



NEW MEXICO MST OUTCOMES TRACKING PROJECT

2005-2023 EVALUATION REPORT



SCHOOL
OF MEDICINE
DEPARTMENT OF PSYCHIATRY
& BEHAVIORAL SCIENCES



The Kempe Center



**Children, Youth &
Families Department**

STATE OF NEW MEXICO

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RESULTS SUMMARY

Multisystemic Therapy (MST)

New Mexico, 2005-2023 Outcomes

MST is a therapeutic system involving youth with serious antisocial behavior and their families

7,359 youth completed standard MST in New Mexico from 2005 to 2023



66.2%



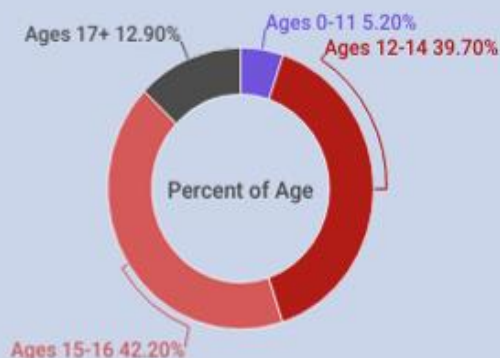
33.8%



Male



Female



Hispanic



White Non-Hispanic



Multiracial



American Indian/ Alaska Native



Black



Asian/ Other



Cost/Benefit Analysis



\$36.1 million in reduced Medicaid expenses

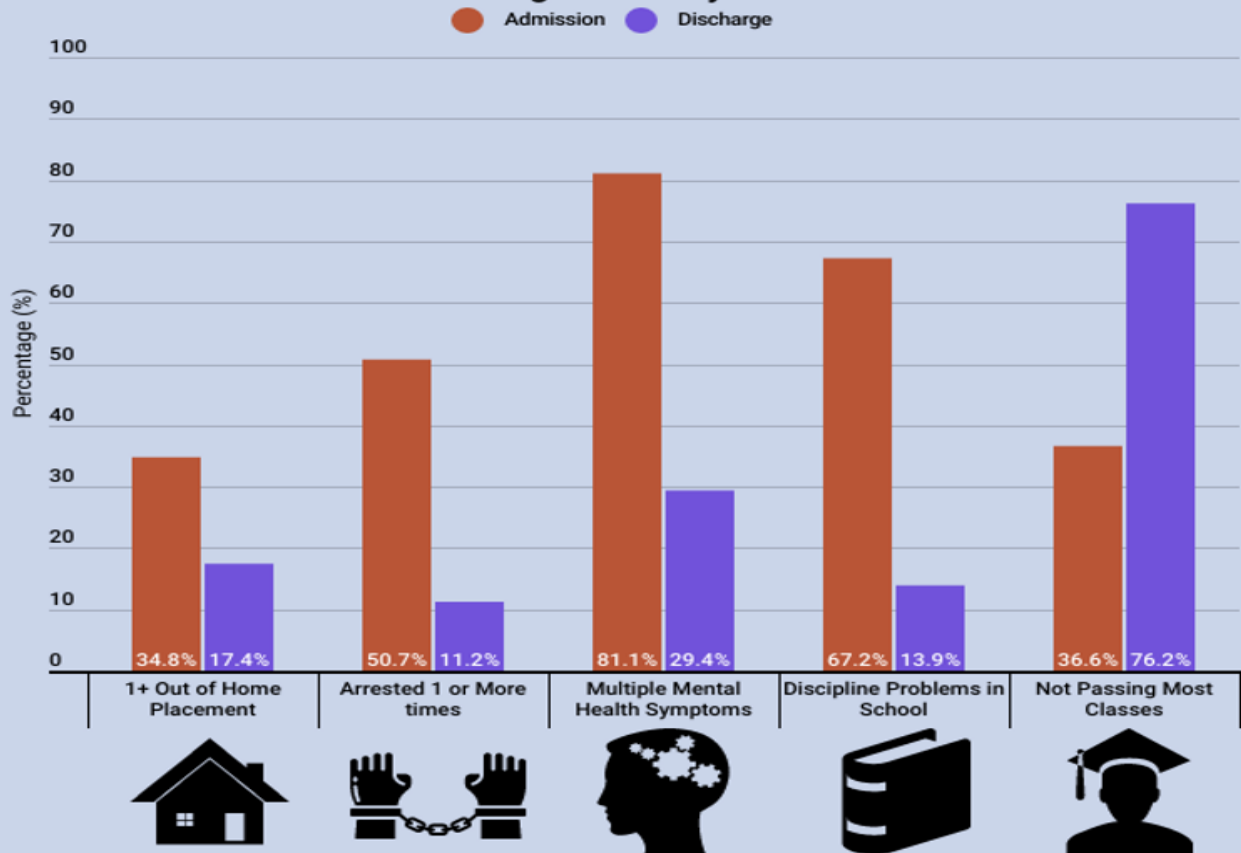
\$124.7 million in reduced crime rate expenses

\$71,382 saved Per Youth Participant

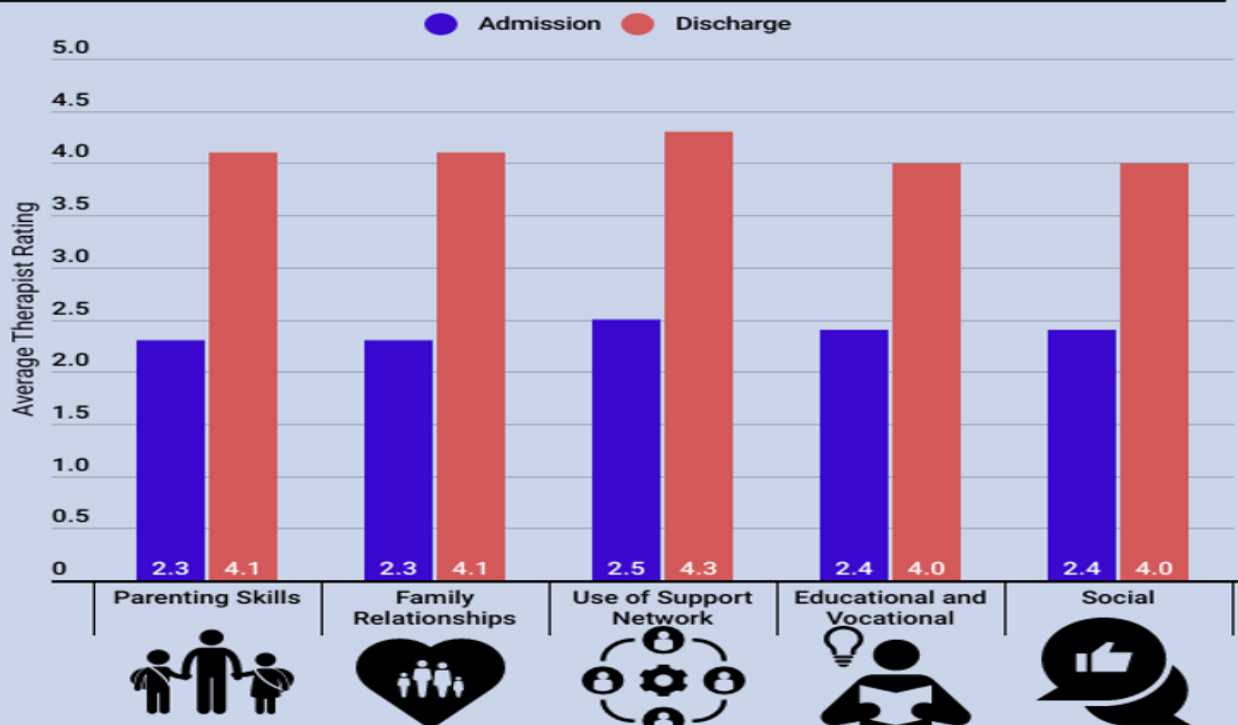
Every Dollar Spent on MST resulted in **\$5.87** in Community Benefits

OUTCOMES (Standard MST)

Positive Changes in Every Area Studied



Increase in 5 Key Indicators of Family Functioning



INTRODUCTION

Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive home-, family-, and community-focused treatment for youth with serious antisocial behavior and their families. MST has been shown to reduce the youth's criminal offending, out of home placements, and behavioral health issues and to improve family functioning. Developed by Dr. Scott Henggeler in the 1970s, MST teams are now located in 34 states (and the District of Columbia) and 14 countries outside the United States¹. In New Mexico, MST teams served 81.8% (27) of the state's counties between July 2005 and June 2023.

New Mexico MST Outcomes Tracking Project

BACKGROUND

Implementation of MST in New Mexico began in late 2003 with program evaluation funding provided by New Mexico's Children, Youth & Families Department (CYFD). In March 2005, the New Mexico Outcomes Tracking Project (NM-OTP) combined efforts and resources with the University of Colorado-Anschutz Rocky Mountain MST Network (RMN), which had contracted with Focus Research & Evaluation to create and pilot a statewide outcomes database for youth who received MST treatment in Colorado. The MST Institute (MSTI) joined the collaboration early in the development phase. In 2016, the University of New Mexico Health Sciences Center's Division of Community Behavioral Health (CBH) assumed the role of evaluator for the NM-OTP.

