

Thurston County Treatment Sales Tax Implementation Plan

June 2009

Background

In the 2005 legislative session, Senator Hargrove introduced the Omnibus Mental Health and Substance Abuse Reform Act (E2SSB 5763) in which a provision was focused on the expansion of chemical dependency and mental health treatment. The bill passed with strong bi-partisan support.

The goals of the legislation were to:

1. Reduce negative impacts of mental illness and substance abuse on children and families
2. Avoid building more jails and prisons and prevent crime victims
3. Reduce public assistance expenditures and unemployment
4. Reduce homelessness
5. Reduce physical-health care and emergency room costs
6. Improve recovery and quality of life for those with chemical dependency and mental health disorders.

To meet these goals, the legislation provided a funding mechanism (RCW 82.14.460) to expand or provide new mental health and/or chemical dependency treatment by authorizing counties to impose a sales and use tax in the amount of 1/10 of one percent (10 cents per \$100). If the tax is imposed, it also authorizes the operation of a new or expanded therapeutic court(s).

Therapeutic courts and treatment and prevention programs for mental illness and chemical dependency are proving to be effective strategies for reducing jail and court costs, saving from \$3 to \$7 in incarceration/court costs for every \$1 spent (depending on the program). Currently, the need for services in Thurston County far exceeds the capacity for each of these programs. In addition, some services are not available or are very limited if the individual does not have Medicaid or the service is not covered by Medicaid. Further, as the capacity of the County's General Fund declines, existing services such as jail diversion programs, in-custody treatment services and problem solving courts will be severely reduced rather than expanded which is needed.

Over the past ten years, Thurston County has worked hard to address the issues of public safety, individual and family well-being and rising incarceration costs by:

- Instituting a Drug/DUI Court, which provides voluntary treatment in lieu of jail time;

- Creating a Mental Health Court in District Court, which provides mandatory treatment in lieu of jail time;
- Creating a Youth Drug Court for juvenile offenders, which provides mandatory treatment in lieu of jail time and a Youth Court which provides peer review and adjudication of youth referred for truancy issues;
- Creating a Family Dependency Court and a Family Treatment Court;
- Increasing in-custody programs for offenders who are evaluated as chemically dependent and/or mentally ill;
- Training Sheriff's deputies on methods and techniques for interacting with severely mentally ill individuals;
- Increasing community services for chemically dependent, mentally ill and co-disorder persons in the county;
- Implementing evidence-based prevention and early intervention programs such as Nurse Family Partnership, Multi-Systemic Therapy and Functional Family Therapy which are showing outcomes of reduced involvement in crime, reduced incidents of child abuse and family violence reduced use of drugs and alcohol; and
- Increasing pre-trial and post-trial diversion services, including the use of an effective inmate re-entry program.

However, while effective, these resources and services still do not adequately address the needs of county residents due to limits on capacity, funding restrictions and limited budgets. Furthermore, the recent economic downturn in the United States has created a situation where Washington State and local governments have had to severely reduce their operating budgets. These budget cuts are eliminating services and programs that we know are effective, both in results and cost savings, at prevention, early intervention and intervention stages of action. In addition, the infrastructure of services and supports that are required to ensure that evidence-based practices work – such as adequate staff in the jail to ensure coverage for safe delivery of in-custody treatment services or an adequate number of prosecution and defense attorneys to support therapeutic courts – is at high risk of being dismantled due to reduced local public funding.

On November 3, 2008, the Thurston County Board of Commissioners passed Ordinance # 14138, which authorized:

“For the purpose of providing funding for the delivery of new or expanded mental health and chemical dependency services, and new or expanded therapeutic courts, pursuant to RCW 82.14.460, as hereafter amended, an additional sales and use tax of one-tenth of one percent is hereby levied, fixed and imposed on all taxable events within Thurston County as defined in chapter 82.08.12 or 81.14.RCW. The tax shall be imposed upon and collected from those persons from whom sales tax or use tax is collected in

accordance with chapter 82.08 or 82.13 RCW, and shall be so collected at the rate of one-tenth of one percent of the selling price, in the case of a sales tax, or value of the article used, in the case of a use tax. This additional sales and use tax shall be in addition to all other existing sales and use taxes currently imposed by the county.”

