

# New Mexico MST Expansion

RFA Information Session

May 19, 2020

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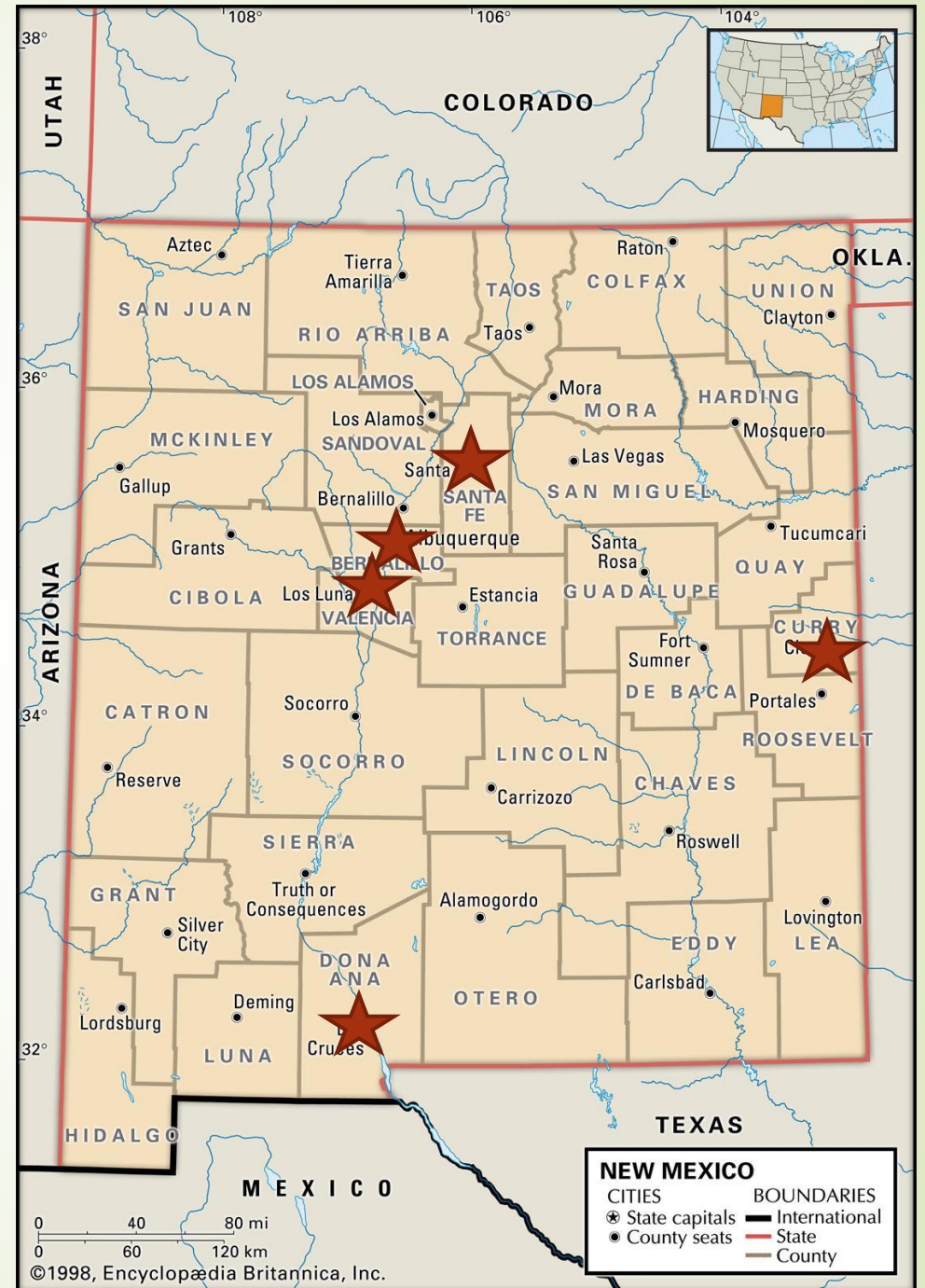


# Center for Effective Interventions

- University of Denver Graduate School of Social Work
- MST Network Partner
- Serving the Colorado, New Mexico, Arizona, western Texas, and Washington areas since 2001
  