The collaboration ultimately produced the Colorado/New Mexico Enhanced MSTI Website (www.ebasesystem.org). This site, which is available through the national MSTI website, allows clinicians easy and secure access to data entry and routine reporting. The NM-OTP provides demographic and outcome data regarding youth and families who have received MST services from New Mexico's MST provider agencies.

PARTNERS

This evaluation report is a joint product of the collaboration between these entities. Together, the partners developed the database and tracking system that provided the foundation for separately funded and reported MST evaluation efforts in New Mexico and Colorado.

- **CYFD** – provides co-leadership, coordination and funding for the program evaluation.
- **RMN** – provides support, training, and consultation to MST teams in New Mexico and surrounding western states. RMN shares leadership of the program evaluation.
- **MSTI** – a non-profit organization provides web-based database management information systems and quality assurance tools to programs implementing MST.
- **CBH** – provides support to MST providers for data collection and produces annual statewide and agency-specific outcome reports through ongoing collaboration with MSTI and CYFD.

¹ Licensed Teams. MST Services, Inc. <http://mstservices.com/index.php/teams/licensed-teams>. Accessed on November 14th, 2023.

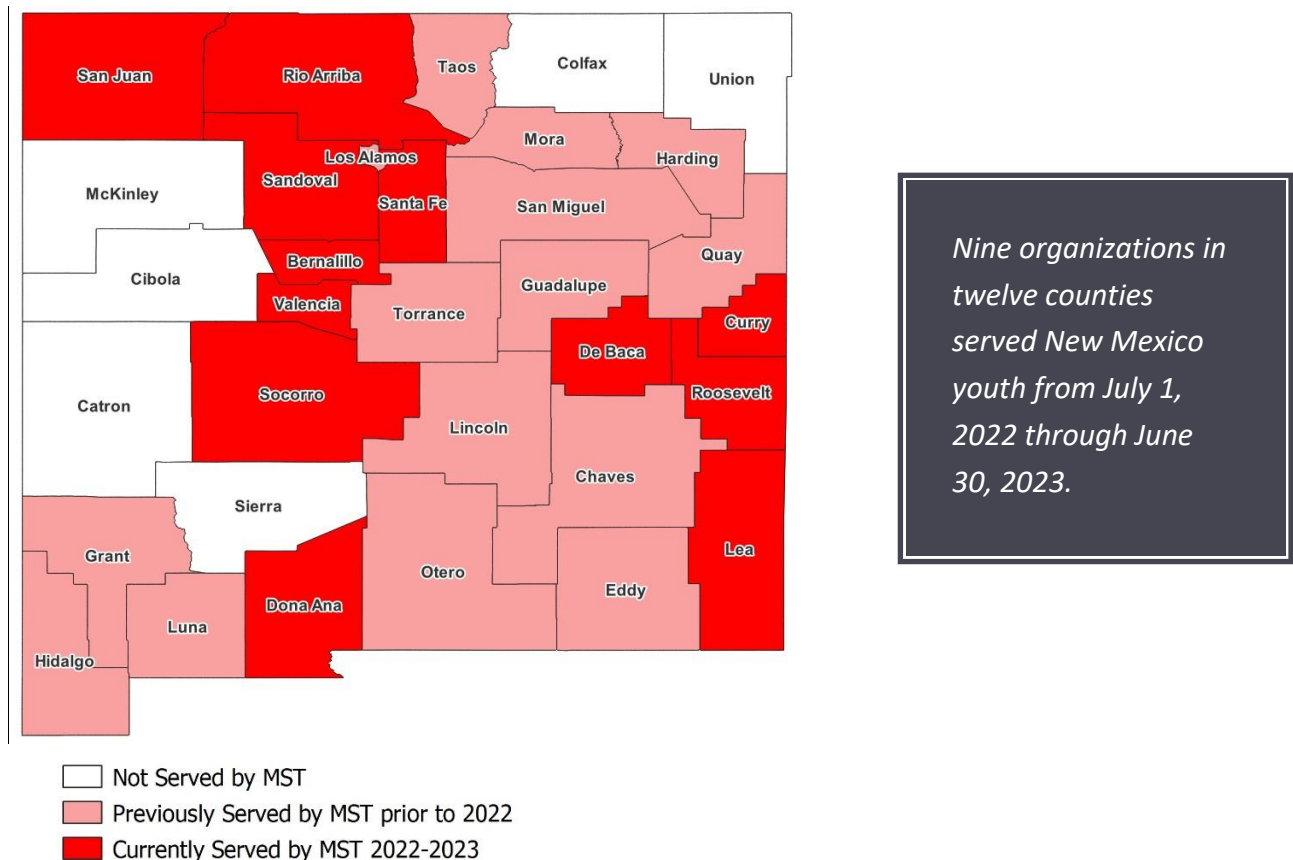
PROVIDER AGENCIES

During July 2022-June 2023, nine organizations were operating 21 MST Teams in their catchment areas. Of these teams, 4 were specialized MST-Problem Sexual Behavior (MST-PSB) Teams. The parent organization, number of teams and catchment areas are listed in Table 1. Owing to the funding mechanism for MST in NM, most of the youth were Medicaid eligible.

TABLE 1. NEW MEXICO'S MST PROVIDER ORGANIZATIONS, TEAMS, AND CATCHMENT AREAS

Provider Organizations	Teams	Catchment Areas (Counties)
Desert View Family Counseling	1 Standard MST	San Juan
Faith Works (formerly Faith + Grace)	4 Standard MST	Bernalillo, Sandoval,
Guidance Center of Lea County	1 Standard MST	Lea
La Clinica de Familia	1 PSB	Don Ana
Mental Health Resources	1 Standard MST	Curry, Roosevelt, De Baca
Presbyterian Medical Services	1 Standard MST	Santa Fe
Pecos Valley Counseling	1 Standard MST	Socorro, Valencia
Southwest Family Guidance Center	6 Standard MST, 3 PSB	Bernalillo, Sandoval, Valencia, Rio Arriba, Santa Fe, Dona Ana
University of New Mexico	2 Standard Teams	Bernalillo

FIGURE 1. PENETRATION OF MST IN NEW MEXICO BY COUNTY DURING 2022-2023



DATA SOURCES

Data are collected on all youth when they are admitted to and discharged from MST treatment. These data are entered into the **MSTI online database** by MST therapists and supervisors. An independent contractor, Advanced Behavioral Health, conducts telephone interviews with caregivers of youth who complete MST treatment at six- and twelve-months post discharge. The 10,282 youth who were admitted and discharged between July 1, 2005 and June 30, 2023 and who completed standard MST (n = 7,359) and MST-PSB (n = 331) treatment were included in this fiscal year's analysis. Six- and/or twelve-month post discharge follow-up data were collected for 3,524 (47.9%) of the youth receiving standard MST services; 2,080 (28.2%) had data at four time points (i.e., admission, discharge, and six and twelve months after discharge). Among youth who received MST services for problem sexual behavior, six- and/or twelve-month post discharge follow-up data were collected for 160 (48.3%) and 90 (27.2%) had data at all four time points. This database is the primary source of data for this report.

CYFD's Juvenile Justice Family Automated Client Tracking System (FACTS) database was utilized to examine juvenile justice filings for youth receiving MST services. Maintained within CYFD's Juvenile Justice Services (JJS) Unit, this database includes information about New Mexico youth involved with juvenile justice, including filings (i.e., petitions, referrals). A JJS analyst matched information from the MSTI database about youth who completed MST between July 2005 and December 2014 with the FACTS database and conducted the recidivism analysis.

Previous reports, based on outcomes from youth who completed MST by June 2012, have presented the results of economic analyses that compared the costs of MST to benefits resulting from reductions in: (a) JJS petitions in the **CYFD's FACTS database**, or (b) Medicaid behavioral health claims in New Mexico's **Managed Care Organizations (MCO) Paid Claims Databases**. The results are summarized in this report as well (see pages 21-23).