This ordinance was passed by the Thurston County Commissioners with the intent to accomplish the following goals:

- *Improve the quality of life for Thurston County residents with mental illness and/or chemical dependency by reducing their involvement with the criminal justice system and providing needed prevention, early intervention and treatment services;*
- *Reduce the number of people who have a high recidivism rate and/or have lengthy jail bed stays as a result of their mental illness, chemical dependency and/or homelessness;*
- *Increase interagency collaboration and cross-system coordination between law enforcement, corrections, courts, prosecution, defense, mental health services, chemical dependency treatment providers, social services and housing services in order to improve recovery and recidivism outcomes.*

Planning Process

In November 2008, shortly after the Treatment Sales Tax Ordinance was enacted by the Thurston County Board of County Commissioners, several Thurston County employees, from ten different departments, began meeting to identify gaps in chemical dependency and mental health services for both juveniles and adults who come in contact with the criminal justice system. This group spent two months developing an inventory of existing adult, juvenile and therapeutic court services. The groups then identified gaps – both in number and types of people served and the types of services currently available.

In February, in the middle of the planning process, the Board of County Commissioners determined that they would need to cut another \$5.7M in county general funds by June 2009. This fact significantly altered the Treatment Sales Tax planning process as the focus shifted to gaps in the existing system that will occur due to budget cuts rather than gaps in the continuum of care for individuals and families.

The County staff work group then began looking at gaps in the system that will occur as the result of state and county budget cuts. In March, the staff group went through a lengthy discussion and ranking process to develop recommended priorities for TST funding for 2009 and for 2010, recognizing that these priorities were “stop gap” only and did not represent the full range of services needed. Once the staff priorities were developed, this list was reviewed by the TST Community Review Committee on March 23rd. The Community Review Committee largely agreed with the priorities presented except for the Crisis Intervention Training item which a couple of people felt should be

ranked higher. The priorities were then presented to the County budget team for consideration in development of the revised 2009 budget, in preparation for Board of Commissioners review.

Problem Statement – Gaps in Continuum of Care

1. A large number of adults and juveniles enter the criminal justice system due to mental illness and/or chemical abuse/dependency. The criminalization of mental illness is recognized as a nationwide problem. Nationally, an estimated 16 percent of adults and 24 percent of juveniles in county and city jails suffer from a mental illness. In Thurston County, a “snap shot” count of adult inmates in jail in November 2008 showed that 20 percent had some level of mental illness.
2. Once in jail, adults who are mentally ill stay in jail longer than individuals who do not have a mental illness. If the offender has a mental illness, national studies have reported that the average length of jail stay is 158 days for someone with mental illness compared to 15 days for an offender who does not have a mental illness. In addition, the daily cost of care while in jail is higher for the mentally ill offender due to the cost of additional staff needed to observe and manage offenders at high risk of suicide and due to costs for medications and supervision.
3. A study of children’s health in Washington conducted in 2003 by the Department of Social and Health Services found that eight percent of Washington’s children needed mental health services, but only 43 percent of those children received those services. The primary funding source for public mental health services is Medicaid; access to services is severely limited for those who are not eligible for Medicaid and whose family cannot afford to pay for private care. In addition, private insurance does not usually pay for intensive support services such as Multi-Systemic Therapy (MST) and case management services that keep people out of jail.
4. In the past few years, there have been several successful prevention programs started in Thurston County, such as Parents as Teachers, Nurse-Family Partnership, Safe Schools-Healthy Students (North Thurston School District), Weed and Seed (Rochester School District) and others. In the past, these programs, while effective, were usually available to a limited population or a specific geographic region in the County. Currently, many of these programs are losing or have lost their funding and will not be available at all. Therefore, we are at risk of having very few, or even no, effective strategies available in the County, which, in the long run, will increase the use of end-stage systems (emergency rooms, jails, etc).

5. Thurston/Mason County Regional Support Network is the public entity that receives state and federal funds for publicly funded mental health services for these two counties. Due to a “formula problem” Thurston and Mason counties actually receive less funding per person in need of services than other counties in Washington State. This factor, as well as the inability of public funding to keep up with the increase in costs of care, has created a situation where there are three primary publicly-funded mental health services providers in Thurston County and a limited number of publicly-funded chemical dependency treatment providers.
6. Family and Juvenile Court has instituted/utilized several evidenced-based programs that have proven to be very effective, including Multi-systemic Therapy and Functional Family Therapy. However, these programs do not serve all of the adolescents and families that need the services AND they are at threat of elimination due to proposed state budget cuts.
7. Family and Juvenile Court have also instituted therapeutic courts including Dependency Court, Family Treatment Court and Youth Drug Court. However, there is no coordinator position available for these courts which means that these courts are not used to capacity AND that there is little assistance for juveniles and families to help them find appropriate treatment services and ensure that they follow through with the court-ordered treatment plan.
8. Adult mental health court, drug court and DUI court have proven to be highly effective in engaging individuals in treatment and in reducing recidivism. However, Mental Health Court has a waiting list of 21 individuals and Drug Court has a current waiting list of 15 individuals. DUI Court is grant funded only through 2010. In addition, treatment services for mental health court are limited particularly for individuals who are not Medicaid eligible. Currently, there are no special therapeutic courts for domestic violence, veterans or for people with co-occurring mental illness and chemical dependency issues.
9. There are many gaps in services for individuals diagnosed with co-occurring disorders including lack of Co-occurring Disorder crisis stabilization/transition treatment; secure psychiatric detention; mental health assessment and stabilization on-site in the jail; case management and support for individuals released from the jail to ensure that they have followed up with treatment and are working towards stabilization. In addition, current available treatment services most often have waiting lists and are limited to people who have Medicaid coupons. Finally, the current configuration of therapeutic courts in Thurston County sometimes makes it difficult to divert a person to a therapeutic court and there is a lack of clinical/case management services for these individuals to support them while under the jurisdiction of a therapeutic court.