- CEI-based Staff:
  - Suzanne Kerns – Executive Director
  - Andie Uomoto – Assistant Director
  - Chris Mason – MST Expert
  - Dana Garofalini –MST Expert
  - Cory Robbins – MST Expert

# Multisystemic Therapy in New Mexico

- 2020:
  - MST: 9
  - MST-PSB: 4
  - Rio Arriba, Sandoval, Santa Fe, Bernalillo, Valencia, Roosevelt, Quay, Curry, De Baca, Harding, Dona Ana
- 2015:
  - MST: 19
  - MST-PSB: 4
  - Served 25 counties





# New Mexico Expansion

- Goal: Increase MST service availability within New Mexico
  - Serve 180+ new families within the first year of implementation
  - Build 4-5 new teams in underserved regions of New Mexico
- Approach:
  - During Year 1
    - Initial start-up, including site readiness, hiring support, training, and quality assurance is covered by the project
    - Selected agencies receive about \$120,000 to support initial start-up
  - COVID-19 impacts
    - Will work collaboratively with sites to determine a realistic start-up period.
    - All teams must be established by no later than June 2021

# MST licensure and dissemination



Family Services Research Center (FSRC) at the Medical University of South Carolina



MST Services



MST Institute

Licensed and affiliated organizations:

MST Network Partner Organizations

Local MST Provider Organizations

## What is “MST”?

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on “Empowering” caregivers (parents) to solve current and future problems
- The MST “client” is the entire ecology of the youth - family, peers, school, and neighborhood



# Evidence-Base of MST

- ▶ <https://www.mstservices.com/>
- ▶ One of the most well-researched treatment models
  - ▶ 79 different studies that include over 58,000 families
- ▶ Met “Well-Supported” for the FFPSA Title IV-E Prevention Services Clearinghouse
- ▶ Reviewed by multiple other registries, including Blueprints for Healthy Youth Development, Washington State Institute for Public Policy, the Institute of Medicine, and others.
- ▶ Greatest impacts in:
  - ▶ Keeping youth in their homes
  - ▶ Reducing re-arrests
  - ▶ Improvements in family relations and functioning
  - ▶ Increased school attendance and performance
  - ▶ Decreased substance use
  - ▶ ...and more!