OUTCOMES TRACKING PROJECT (OTP) RESULTS

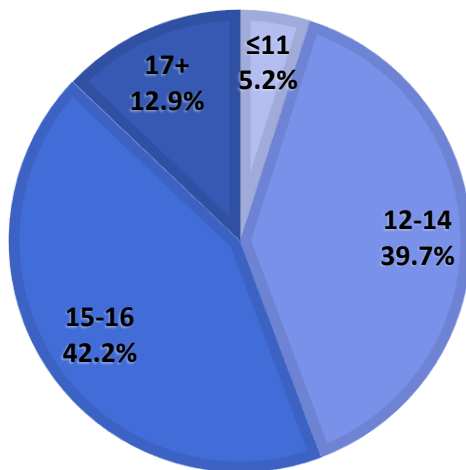
Youth Who Completed Standard MST Treatment

SOCIODEMOGRAPHIC CHARACTERISTICS AT ADMISSION

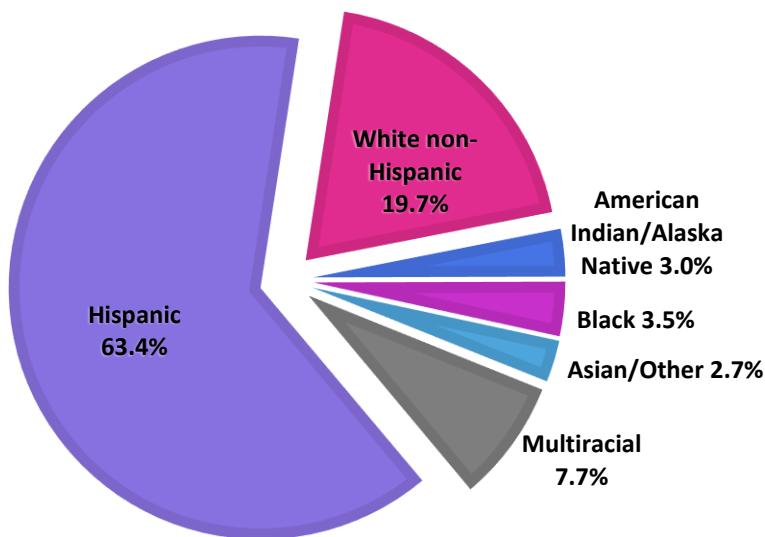
Notable characteristics of the youth who completed² MST treatment include:

- ❖ 66.17% male, 33.78% female, and 0.05% identified as others
- ❖ Average age at admission = 15 years
- ❖ 95.0% were living at home at the time of admission
- ❖ 63.4% of the youth were Hispanic

AGE IN YEARS AT ADMISSION (N=7,229)



RACE/ETHNICITY (N=7,354)



OF THE 8,572 NEW MEXICO YOUTH WHO ENROLLED IN MST TREATMENT DURING THE 18-YEAR EVALUATION PERIOD, 7,359 (85.8%) COMPLETED MST TREATMENT, WITH AN AVERAGE LENGTH ENROLLED IN THE PROGRAM OF 4.5 MONTHS.

²Completion of MST was based upon the mutual agreement of the primary caregiver(s) and the MST Team and does not necessarily indicate successful treatment.

PROBLEM SEVERITY AT ADMISSION

The 7,359 youth who enrolled in and completed the MST treatment demonstrated serious problems in many areas of their lives.

DURING THE THREE MONTHS BEFORE ADMISSION: 34.8% OF THE YOUTH HAD LIVED OUT OF HOME AT LEAST ONCE, INCLUDING 14.7% THAT WERE IN A CRIMINAL JUSTICE FACILITY.

During the year before admission:

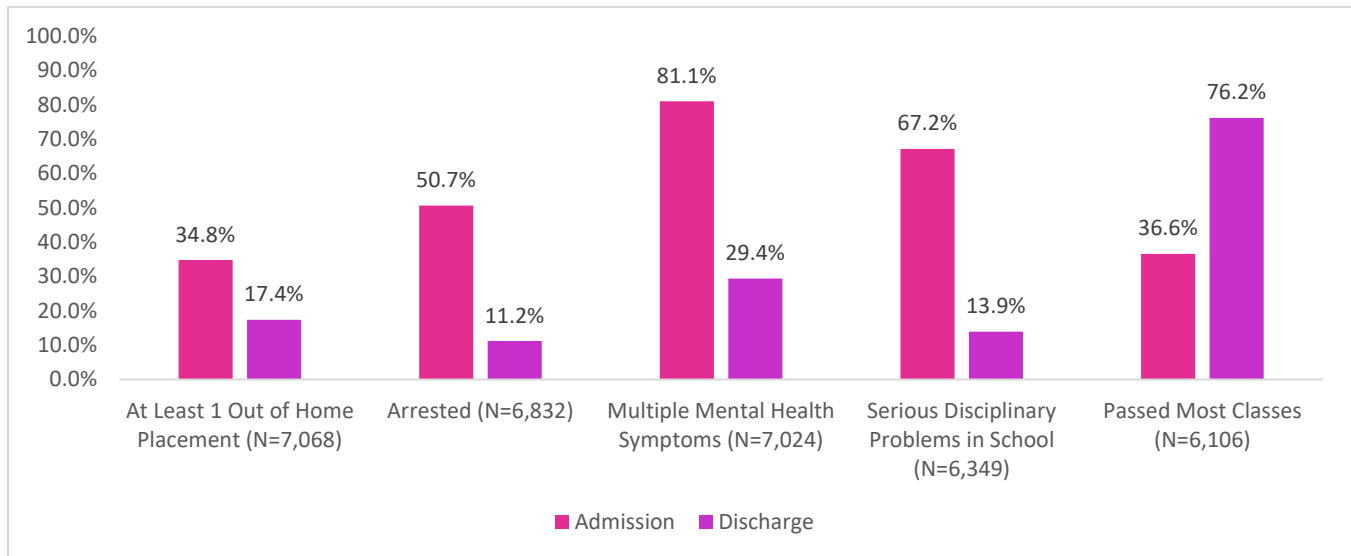
- ❖ 63.7% had not been passing most classes and 67.3% displayed multiple/chronic discipline problems in school.
- ❖ 9.2% dropped out, 16.4% were expelled, 52.7% missed school regularly.
- ❖ 50.1% had been arrested.
- ❖ 81.0% experienced multiple mental health symptoms.
- ❖ 43.1% had co-occurring mental health and substance abuse problems.
- ❖ 35.6% had been prescribed psychiatric medications for behavioral health problems other than attention deficit disorder.
- ❖ 21.5% evidenced suicide-related thoughts or behaviors.
- ❖ 20.9% had been in residential treatment or hospitalized for psychiatric reasons during the year before enrollment.



LONGER-TERM OUTCOMES

Outcomes at Discharge

FIGURE 2. OUTCOMES FOR OUT OF HOME, ARRESTS, SCHOOL, AND MENTAL HEALTH SYMPTOMS FROM ADMISSION TO DISCHARGE FOR YOUTH WHO COMPLETED MST³



From admission to discharge, youth made positive changes (statistically significant) in every outcome area studied, including out-of-home placement, legal involvement, mental health, and school status.

When a youth is admitted to and discharged from MST, therapists answer the following questions about outcomes during the year prior to treatment and the time during treatment:

- Did the youth live in any place besides at home with a parent or guardian in the past 90 days/during treatment?
- Was the youth arrested in the past year/during treatment?
- Did the youth have more than one mental health or behavior problems at the time of admission/discharge (including aggression, defiance, depression, attention deficiency, anxiety, post-traumatic symptoms, and suicidality)?
- Has the youth exhibited multiple/chronic disciplinary problems during the year prior to admission/during treatment?
- Has the youth passed most classes during the year prior to admission/during treatment?

³ Repeated measures analysis from Admission to Discharge was paired by youth, and only included youth with valid data at admission and discharge. The number of youth varies for each outcome because of missing data. All changes were statistically significant at the $\alpha=0.05$ level using the paired McNemar test.

Outcomes 6 and 12 Months after Discharge

While all 7,359 youth with admission and discharge information were included in the follow-up analysis⁸, it is important to note the differences in demographics and problem severity between those for whom follow-up information is available and those for whom it was not.

TABLE 2. COMPARISON OF DEMOGRAPHICS AND PROBLEM SEVERITY AT ADMISSION BETWEEN YOUTH WITH 6- AND 12-MONTH POST DISCHARGE DATA AND ALL OTHER YOUTH.