10. There are limited housing options for people with mental illness and/or chemical dependency, both while they are in “active disease” status or in “recovery/stabilization” status. This factor often makes stabilization and treatment very difficult for the individual and makes it very difficult for treatment staff to provide ongoing case management and support services.
11. There are limited vocation and employment opportunities available for individuals who are homeless, mentally ill or chemically dependent. Without employment options the likelihood for further criminal activity remains high.

System Issues

The gaps listed above were based on an understanding that current mental health and chemical dependency treatment services, even though limited, would remain in place; it is now clear that both systems will be losing state funding in the 2009-11 biennium.. There was also an assumption that the jail would retain its staff and programming capacity for chemical dependency and other treatment programs, for medication management for mentally ill offenders and for security support of treatment programs. The County TST Planning Group assumed that community-based prevention and early intervention services for children, youth, adults and families would remain in place. Finally, there was also the assumption that Thurston County would continue to operate currently funded therapeutic courts and pre-trial services in Family/Juvenile Court, District Court and Superior Court.

In February 2009, when the Thurston County Commissioners announced that County departments would collectively have to reduce general fund expenditures by \$5.7M, existing services and systems were at great risk of being eliminated. Potential cuts included: all therapeutic courts, legal services (defense and prosecution) for therapeutic courts, jail services for mentally ill and chemically dependent offenders, pre-trial services, and evidence-based treatment programs for juvenile offenders. The loss of these services and systems, which had each been proven to be very cost-effective and to produce positive outcomes for individuals, would mean a large increase in jail bed days, rising corrections costs, increases in court, prosecution and defense costs, a decrease in public safety, an increase in recidivism and possibly an increase in mentally ill and chemically dependent persons being homeless in Thurston County.

Thurston County staff members working on the Treatment Sales Tax plan agreed that losses of these systems and the infrastructure which has helped to divert people from jail/detention and reduce recidivism cannot be lost. Therefore, the recommendations put forth for funding priorities for the Treatment Sales Tax for 2009 focus on retaining and enhancing current systems as well as preserving the foundations that will allow for expansion of court diversions and treatment services in the future.

The one major area that is not addressed in the first year of Treatment Sales Tax funding is prevention services. This is recognized as a major short-coming, but the

recommendations are based on the principles of preserving public safety, reducing criminal justice costs and reducing recidivism among people who are affected by chemical dependency and/or mental illness. In addition, the development of an evaluation plan for funded services will provide decision-makers with more consistent information on effective diversion and rehabilitation services and provide better information on true gaps in services for juveniles, adults and families.

The staff also discussed the issue of supplantation at length. All of the programs/services being recommended for funding with Treatment Sales Tax funds for 2009 were either: 1) originally funded through federal grants, 2) are expanded/enhanced services; or, 3) are new services. Therefore, we do not believe that supplanting is an issue with the programs/services being recommended for initial funding.

Program Recommendations

The Treatment Sales Tax staff workgroup used a “forced dyad” method of selecting priorities for recommended funding from Treatment Sales Tax revenues. The Community Review Committee generally agreed with these recommendations with one objection to the low ranking for funding Crisis Intervention Training. The recommendation, at this time, is to fund programs ranked 1 through 9 for 2009 only. Further recommendations will be forthcoming for the 2010 budget year.

Note: The budget amounts reflected in the table below may be subject to amendments in the 3rd quarter of the 2009 budget year, due to changes in state and federal funding which are still occurring.

