that Medicaid can be used to finance programs. By championing the long-term outcomes of the model and clearly communicating the impact the treatment has on the lives of troubled youth, Louisiana MST is able to create enthusiasm in providers who are willing to invest in the program, even though returns may be slightly delayed. Generating this commitment to the model, and creating a dedication to do whatever it takes to meet the needs of the youth, is critical to the development of successful MST programs.

LOUISIANA OUTCOME DATA

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MST State Success Guide

New Mexico

How MST came to New Mexico

In 2003, New Mexico's Children, Youth and Families Department (CYFD) decided to shift their financial resources away from residential treatment and incarceration. Instead, they wanted to invest in programs that would keep youth at home and produce more sustainable outcomes. Stakeholders were impressed with MST's evidence base and results, and decided to implement the program statewide.

CYFD leveraged funding from several sources to develop and fund teams. The department used a combination of Mental Health Block Grants and Juvenile Accountability Incentive Block grants to fund the initial development of MST teams. Operational costs were then funded both through Medicaid, as well as state funds earmarked to provide services to non-Medicaid eligible youth.

New Mexico started with pilot MST programs in Santa Fe and Albuquerque, and after those teams demonstrated successful outcomes, the program was rolled out to rural and urban communities across the state. The success of the program was undeniable, and it wasn't long before Managed Care Organizations enthusiastically got on board with the new service and partnered with CYFD to recruit additional provider agencies.

MST Champions

At the state level, members of CYFD support delivery of MST, help agencies find funding opportunities, and promote creative ways to expand service-delivery options for youth who are not eligible for Medicaid.

At the local level, directors of provider agencies play a key role in the success of MST. They trouble shoot implementation challenges, and use their networks to spread the word about MST. The Center for Effective Interventions coordinates these efforts across agencies and co-directs a statewide steering committee to promote best practices across the state.

"I became increasingly skeptical that all the funds we were spending were actually helping our clients. This is when I began looking for alternatives. Alternatives to out of home placement and alternatives that were evidenced based. MST became our go to program for both of these objectives".
-Ken Warner
former Chief, Children's Behavioral Health Bureau

Strengths of MST in New Mexico

Above all else, providers in New Mexico are committed to delivering the service effectively in all corners of the state. This commitment to the model has fostered a deep sense of collaboration and partnership between providers, who have formed a strong support network to help each other overcome challenges. The providers meet quarterly to celebrate each other's successes and strategize solutions to implementation barriers. This eagerness to work together has resulted in significant advances over the past year, which have helped providers deliver MST more effectively. The importance of providers who are willing to collaborate – and not view each other as competition – is crucial to supporting a robust MST program that will sustain for years to come.

Lessons Learned

MST therapists are at the heart of the program's success, and New Mexico's MST teams have found that attracting qualified applicants for therapist positions requires a lot of hard work and collaboration. While recruitment can seem like a huge challenge, particularly in rural areas, New Mexico has learned that leveraging their MST support network can help overcome this obstacle. Their teams take proactive steps to facilitate the recruitment process by partnering with local colleges and universities to share information on MST, and by finding opportunities to present the successes of MST at regional conferences. Additionally, MST experts are trained in the recruitment process and provide substantial support in developing interventions and action plans to attract quality candidates. Bringing that expertise into the process helps New Mexico address their recruiting needs more effectively.

NEW MEXICO OUTCOME DATA

$134m SAVINGS RELATIVE TO ALTERNATE TREATMENT

87% WITH NO NEW ARRESTS

75% PASSING MOST CLASSES

84% NO DISCIPLINE PROBLEMS IN SCHOOL

AT THE CLOSE OF TREATMENT

SOURCE: New Mexico's Children, Youth and Families Department (CYFD)

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MST State Success Guide

North Carolina

How MST came to North Carolina

In 2009, North Carolina's juvenile justice system needed a new answer. The state had been experiencing high rates of juvenile incarceration, which started to cause significant budgetary stress on the system. Soon, budget cuts were necessary and the state began to close group homes for delinquent youth.

In response, policy leaders voiced increasing support for evidence-based practices (EBPs) to reduce the long-term cost of youth services. In particular, Multisystemic Therapy (MST) was identified as a solution to North Carolina's financial problems, given its track record of saving taxpayer dollars and its emphasis on service provider accountability.

To ensure quality service delivery, the state revised their Medicaid standards for MST to assign a major role for provider accountability to MST Services (MSTS) through the licensing and ongoing program support associated with its treatment model. The growth in MST in North Carolina has been particularly impressive – in 2008, there were 8 MST teams in operation, and today that number has grown to 33.

MST Champions

North Carolina benefits from a diverse group of stakeholders who are committed to helping evidence-based programs succeed. These stakeholders meet frequently to troubleshoot implementation challenges, and problems when funding issues.

In particular, MST benefits from having champions in the Division of Mental Health, as well as in the Departments of Public Safety and Juvenile Justice. There are also crucial advocates in provider agencies, such as Beacon Health Options, as well as in the various MCOs across the state.