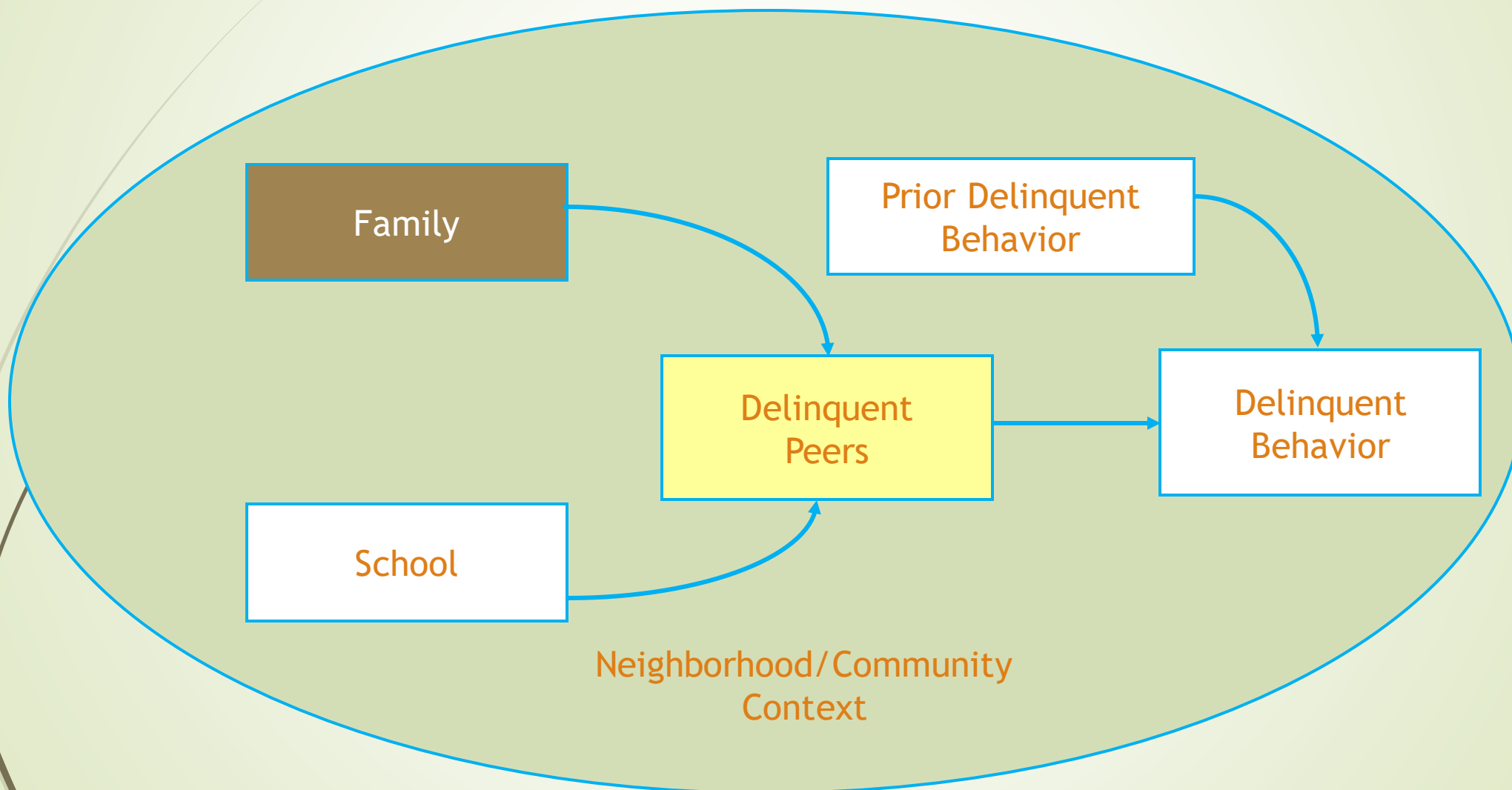
# Theoretical Underpinnings

## Based on social ecological theory of Urie Bronfenbrenner

- Children and adolescents live in a social ecology of interconnected systems that impact their behaviors in direct and indirect ways
- These influences act in both directions (they are reciprocal and bi-directional)



# Causal Models of Delinquency and Drug Use: Common Findings of 50+ Years of Research



# Delinquency is a Complex Behavior

Common findings of 50+ years of research: delinquency and drug use are determined by multiple risk factors:

- Family (low monitoring, high conflict, etc.)
- Peer group (law-breaking peers, etc.)
- School (dropout, low achievement, etc.)
- Community (↓ supports, ↑ transiency, etc.)
- Individual (low verbal and social skills, etc.)

# MST Assumptions

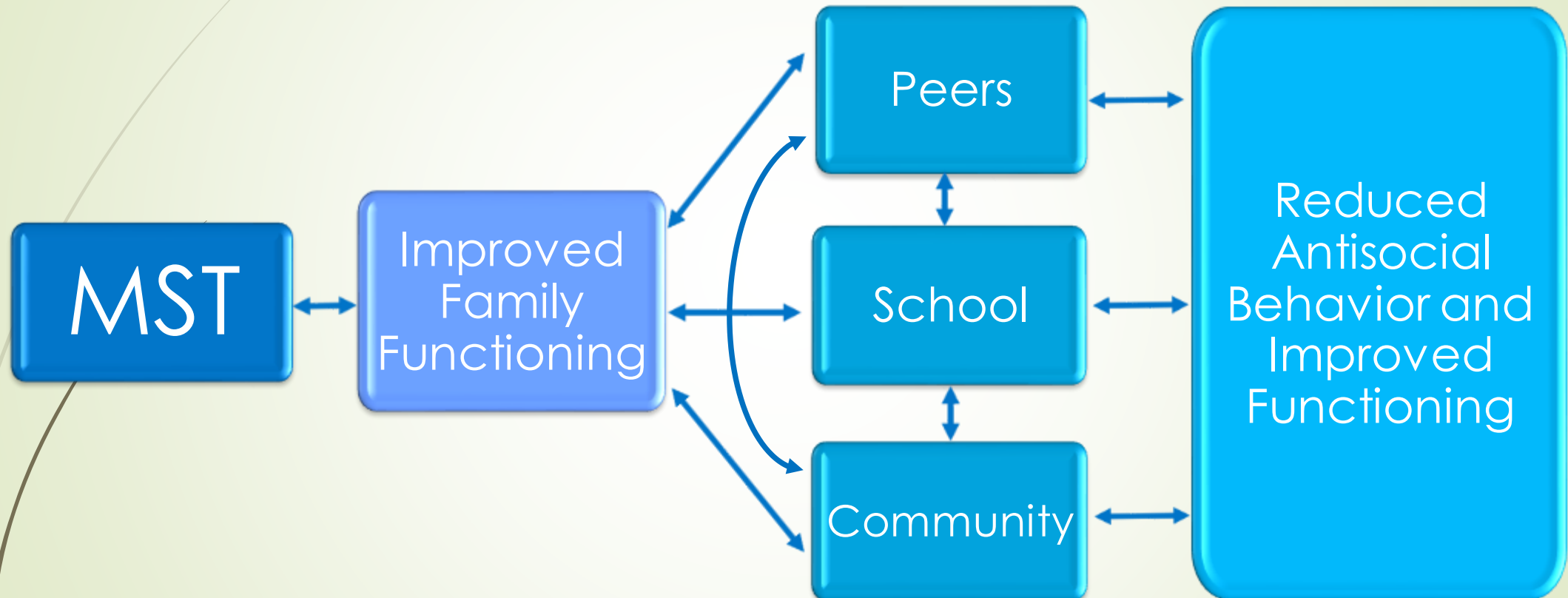
- ▶ Children's behavior is strongly influenced by their families, friends, and communities (and vice versa)
  - Families and communities are central and essential partners and collaborators in MST treatment
- ▶ Caregivers/parents want the best for their children and want them to grow to become productive adults