Treatment Sales Tax Priorities for January - December 2009
Anticipated Revenue = \$1.65 million

Priority Ranking By Staff*	Program	Program Description	Dept
N/A	Authorized Bridge Funding	January-June 2009 Bridge Funding for Pre-Trial Services, Jail Programs, Drug Court Expansion and TST Administration & Evaluation	
N/A	TST Administration	Treatment Sales Tax Administration and Evaluation	PHSS/PAO
1	Jail Mental Health Services	Mental health staff who complete diagnosis, counseling, crisis stabilization, diversion, release plans and transition case management	PHSS/Corr
2	Mental Health Court**	Jail diversion for selected individuals with mental illness through alternative court processes.	Distirct Cr
3	CDP Treatment - Jail	Intensive outpatient treatment (in-custody) and includes Basic Education, GED & Employment Training, DV Services	Correction
4	Multi-Systemic Therapy	Evidence-based, intensive treatment that effectively decreases rates of clinical problems (chemical dependency, mental health) and criminal behaviors in our highest-risk adolescents.	PHSS
5	Drug Court - Administration**	Jail diversion for selected individuals with chemical dependency issues.	Superior Crt
6	Chemical Dependency/Mental Health Re-Entry Services - Jail	Identification and referrals for chemical dependency or mental health services for offenders transitioning to community/Options program.	Correction
7	Family Dependency/Youth Drug/Family Drug Court Coordinator (.5 FTE)	Expansion of court-supervised diversion services for families with chemical dependency or mental health issues.	Superior Crt
8	Attorneys/Staff for Therapeutic Courts**	Prosecution and defense for all therapeutic courts.	PAO/OAC
9	Pre-Trial Services**	Needs Assessment for all misdemeanor and felony offenders.	Superior Crt
10	Nurse Family Partnership (Co. Gen Fund \$)	Home visitation and case management services to at-risk first time mothers under the age of 20 and their infants.	
11	Crisis Intervention Training (TCSD)	Training for law enforcement and correction staff to increase effectiveness in crisis interventions with the mentally ill.	
12	Drug Court - Expansion	Match dollars for foundation grant to expand capacity.	

*Reflects ranking by a majority of Thurston County Staff working on the Treatment Sales Tax Plan

**Reflects 7 month funding due to anticipated budget cuts effective June 1, 2009

Evaluation Plan

To monitor progress of services funded by Thurston County Treatment Sales Tax (TST) revenue, an evaluation plan is being developed for each funding cycle. The first evaluation plan will cover the time period of July 1, 2009 through December 31, 2009. An expanded and updated evaluation plan will be developed for the 2010 calendar year.

The emphasis of evaluation will be to capture data, at regular intervals that can be used to determine whether what was produced and changed as a result of TST funding met expectations. Evaluation efforts will focus on standardizing data collection and reporting processes to produce the following types of information:

- a) Quantity of service purchased with TST funding (outputs)
- b) Level of change occurring among participants (outcomes)
- c) When possible, effect on systems (return on investment)

An evaluation summary is being developed for each TST funded service. These summaries will list the performance measures that must be reported during each funding cycle for each funded service. Evaluation summaries will be updated or expanded as needed, in consultation with the County departments managing TST-funded services.

Assumptions

The TST implementation and evaluation plan were developed in a complex environment that involved significant revenue decline, reductions in services, loss of staff, workload redistribution and changes in the way business is done at the county level. Keeping this in mind, several assumptions underlie the approach used to create the 2009 TST evaluation plan including:

- Getting systems in place for standardized progress and performance measure reporting was a priority for July-December 2009. This includes developing reporting schedules and forms that would cross-cut all funded services.
- Only performance measures that have data available at start-up on July 1, would be used for 2009. Funded services would be given six months to develop the mechanism or infrastructure needed to collect any performance measure data identified as needed, but currently unavailable.
- Setting targets in an environment where funding sources are shifting or dissolving is difficult. TST funded services were required to set minimum service targets to describe what would be purchased through funding between July-December 2009. Funded services were *not* expected, at this

point in time, to set goals or objectives that connect to the amount of change to expect (e.g. percentage reduction of a behavior, percentage increase in slots available, SMART objectives).

- Care is being taken to select performance measures and evaluation methods that do not, at this point in time, trigger the need for human subjects review - that is services need to avoid doing research. The population served by TST funds are vulnerable and protecting their rights is essential. Obtaining data that needs human subjects' Institutional Review Board (IRB) approval can take several months and the time table used with TST funding did not provide for that.

- Funded services represent a complex continuum that includes research tested programs (e.g. Multisystemic Therapy) and basic infrastructure components needed to deliver services (e.g. attorney time to support therapeutic court activities). Performance measures should always capture data that demonstrates accountability for use of funding. However, some funded services may not be held individually responsible for producing outcomes, such as a change in the behavior of program participants, if they serve only a supporting role.