	All Follow-up Data		All Other Cases	
	N	Statistic	N	Statistic
Age (Mean (Median)) in years	2,048	15.0 (15.2)	5,181	15.1 (15.3)
Female (%)⁵	721	33.2%	1,866	33.8%
Race/Ethnicity⁵				
<i>Hispanic (%)</i>	1,374	66.1%	3,288	62.3%
<i>White non-Hispanic (%)</i>	389	18.7%	1,059	20.1%
<i>American Indian/Alaska Native (%)</i>	43	2.1% ⁴	174	3.3%
<i>Black (%)</i>	60	2.9% ⁴	198	3.8%
<i>Asian/Other (%)</i>	43	2.1% ⁴	161	3.1%
<i>Multiracial (%)</i>	171	8.2%	394	7.5%
<i>Total (%)</i>	2,080	100%	5,274	100%
Living outside Home (%)⁵	709	33.3%	1,840	34.9%
School Status⁵				
<i>Enrolled in K-12 (%)</i>	1,687	89.0%	4,092	87.3%
<i>Enrolled in GED Classes (%)</i>	54	2.9%	148	3.2%
<i>Dropped Out (%)</i>	89	4.7%	265	5.7%
<i>Expelled (%)</i>	55	2.9%	151	3.2%
<i>Graduated High School or Higher (%)</i>	6	0.31%	13	0.28%
<i>Completed GED</i>	5	0.05%	18	0.38%
<i>Total (%)</i>	1,896	100%	4,687	100%
Passing Most Classes (%)⁵	1,873	38.1%	4,570	35.5% ⁶
Arrested (%)⁵	1,956	48.2%	4,876	51.7% ⁶
Any Legal Issue (%)⁵	2,032	54.3%	5,051	58.2% ⁶
Any Mental Health Symptoms (%)⁵	2,047	98.3%	5,079	97.9%
Mental Health Symptoms (Mean (Median, [Range]))⁷	2,047	2.97 (3) [0 - 6]	5,079	3.02 (3) [0 - 6]
Any Substance Abuse Problems (%)	2,047	42.8%	5,079	44.5%
Substance Abuse Symptoms				
<i>None (%)</i>	1,206	58.9%	2,937	57.8%
<i>One (%)</i>	476	23.3%	1,222	24.1%
<i>Two (%)</i>	365	17.8%	920	18.1%
<i>Total (%)</i>	2,047	100%	5,079	100%

⁴ Wilcoxon Two-Sample Test

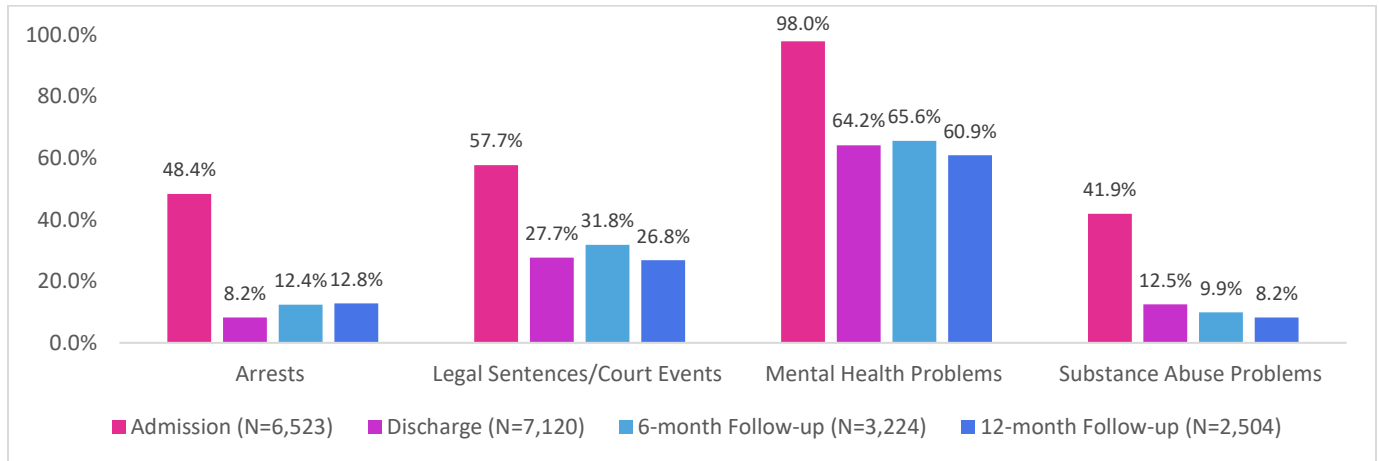
⁵ X² Test

⁶ Test Significantly different at the $\alpha=0.05$ level

⁷ Independent T-Test

Table 2 includes the results of a representativeness study between those with both 6- and 12-month post discharge data, and youth with no (or partial) follow-up data. The comparison study determined that youth with all follow-up data were significantly more likely to be high school graduates and to be passing most classes, but significantly less likely to be American Indian, Black, and Asian, to have been arrested or had any legal issue prior to admission. However, the two groups were similar in age, gender, living situation, school status, mental health, and substance abuse.

Figure 3. Youth Who Completed MST: Outcomes for Arrests, Legal Events, Mental Health, and Substance Use at Four Time Points⁸. (N) reported in the plot is for ARRESTS ONLY.



The following outcomes for youth enrolled in MST treatment are assessed at four time points by therapists (at admission and discharge) and caregivers (6 and 12 months after discharge):

**LONGITUDINAL ANALYSES
DEMONSTRATED
MAINTENANCE OF GAINS
IN LEGAL, MENTAL
HEALTH AND SUBSTANCE
ABUSE STATUS TWELVE
MONTHS AFTER THEY
COMPLETED THE
PROGRAM.**

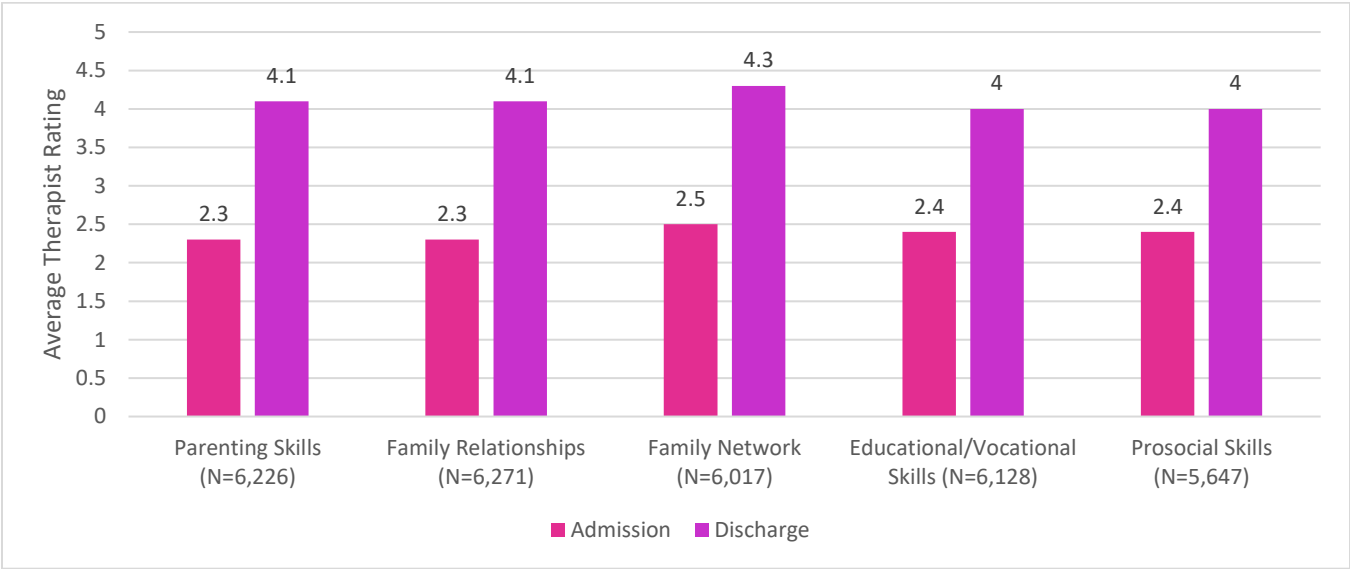
- Was the youth arrested in the past year/during treatment/in the past six months?
- Did the youth have any legal sentences or court events during the year before admission/during treatment/in the past six months (including juvenile detainment, adult incarceration, diversion program, probation, parole, court-ordered community service, electronic monitoring, or drug or mental health court)?
- Did the youth have any mental health or behavior problems at the time of admission/discharge/follow-up (including aggression, defiance, depression, attention deficiency, anxiety, post-traumatic symptoms, or suicidality)?
- Were there problems as a result of alcohol or drug use at the time of admission/discharge/follow-up (including traffic violations, fights, or missing work or school)?

⁸ Generalized mixed regression models were used to analyze the repeated measures of the four separate outcomes at every time point, allowing for paired effects by youth. For this reason, all youth with data at any time point were included in every model. Reductions from admission to discharge, 6 months, and 12 months were significant for all outcomes at the $\alpha=0.05$ level using a partial F test.

CHANGES IN FIVE INSTRUMENTAL YOUTH AND FAMILY FUNCTIONING OUTCOME MEASURES

MST views five measures of youth and family functioning as important mediators to attaining MST’s three ultimate outcomes: living at home, no arrest, and in school/working. The Instrumental Outcome measures, which include parenting, family relationships, supportive networks, educational/vocational status, and youth involvement with prosocial peers, document the clinician’s judgments regarding changes in the family’s ecology that are predicted to be associated with positive outcomes. As Figure 4 shows, youth improved significantly on all of these Outcome measures from admission to discharge.

FIGURE 4. YOUTH & FAMILY FUNCTIONING (THERAPIST RATINGS) ADMISSION TO DISCHARGE⁹



Caregivers are asked during six- and twelve-month post-discharge interviews to rate how the youth is functioning in each of the five Instrumental Outcome measures compared to the prior rating period on the following scale: (1) Much Worse, (2) Worse, (3) About the Same, (4) Better, or (5) Much Better. Table 3 displays the percentage of caregivers who reported that the youth was doing “Better” or “Much Better” at 6- and 12-months post discharge for each indicator. Most caregivers reported that the youth was doing “Better” or “Much Better” at both time periods across all five indicators.