## MST Assumptions (Cont.)

- Families can live successfully without formal, mandated services
- Professional treatment providers should be accountable for achieving outcomes
- Science/research provides valuable guidance
- And...

**\*\* Change can  
occur quickly \*\***

# MST Theory of Change



## How is MST Implemented?

Intervention strategies: MST draws from research-based treatment techniques

- Behavior therapy
- Parent management training
- Cognitive behavior therapy
- Pragmatic family therapies
  - Structural Family Therapy
  - Strategic Family Therapy
- Pharmacological interventions (e.g., for ADHD)

## Standard MST Referral Criteria (ages 12-17)

### Inclusionary Criteria

- Youth at risk for placement due to anti-social or delinquent behaviors, including substance abuse
- Youth involved with the juvenile justice system
- Youth who have committed sexual offenses in conjunction with other anti-social behavior

### Exclusionary Criteria

- Youth living independently
- Sex offending in the absence of other anti-social behavior
- Youth with moderate to severe autism (difficulties with social communication, social interaction, and repetitive behaviors)
- Actively homicidal, suicidal or psychotic
- Youth whose psychiatric problems are primary reason leading to referral, or have severe and serious psychiatric problems

## How is MST Implemented? (Cont.)

- Single therapist working intensively with 4 to 6 families at a time
- 3 to 5 months is the typical treatment time (4 months on average across cases)
- Work is done in the community, home, school, and neighborhood: removes barriers to service access
  - Adjustments are being made to meet needs via telehealth during COVID-19
- Team of 2 to 4 therapists plus a supervisor
- 24 hr/ 7 days a week team availability: on-call system



## How is MST Implemented? (Cont.)

- MST staff deliver all treatment – typically no or few services are brokered/referred outside the MST team
- MST staff must be able to have a “lead” clinical role, ensuring services are individualized to strengths and needs of each youth/family
- Never-ending focus on engagement and alignment with primary caregiver and other key stakeholders (e.g. probation, courts, children and family services, etc.)
- MST has strong track record of client retention and satisfaction