"I wanted to send you a note and let you know how helpful the MST therapist has been to our family. She has given us consistency and guidance that we have sorely needed. She is such an intuitive, intelligent counselor....I wish more parents had the benefit that MST has provided to us."
- Mother of an MST Youth

Strengths of MST in North Carolina

The MST program in North Carolina benefits from a strategic state vision. The state values the services provided by MST and has asked MST Services to oversee the expansion of teams, focusing on the sustainable growth of the program. This strategic vision has led to the development of a stringent assessment process when agencies want to begin new MST teams, which allows the MST program to ensure there is no oversaturation of providers. This smart and strategic growth plan has contributed to a strong network of providers across the state, and minimized competition between agencies for referrals.

Lessons Learned

MST has been tremendously successful in North Carolina, and the significant growth in MST has inspired the program to double down on their efforts to educate stakeholders, particularly referral sources, on both the criteria for MST and the impact of the program. The program emphasizes training of their internal staff – such as supervisors and program managers – so that they can be effective in communicating the unique features of MST that make it so successful. This commitment to educating stakeholders about the proven effectiveness of MST is crucial to the success of any MST program.

In particular, North Carolina closely monitors the utilization rates of their existing teams to identify situations in which use of MST may not be fully optimized. They use low utilization as an opportunity to reengage stakeholders and to ensure that the benefits of MST are being clearly communicated. Future teams should take note of this approach to monitoring utilization and being proactive about engaging stakeholders to foster success in their own MST programs.

NORTH CAROLINA OUTCOME DATA

AT CLOSE OF TREATMENT

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MST State Success Guide

Ohio

How MST came to Ohio

In the mid-1990s, the Ohio Department of Youth Services (ODYS) underwent research that revealed significant barriers to meeting the mental health needs of the incarcerated youth in their care. Motivated to address this, the department began looking for alternative treatments for delinquent youth – a search that quickly led to Multisystemic Therapy (MST).

At the time, there were already a handful of MST teams operating in Ohio, but the state soon embarked on an initiative to greatly expand access. In 2000, the Ohio Department of Mental Health formed the Center for Innovative Practices (CIP), a center of excellence focused on bringing MST to interested communities across the state.

Today, CIP supports 12 MST teams in 12 counties across Ohio. The program relies on a diverse stream of funding sources, braiding funds from Medicaid, state grants, and county mental health and recovery services boards. Some provider agencies have started billing for treatments through private insurance, allowing the program to serve a broader population.

MST Champions

At the state level, the Ohio Department of Youth Services (ODYS) provides key funding that enables MST to serve a broad population of youth across the state. Also at the state level, the Ohio Department of Mental Health and Addiction Services (OMHAS) helps to support activities that educate communities about evidence- and community-based treatments.

At the local level there are countless champions across systems, from advocates in county mental health and addiction services boards, to supporters in juvenile courts, to promoters in children's services systems. All of these champions understand the value MST brings to their communities, and are committed to supporting the program.

"We could not be happier with MST and the services that they provide for our youth and families. The home based model overcomes many of the challenges that a county of our size deals with on a regular basis. By engaging the family and other key community supports, the court is not sending rehabilitated youths back into the same dysfunctional environment."
- Judge Albert Camplese, Ashtabula County Juvenile Court

Strengths of MST in Ohio

Ohio's use of multiple funding streams is one of the program's greatest strengths. Braiding funds from diverse sources is a highly recommended practice for MST, and Ohio has figured out how to effectively use Medicaid funds, state grants and local funding to support their MST teams. The program strives to ensure that all youth, regardless of their Medicaid-eligibility, can access MST without cost being a barrier.

In particular, ODYS' RECLAIM Ohio initiative is a valuable funding resource. RECLAIM is a grant program that provides funds to services that divert youth from incarceration. The program then takes the savings from reduced youth incarceration and reinvests them in community-based therapies, providing a sustainable funding source. More recently, leaders at CIP were part of group in Ohio that have successfully advocated for a Medicaid rate increase, which will allow them to nearly double the amount of reimbursement they can bill per hour.

Lessons Learned

Ohio's MST program is an excellent example of the importance of having braided funding streams. By relying on grant funding, as well as on local support, the MST teams in Ohio are more resilient and can better handle funding challenges.

Ohio has also been successful in leveraging regional collaboration to provide MST in rural areas, which typically have struggled to access home-based EBPs. Providers have been able to serve rural areas by creating anchor facilities in larger communities and developing regional branches to serve rural populations. Ohio's Department of Youth Services has supported this approach through regional grants and collaborative support.

Finally, MST teams in Ohio have dealt with a shortage of qualified applicants to fill MST positions. They have overcome this by reaching out to colleges and universities to communicate the benefits of a career in MST. Teams have learned that presenting MST as a unique training opportunity for new clinicians who are working toward licensure can be effective. Graduate students realize that MST therapist positions will expose them to a variety of systems, which will be invaluable for their professional development.

OHIO OUTCOME DATA

AT CLOSE OF TREATMENT

MST® Services

Charleston
4 Carriage Lane, Suite 102
Charleston, SC 29407

Atlanta
3490 Piedmont Rd NE, Suite 1250
Atlanta, GA 30305

For More Information:

Phone
843.856.8226

Email
info@mstservices.com