

MEADOWS MENTAL HEALTH POLICY INSTITUTE

What is the Extent of the Need?

In Texas, there are an estimated **20,000 children and youth** (ages 6-17) either currently or at very high risk for out-of-home or out-of-school placement because of their **mental health needs**. Using the statewide roll-out of MST in Louisiana and other states as benchmarks, we estimate that of these 20,000, approximately **7,000 Texas youth and their families who are eligible for Medicaid** would benefit from MST services.

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

As of January 2023, Texas had a **total of seven teams** that operate primarily through juvenile justice dollars.

MAKE A REFERRAL:

WHO CAN MAKE A REFERRAL?

Referrals can be made from a wide range of sources that come into 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.

WHAT IS THE REFERRAL PROCESS?

Denton County MHMR Center will provide you with a program referral form to be completed. Once the referral form is completed and received, an assessment and determination for appropriateness will be conducted prior to the youth's enrollment into the MST Program.

WHERE DO SERVICES TAKE PLACE?

Services take place in the home, school, and community of the youth and their family. Denton County MHMR Center is servicing families in Denton County.

HOW LONG DO THE SERVICES LAST?

The average length of treatment for MST is 3 to 5 months.

CONTACT US

Questions about MST can be directed to:
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Denton County
MHMR Center



MST[®]
Services

**Supporting
At-Risk Youth**

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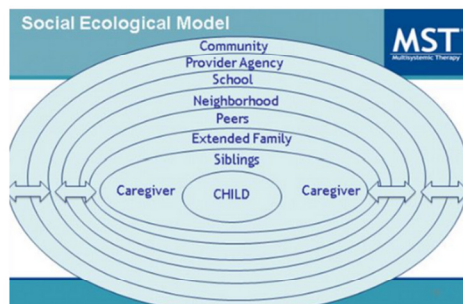


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WHAT IS MST?



Multisystemic Therapy (MST) is an **evidence-based intervention** for youth at high risk of severe system consequences due to serious externalizing, anti-social, and/or delinquent behaviors (e.g., criminal activity, truancy, substance use) and their families. Youth and families receive support within their communities via licensed MST providers, which consists of 1 or more team(s) of 2-4 therapists and a supervisor. MST operates with a **steadfast strengths-based perspective of families**, always assuming that they are doing the best they can with what they have within their own unique circumstances. 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, school, 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?

There is no singular solution to school and community violence but MST can play an important role in prevention. The factors that lead to school and community violence are varied, complicating the identification of a solution. Traditional calls for reform – typically regarding policy and mental health – have failed to generate meaningful change. While traditional debates are important, given the issue’s complexity, there needs to be a discussion about school and community solutions that can help prevent violence. And in that discussion, MST should be considered as a service that schools and communities incorporate into their approaches to preventing violence within both school and community systems.

MST takes an ecological approach to treatment and works in all areas of the youth’s life – home, school, peers, and community – to address concerning behavior and reduce high-risk conduct.

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 anti-social 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