# Quality Assurance and Continuous Quality Improvement in MST

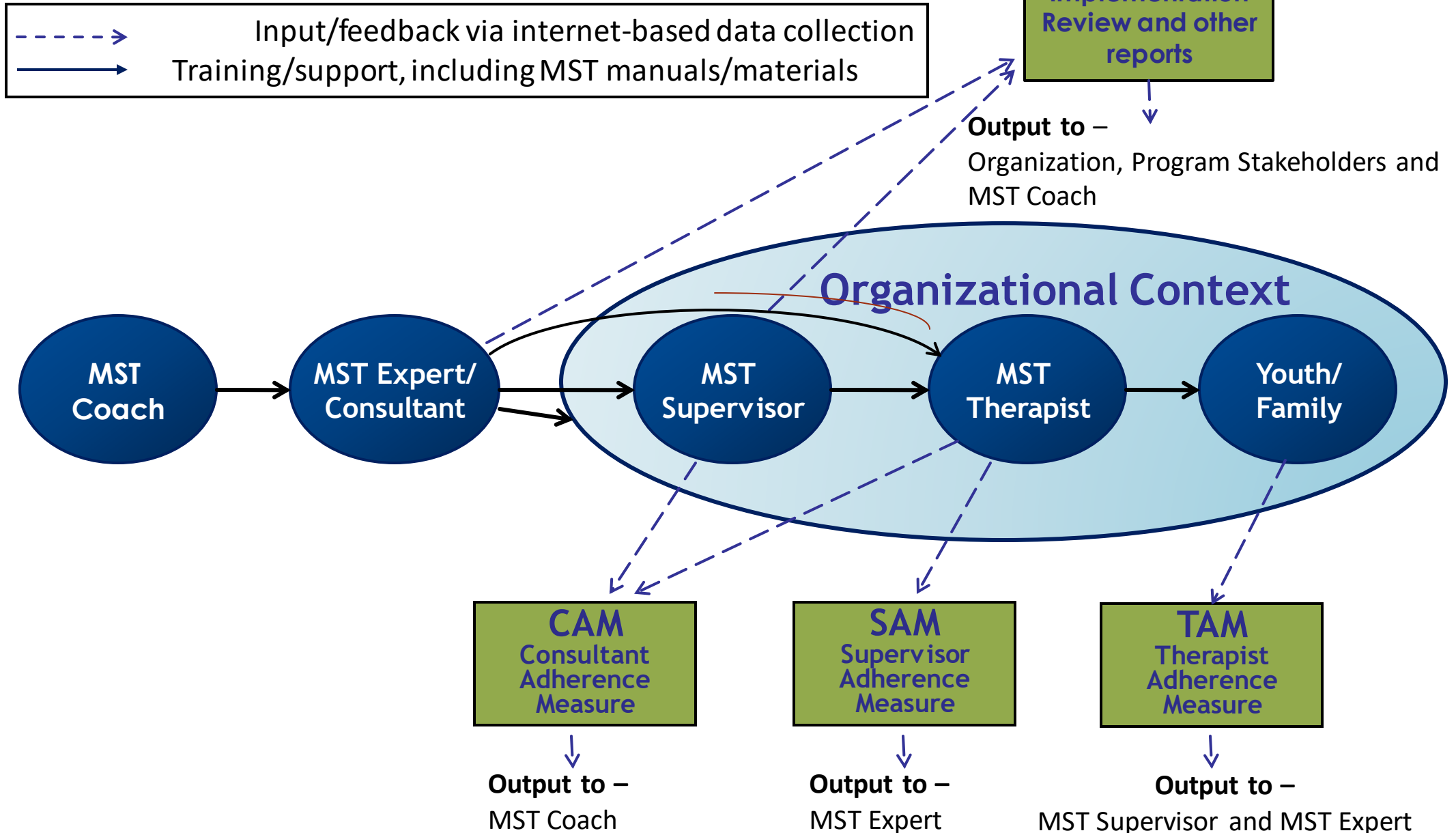
## Goal of MST Implementation:

- Obtain positive outcomes for MST youth and their families

## QA/QI Process:

- Training and ongoing support (orientation training, boosters, weekly expert consultation, and weekly supervision)
- Organizational support for MST programs
- Implementation monitoring (measure adherence and outcomes, and work sample reviews)
- Improve MST implementation as needed, using feedback from training, ongoing support, and measurement

# MST QA/QI Overview



# MST Quality Assurance System



Research-based adherence measures:



TAM-R – youth criminal charges 36% lower for families with maximum adherence score (1) than for families with minimum adherence score (0)