TABLE 3. YOUTH & FAMILY FUNCTIONING PERCENT IMPROVED AT DISCHARGE AND 6 MONTHS POST DISCHARGE.

Time after Discharge	Following Rules	Family Relationships	Family Use of/Contact with Network	Educational/Vocational Status	Prosocial Involvement
6 months (N=3,208)	78.6%	81.0%	63.9%	69.3%	70.0%
12 Months (N=2,499)	76.9%	81.0%	64.7%	69.0%	69.6%

⁹ 5-point rating scale with higher numbers indicating better functioning. Repeated measures analysis from Admission to Discharge was paired by youth, and only included youth with valid data at admission and discharge. The number of youth varies for each outcome because of missing data. All changes were statistically significant at the $\alpha=0.05$ level using the Friedman test.

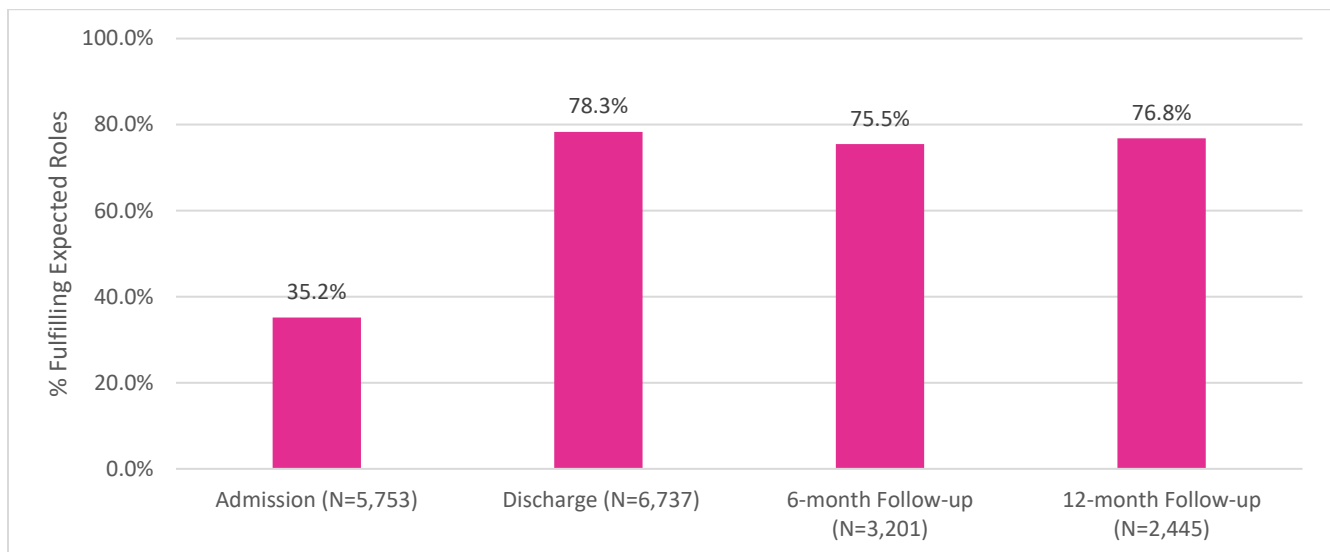
TOOLS NEEDED TO FULFILL EXPECTED ROLES IN SOCIETY

Information from the NM-OTP was compiled in order to look at the activities and achievements of youth who have completed MST before their treatment, at discharge, and at six and twelve months after their discharge. For the purposes of this evaluation, “Fulfilling Expected Roles” is defined as:

- 1) being enrolled in high school, GED, college, or vocational training classes AND passing most classes; or
- 2) graduated high school or received GED; or
- 3) working 20+/week.

The proportion of youth who were filling expected roles at each data collection point is displayed in Figure 5. This analysis does not take economic conditions or a youth’s age into account.

FIGURE 5. YOUTH WHO COMPLETED MST: YOUTH FULFILLING EXPECTED ROLES AT ADMISSION, DISCHARGE, 6 AND 12 MONTHS AFTER DISCHARGE¹⁰



FROM ADMISSION TO DISCHARGE, THESE NEW MEXICO YOUTH DEMONSTRATED SIGNIFICANT INCREASE IN THEIR FULFILLMENT OF EXPECTED ROLES. THESE GAINS WERE MAINTAINED TWELVE MONTHS AFTER THEY HAD COMPLETED THE PROGRAM.

¹⁰ A generalized mixed regression model was employed to analyze the repeated measure of fulfilling expected roles at every time point, allowing for paired effects by youth. For this reason, all youth with data at any time point were included in the model. Gains from admission to discharge, 6 months, and 12 months were significant for all outcomes at the $\alpha=0.05$ level using a partial F test.

MST for Youth with Problem Sexual Behavior (MST-PSB)



MST for problem sexual behaviors (MST-PSB) is a clinical adaptation of the intensive family- and community-based treatment model used in standard MST. Specifically, MST-PSB is designed to treat youth who are chronic and violent offenders who engage in criminal sexual behavior such as sexual assault, rape or molestation of younger children. In order to qualify for the program, there also must have been a victim of the abuse other than the youth him- or herself.

The impetus to start MST-PSB in New Mexico resulted from two factors: 1) Treatment options for adolescents with problem sexual behaviors were essentially limited to residential facilities (i.e., high levels of care) and standard outpatient treatments (i.e., low levels of care); and 2) New Mexico's CYFD leadership was encouraged by the very positive impact standard MST was having on the youth served across the state. MST-PSB was first implemented in New Mexico in January 2009 by organizations that were already providing standard MST. The organizations providing MST-PSB then changed over time. Historically, MST-PSB has been reimbursed at a slightly higher rate than standard MST owing to the former having a longer length of stay and higher intensity of service on average.

This section of New Mexico's Annual MST Evaluation report presents highlights from an analysis of the NM-OTP data available for 331 youth who completed MST-PSB during the evaluation period (87.3% of those who enrolled). 160 (48.3%) of these youth had at least one follow-up time point after discharge and 90 (27.2%) had data at all four time points from MST-PSB. The results include differences in socio-demographic characteristics and problem severity at admission compared to youth who completed standard MST, changes in functioning from admission to discharge, and changes in fulfilling expected roles at four time points.

SOCIODEMOGRAPHIC CHARACTERISTICS AT ADMISSION

The youth who completed MST-PSB had an average length of stay/treatment of 6.4 months, compared to 4.5 months for those who completed standard MST. Demographically, they were younger; more frequently male, White non-Hispanic, and passing most classes; and had less severe legal, mental health, and substance use problems at admission compared to those who completed standard MST (Table 4).

TABLE 4. COMPARISON OF DEMOGRAPHICS AND PROBLEM SEVERITY AT ADMISSION BETWEEN YOUTH WHO COMPLETED MST-PSB AND YOUTH WHO COMPLETED STANDARD MST

	MST-PSB		Standard MST	
	N	Statistic	N	Statistic
Age (Mean) in years¹¹	326	14.2 ¹²	7,229	15.0
Living outside Home (%)¹³	276	25.0%	7,135	34.8%
Female (%)¹³	379	6.3%	7,842	33.8% ¹²
Race/Ethnicity¹³				
<i>Hispanic (%)</i>	196	59.2%	4,662	63.4%
<i>White non-Hispanic (%)</i>	87	26.3% ¹²	1,448	19.7%
<i>American Indian/Alaska Native (%)</i>	8	2.4%	217	3.0%
<i>Black (%)</i>	9	2.7%	258	3.5%
<i>Asian/Other (%)</i>	5	1.5%	204	2.8%
<i>Multiracial (%)</i>	26	7.9%	565	7.7%
<i>Total (%)</i>	331	100.0%	7,354	100.0%
School Status¹³				
<i>Enrolled in K-12 or GED Classes (%)</i>	234	96.3%	5,747	90.6%
<i>Dropped Out or Expelled (%)</i>	7	2.9%	553	8.7%
<i>Graduated High School or Completed GED</i>	2	0.8%	34	0.5%
<i>Enrolled in College Courses</i>	0	0%	6	0.1%
<i>Total (%)</i>	228	100%	6,115	100%
Passing Most Classes (%)¹³	243	75.3% ¹²	6,443	36.3%
Arrested (%)¹³	268	40.3%	6,832	50.7% ¹²
Any Legal Issue (%)¹³	276	46.4%	7,083	57.1% ¹²
Any Mental Health Symptoms (%)¹³	276	88.8%	7,126	96.3% ¹²
Mental Health Symptoms (Mean (Median, [Range])¹⁴	276	2.4 (2) [0 - 6]	7,126	3.0 (3) [0 - 6] ¹²
Any Substance Abuse Problems (%)¹³	276	11.2%	7,126	44.0% ¹²
Substance Abuse Symptoms¹³				
<i>None (%)</i>	249	90.2%	4,143	58.1% ¹²
<i>One (%)</i>	15	5.4% ¹²	1,698	23.9%
<i>Two (%)</i>	12	4.4% ¹²	1,285	18.0%
<i>Total (%)</i>	276	100%	7,126	100%

¹¹ Wilcoxon Two-Sample Test

¹² Significantly different at the $\alpha=0.05$ level

¹³ χ^2 Test

¹⁴ Independent T-Test

PROBLEM SEVERITY AT ADMISSION

During the year before admission, compared to standard MST youth, MST-PSB youth were:

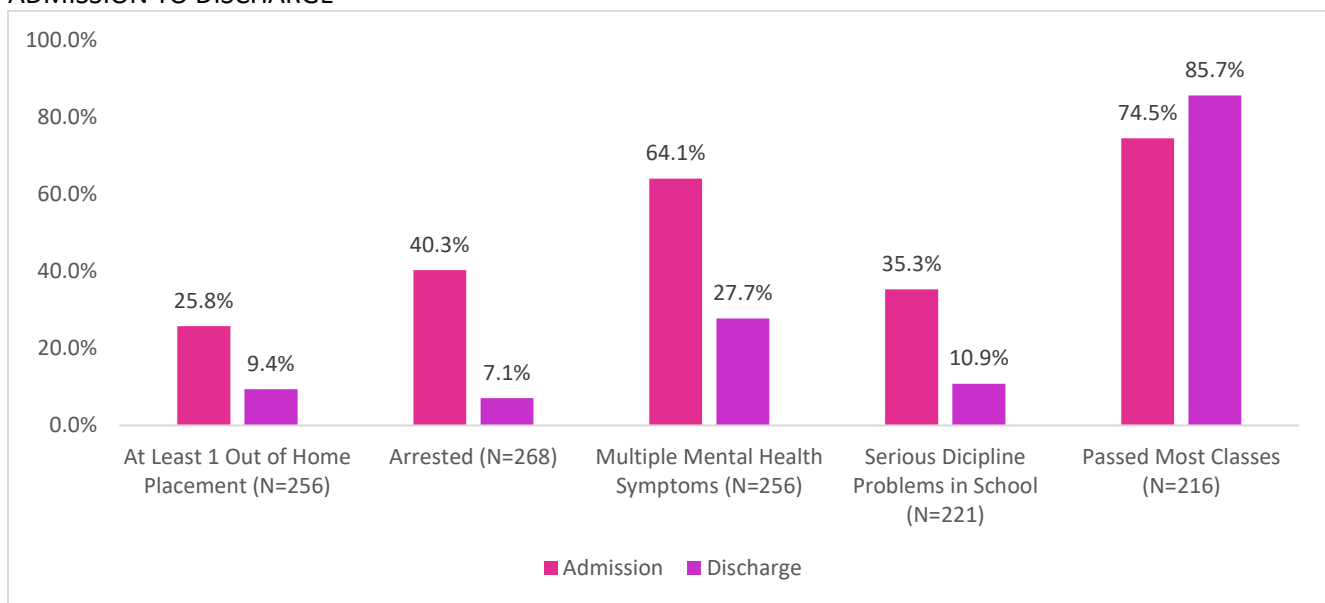
- More likely to have passed most classes at school, 75.3% compared to 36.3%
- Less likely to have multiple/chronic discipline problems in school, 34.6 compared to 67.3%
- Less likely to have both substance abuse and mental health problems; 11.2%, compared to 43.1%
- Less likely to have had any legal problems three months before admission; 47.0% compared to 57.1%
- Less likely to have been arrested; 40.3% compared to 50.7%
- Less likely to have evidenced suicide-related thoughts or behaviors; 15.7% compared to 21.5%
- Less likely to have multiple mental health symptoms; 64.1% compared to 81.0%

Of note is that youth who completed MST-PSB compared to youth who completed standard MST exhibited slightly lower rates of prescribed psychiatric medications for behavioral health problems other than attention deficit disorder, 31.8% and 35.6%, respectively.

LONGER-TERM OUTCOMES

Outcomes at Discharge

FIGURE 6. YOUTH WHO COMPLETED MST-PSB: OUTCOMES FOR OUT OF HOME, ARRESTS, AND SCHOOL FROM ADMISSION TO DISCHARGE¹⁵



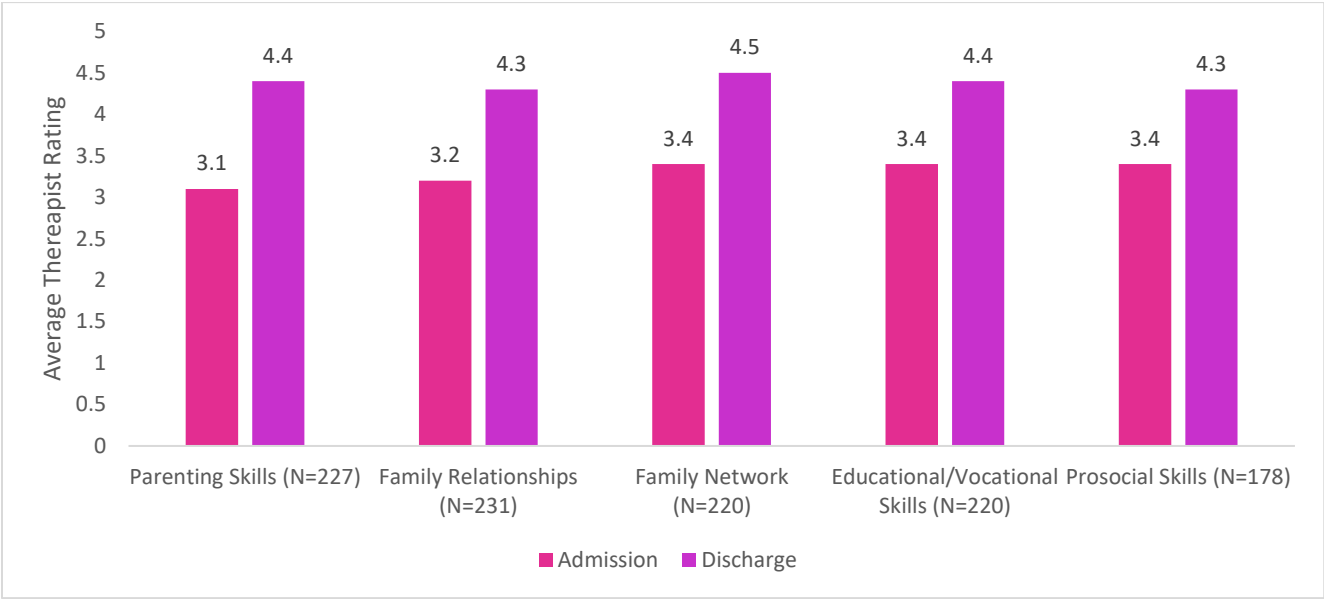
FROM ADMISSION TO DISCHARGE, MST-PSB YOUTH MADE POSITIVE CHANGES IN EVERY OUTCOME AREA STUDIED, INCLUDING OUT-OF-HOME PLACEMENT, LEGAL, MENTAL HEALTH, AND SCHOOL STATUS.

¹⁵ All analyses were paired and only included youth with valid data at admission and discharge. The number of youth varies because of missing data. All changes from admission to discharge were statistically significant at the $\alpha=0.05$ level using a paired McNemar's Test.

CHANGES IN FIVE INSTRUMENTAL YOUTH AND FAMILY FUNCTIONING OUTCOME MEASURES

Figure 7 displays the five Instrumental Outcome measures and youth’s average scores at admission and discharge. All increases were significant.