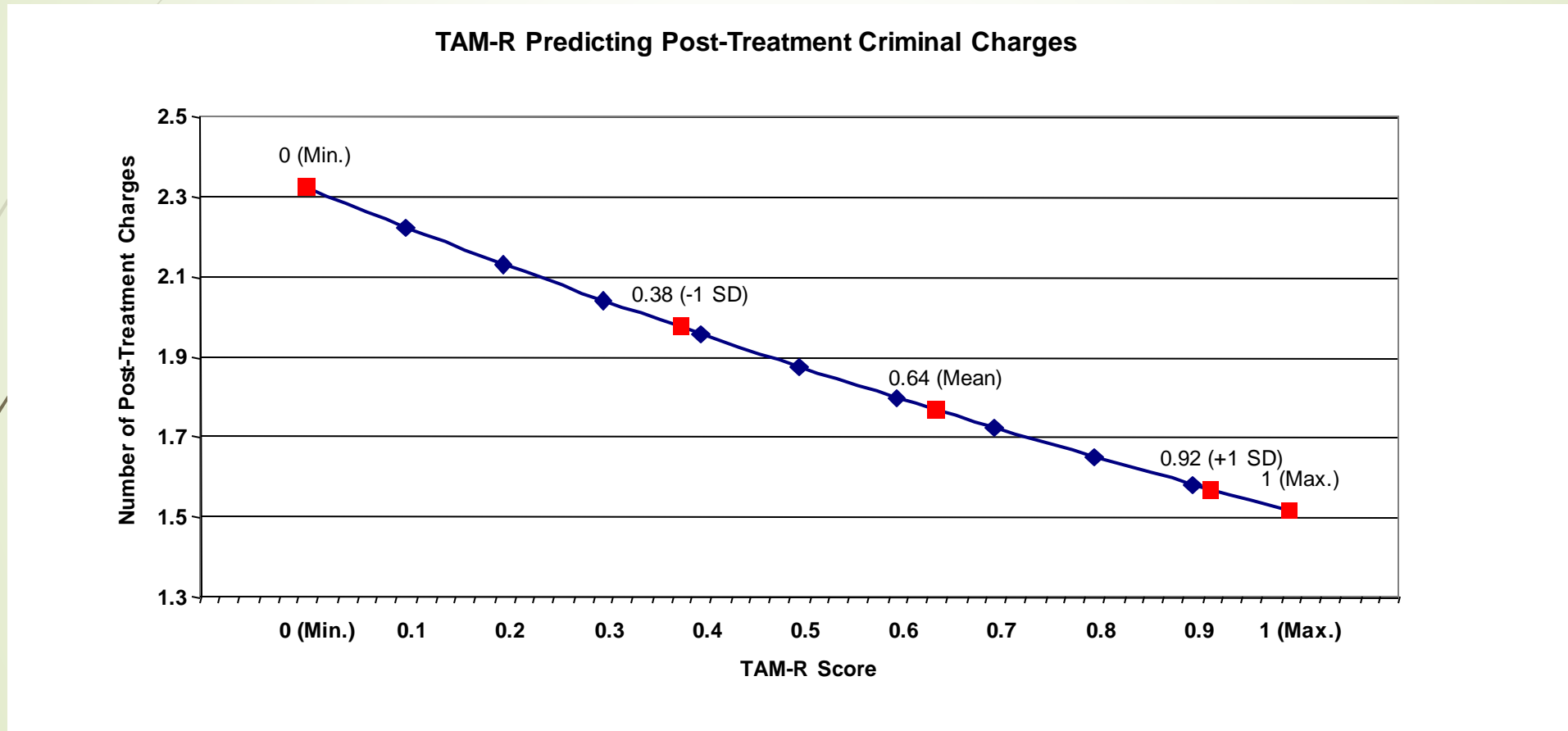


SAMSP – youth criminal charges 53% lower for families with maximum SAMSP score (1) than for families with minimum SAMSP score (0)



CAM – consultant/MST expert adherence predicts improved therapist adherence and improved youth outcomes

# MST Transportability Study: Relationship between TAM-R and Youth Criminal Outcomes (2.3 year follow-up)





# New Mexico Expansion Timeline

- Agencies respond to RFA
- End of May and throughout June: selected agencies participate in a feasibility assessment with CEI
  - Determine that MST is financially viable, and agency has or is willing to develop policies/procedures in alignment with MST best practices
  - If decision is made to move forward, agency will contract with Falling Colors for start-up funding
- July – August: Co-develop an implementation plan, including desired timeline
- According to timeline:
  - CEI provides support with hiring team therapists and supervisor
  - Schedule training
  - Submit Goals and Guidelines
  - Get started!

# Questions?

Thank you for your time and attention

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Slides and the audio recording will be posted at:

<https://socialwork.du.edu/effectiveinterventions>

Click on News and Events!