FIGURE 7. YOUTH & FAMILY FUNCTIONING (THERAPIST RATINGS) ADMISSION TO DISCHARGE¹⁶



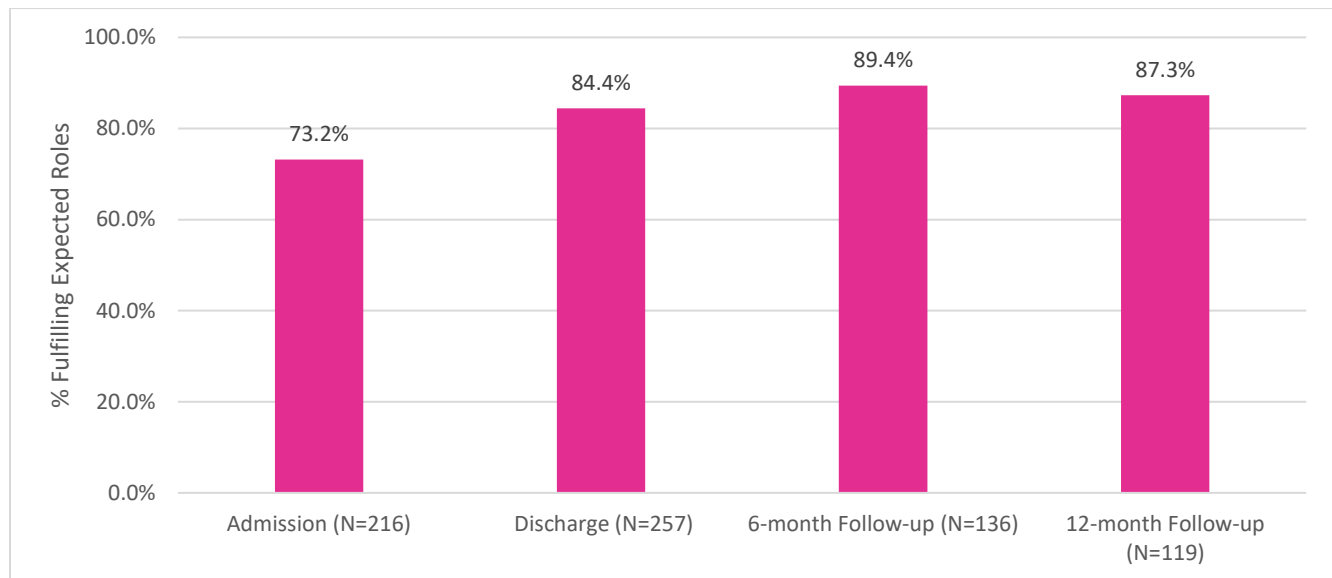
MST-PSB THERAPISTS RATED YOUTH AND FAMILIES, ON AVERAGE, AS FUNCTIONING SIGNIFICANTLY BETTER AT DISCHARGE ON ALL INDICATORS.

¹⁶ 5-point rating scale with higher numbers indicating better functioning. All changes demonstrated statistically significant improvement at $\alpha=0.05$ level using a Friedman test.

TOOLS NEEDED TO FULFILL EXPECTED ROLES IN SOCIETY

From admission to discharge, New Mexico youth who completed MST-PSB demonstrated increase in their fulfillment of expected roles based on the index developed to measure this domain from admission to discharge as defined on page 14, and maintained at least some of these gains at 6- and 12-months post discharge.

FIGURE 8. YOUTH'S ABILITY TO FULFILL EXPECTED ROLES WHO COMPLETED MST-PSB AT ADMISSION, DISCHARGE, AND 6 AND 12 MONTHS AFTER DISCHARGE¹⁷



¹⁷ This graph represents a descriptive analysis only. Results have not been tested for statistical inference due to low numbers of follow-up.

RECIDIVISM

As noted previously, the FACTS database is CYFD's case management system. JJS uses this system to track youth and services they receive while under CYFD care. A JJS analyst researched client records from the FACTS database for New Mexico youth who completed MST from July 2005 through December 2014 (with a 30-month post treatment follow-up for each youth).

Standard MST Youth

58.7 percent (1,843) of the MST youth were matched to the FACTS database. Figure 9 displays a survival analysis including the youth for whom matching records were found. The analysis controlled for youth's length of time since completion of MST and showed that youth who completed MST had a 91.8% likelihood of not having charges filed by the District Attorney⁴ during the one year following discharge; at 24 months post-completion the probability of not having charges filed by the District Attorney was approximately 75.3%. These recidivism rates compare favorably with those reported in a controlled research study, in which 74% of youth had not recidivated in 4 years.⁵

*ONE YEAR AFTER
COMPLETING THE MST
TREATMENT, THE
PROBABILITY OF A YOUTH
NOT HAVING CHARGES
FILED AGAINST WAS
91.8%; AFTER TWO
YEARS, 75.3%.*



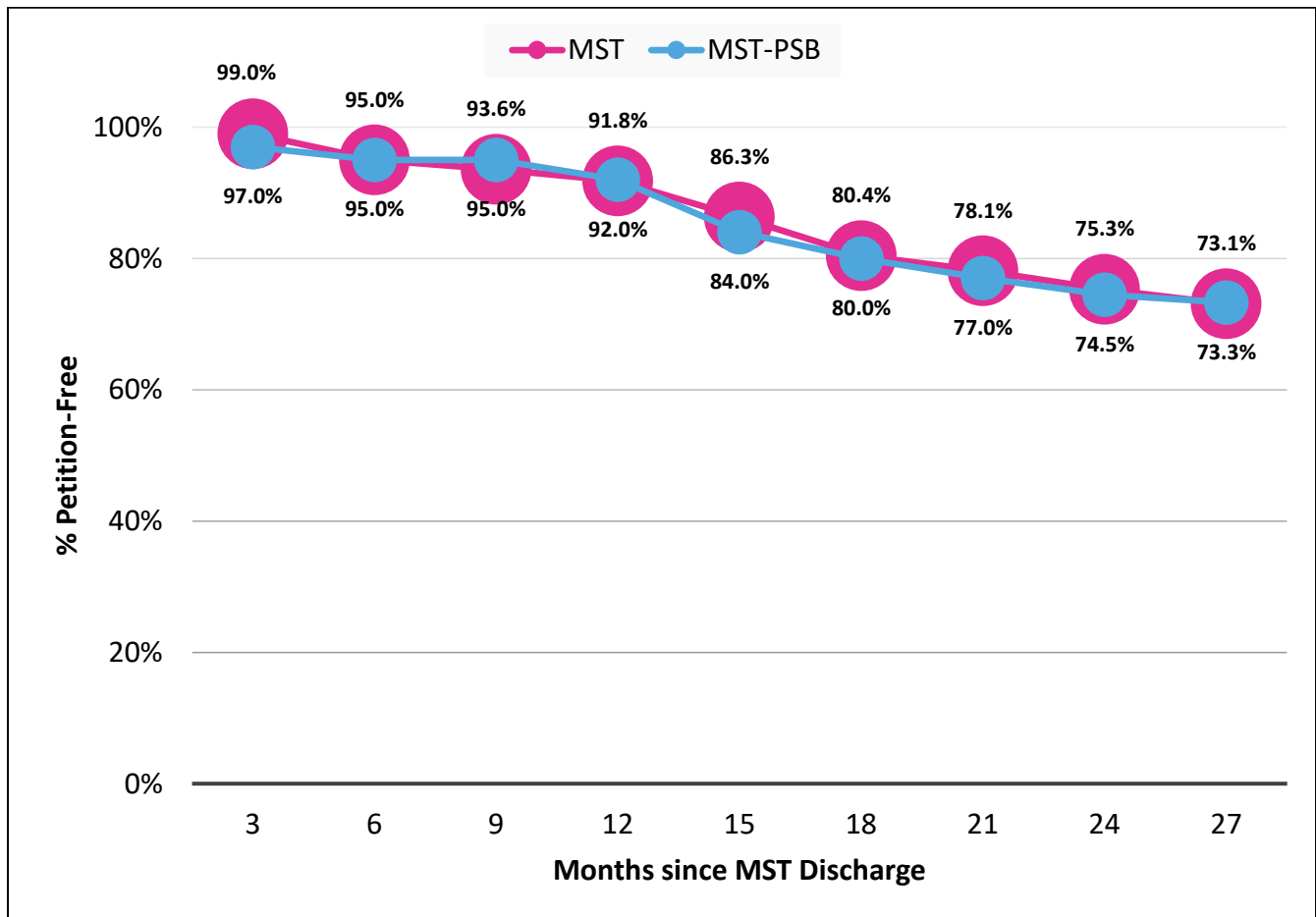
⁴ In New Mexico, District Attorney filings are referred to as petitions; a petition requires greater evidentiary burden than a referral (allegation) and is filed by the District Attorney.

⁵ Borduin, C.M., Mann, B.J., Cone, L.T., Henggeler, S.W., Fucci, B.R., Blaske, D.M., & Williams, R.A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569-578.

MST-PSB Youth

Only 39.7 percent (29) of the MST-PSB youth were matched to the FACTS database. This analysis also controlled for youth's length of time since completion of MST-PSB and showed that youth who completed MST-PSB had a 92.0% likelihood of not having charges filed by the District Attorney⁶ during the one year following discharge; at 24 months post-completion the probability of not having charges filed by the District Attorney was approximately 74.5%.

FIGURE 9. MST AND MST-PSB YOUTH WITH NO PETITIONS FILED BY THE DISTRICT ATTORNEY TWO YEARS AFTER DISCHARGE, 2005-2014.

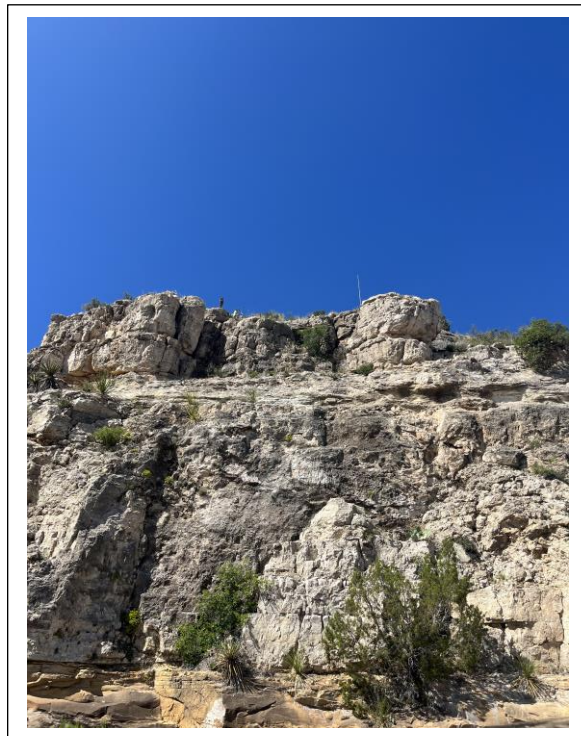


⁶ In New Mexico, District Attorney filings are referred to as petitions; a petition requires greater evidentiary burden than a referral (allegation) and is filed by the District Attorney.

COST-BENEFIT ANALYSIS OF MST: SUMMARY

The following results were adapted from a report published in 2015, “New Mexico MST Outcomes Tracking Project: Results for New Mexico’s MST Providers, July 2005-June 2015”. The full report contains more detailed results and can be requested by contacting the authors of this evaluation report²¹. An economic costs and benefits analysis of MST was conducted in 2015 based on criminal adjudication data from JJS and behavioral health care expenses from New Mexico’s MCO Paid Claims databases.

The sample for the cost-benefit analysis was comprised of 1,869 youth who: (a) completed MST; (b) had been discharged for two years or more by June 30, 2014; and (c) could be matched in both the JJS FACTS database and the MCO Paid Claims databases. The costs and benefits of MST were compared using two metrics: the net benefit and the benefit-cost ratio. The net benefit is the difference between benefits and costs, whereas the benefit-cost ratio is benefits divided by costs. A positive net benefit and a benefit-cost ratio greater than 1.00 are indicative of a cost-beneficial intervention.



²¹ Dopp A R, Saranga Coen A. New Mexico MST Outcomes Tracking Project: Results for New Mexico’s MST Providers, July 2005-June 2015. (2015) New Mexico’s Children, Youth & Families Department and the Center for Effective Interventions.

Juvenile Crime Outcomes

Reductions in Number of Petitions

For the purpose of this analysis, a petition was defined as any new, substantiated criminal filing with JJS by the District Attorney, as recorded in the FACTS database, not including detention or adult criminal filings. Average Petitions per Month (AP/M) were calculated for “Pre” (12 months), “During” (Mean = 4.6 months), and “Post” (Mean = 22.2 months) treatment.

Compared to the Pre period:

- Average AP/M decreased by 62% in the During period and by 67% in the Post period.
- Average AP/M decreased by 36% for both During and Post periods for felony petitions.
- Average AP/M decreased by 68% for felony assaults and by 69% in misdemeanor assaults in the Post period.
- Average AP/M decreased by 75% for felony property crimes in the Post period.

*ASSAULTS ACCOUNTED FOR
38% OF THE PRE-ADMISSION
PETITIONS, AND FELONY
PROPERTY CRIMES
ACCOUNTED FOR 36%.*

Net Benefits to Taxpayers and Crime Victims

For the purpose of this analysis, benefits were calculated by modeling the estimated savings to taxpayers by reducing Medicaid behavioral health claims and the estimated benefits to potential crime victims by preventing JJS petitions. These benefits were calculated using an adaptation of the Washington State Institute for Public Policy cost-benefit model²². Modeling the estimated benefits to taxpayers and crime victims resulted in the following conclusions:

- The estimated taxpayer benefits were almost \$4.4 million during MST treatment and over \$21.1 million following treatment, for a total of more than \$25.5 million in reduced taxpayer expenses, and
- Benefits to crime victims were estimated at over \$37.0 million dollars in the tangible domain and almost \$62.2 million in the intangible domain.

***THE COMBINED BENEFITS TO TAXPAYERS AND CRIME VICTIMS GREATLY EXCEEDED TOTAL
TREATMENT COSTS, WITH A RETURN OF \$4.55 FOR EVERY DOLLAR SPENT.***

²² Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). The comparative costs of and benefits of programs to reduce crime. Olympia: Washington State Institute for Public Policy. Retrieved from <http://www.wsipp.wa.gov/pub.asp?docid=01-05-1201>

Behavioral Health Services Outcomes

Change in Average Charges (Expenses) per Month for Paid Medicaid Behavioral Health Claims

Average Charges per Month (AC/M) were calculated for Pre (12 months), During (Mean = 4.6 months), and Post (22 months) treatment. Overall, AC/M for behavioral health services decreased from \$1,903,379 before MST treatment to \$639,235 after treatment.

The analysis of behavioral health claims showed:

- A 66% reduction in AC/M for all behavioral health services expenses from Pre to Post.
- A 67% reduction in AC/M for Residential Services expenses. Residential Services accounted for 71% of the pre-admission charges.
- A 77% reduction in Inpatient Services expenses and 52% reduction in AC/M for Outpatient Services expenses. Inpatient and Outpatient Services represented 11% and 10% of the pre-admission charges, respectively.
- A 76% reduction in expenses for Intensive Outpatient Services.

FOR EVERY DOLLAR THAT NEW MEXICO SPENT ON MST TREATMENT, \$1.32 WAS RECOVERED IN REDUCED BEHAVIORAL HEALTH CLAIMS WITHIN TWO YEARS AFTER YOUTH COMPLETED MST TREATMENT.

MST treatment costs of almost \$27.5 million were exceeded by the cumulative savings in other areas (over \$124.7 million in reduce crime-related expenses and nearly \$36.1 million dollars in reduced Medicaid expenses), resulting in a net benefit of almost \$133.5 million. This represents a net benefit of \$71,382 per youth. The associated benefit-cost ratio was 5.87, suggesting that every dollar that New Mexico spent on MST treatment resulted in \$5.87 in benefits by reducing youth criminality and utilization of behavioral health services.

SUMMARY AND CONCLUSIONS

This year's report included the socio-demographic, problem severity and outcomes for New Mexico's standard MST and MST-PSB programs. The results of this seventeen-year evaluation are positive.

- Although the youth demonstrated very high rates of severity at admission across multiple life domains, ***youth showed statistically significant improvement from admission to discharge in all areas, including: school and legal issues, mental health and substance abuse problems, gaining tools needed to fulfill expected roles, and Instrumental Outcome measures*** of youth and family functioning. These gains were maintained for at least twelve months after youth were discharged from MST.
- The results of a cost analysis demonstrated ***significant savings of almost 12 million dollars*** as a result of reduced utilization of Medicaid-covered behavioral health services two years after youth completed standard MST services and reduced recidivism.

These findings demonstrate noteworthy successes across 27 counties representing New Mexico's geographic, ethnic, and economic diversity, and are consistent with other positive findings of outcomes of MST treatment with youth involved with juvenile justice nationally.

We also examined outcomes for 331 youth who completed MST-PSB.

- These youths also had high rates of problem severity at admission, but at a lower level than the youth completing standard MST treatment. More males participated in MST-PSB than females.
- The outcomes analysis also showed ***improvement in key areas during treatment, including school and legal issues, mental health and substance abuse problems, gaining tools needed to fulfill expected roles, and Instrumental Outcome measures*** of youth and family functioning.

Going forward, the partners will continue to work collaboratively to:

- Expand the use of New Mexico's internal and external databases to support and enhance the NM-OTP evaluation data;
- Develop new strategies to describe the impact of service utilization by youth who complete MST treatment;
- The next service area of focus will be expanded JJS data, including types of crimes youth committed, recidivism, and sentencing/detention data;
- Along with the expansion of MST-PSB, CYFD is exploring other adaptations of MST, e.g., MST for Child Abuse and Neglect, MST-Psychiatric, being implemented in New Mexico;
- Continue to adapt the evaluation to meet the needs of MST providers and their stakeholders; and
- Advocate for sustained and increased resources for MST in New Mexico, including workforce development to ensure continued sustainability and growth in teams.



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Authors: Mohammed Quazi, Ph.D., Deborah Altschul, Ph.D., & Tyler Kincaid, Ph.D. Division of Community Behavioral Health, Department of Psychiatry and Behavioral Sciences, University of New Mexico Health Sciences Center.

For more information about NM-OTP please contact:

Chris Mason, LCSW, Co-Director, Rocky Mountain MST Network
 The Kempe Center for the Prevention and Treatment of Child Abuse & Neglect
 University of Colorado Anschutz Medical Campus | Department of Pediatrics
 The Gary Pavilion at Children's Hospital Colorado
christopher.2.mason@cuanschutz.edu

Suzanne Kerns, PhD, Network Partner Director
 Rocky Mountain MST Network, University of Colorado – Anschutz
 (Previously Center for Effective Interventions, University of Denver)
Suzanne.Kerns@cuanschutz.edu