Performance Measures

The 2009 Treatment Sales Tax evaluation plan emphasizes two types of performance measures:

1. Outputs – activity counts that measure what staff do.
2. Short term outcomes – behavior change or meaningful signs of intent to change among those who receive services (*see Short Term Outcomes guidance for more information*).

Though performance measures vary by funded service, an attempt is being made to cross-cut services when possible to obtain the following types of data:

- Demand for services (e.g. referrals). Changes in demand can occur for many reasons including revisions in policy, however, monitoring demand can help identify unmet needs and illustrate collaboration among agencies.

- Capacity (e.g. acceptance into program). Changes in capacity can occur for many reasons including receipt of additional funding, however, tracking capacity can be help calculate the reach of a service into the target population over time.

- Participant progress (e.g. successful completion or linkage to critical services). Short term indicators of participant progress can take many forms

including change in attitude, knowledge, skills or intent to behave differently. Progress can also be seen in the willingness of individuals to follow-through with applications or requirements for enrollment in supportive services. Measures of progress typically demonstrate whether expected outcomes are being achieved.

- Criminal justice-related behavior (e.g. arrests). The TST ordinance focuses on reducing criminal justice involvement among children and adults. Though scientific evidence may exist to support the presumption that a funded service will positively impact engagement in criminal behaviors, when possible, data will be collected to assure that is true locally.

Reporting

Findings from TST evaluation activities will be reported on two levels: 1) to the funder (county government) and 2) to the community (interested individuals). Each funded service will be required to submit a quarter progress and performance measure report to the county TST coordinator. This report will include a range of information that can be summarized to monitor program functioning and describe the level of change occurring as a result of TST funding. Highlights and conclusions will be captured in a bi-annual Evaluation Report to policy makers and interested parties.

Evaluation Summaries

Evaluation summaries that document the purpose of each funded service and associated performance measures will be posted online at www.co.thurston.wa.us. Samples of these summaries are included in this report as Exhibits A and B.

Next Steps

- **Develop budget process for Treatment Sales Tax funds for 2010;**
- **Monitor short-term activities and outcomes against Statements of Work, report to the Board of County Commissioners and the community;**
- **Re-constitute strategic planning process for 2011-2016 in September 2009.**

Exhibit A
Family Dependency Treatment Court (FTC)
Evaluation Summary

Thurston County Treatment Sales Tax (TST)

Department	Superior Court Family and Juvenile Court
Amount	\$21,115 (July-December 2009)
Population	Parents whose children are dependents of Washington State due to child abuse or neglect (Children and Families)
TST Connection	<ul style="list-style-type: none">♦ Reducing the negative impacts of mental illness and substance abuse on children and families.♦ Increasing levels of interagency collaboration, cross-system coordination and planning between courts, mental health, chemical dependency and housing services.

Service Description

Family Dependency Treatment Court (FTC) is a therapeutic court program for substance abusing parents whose children are in the dependency system due to a substantiated child abuse or neglect investigation. Dependency means that the children have been removed from the care of their parents (e.g. placed in foster care or with other family) for their safety by Child Protective Services (DSHS/DCFS). Parents voluntarily enter FTC and agree to increased court participation, chemical dependency treatment and intense case management in order to reunite with their children. Sobriety of the parent and family reunification, if appropriate, is the primary focus of FTC.

Completing the FTC program, also referred to as graduating, typically takes more than one year. The unique needs of the family are taken into account through the use of a FTC team that reviews parent progress and recommends services. The FTC team typically includes: the FTC judge, attorney representing the parents, DSHS social worker, substance abuse treatment providers, and child advocate such as a CASA (Court Appointed Special Advocate) or child's attorney (i.e. guardian ad litem). FTC uses a systematic approach of incentives and sanctions to promote changes in parent beliefs, attitudes and behaviors that increase acceptance of responsibility and reduction of negative outcomes associated with parental decisions.

Funding Use

- ♦ Provide a 0.5 FTE therapeutic court coordinator to support court operations that assure a non-adversarial, coordinated, interdisciplinary model is used to deliver services to eligible adults.
- ♦ Develop a data management plan to support the collection, maintenance and reporting of local program results.
- ♦ Develop a local FTC policy manual to improve court operation by documenting standard practices and processes that support effective and efficient service delivery.

Performance Measures

Type	Key Measures	Source
Output	Number of referrals to FTC from community-based agencies, whether accepted or denied (each quarter)	Program Records
Output	Number of participants accepted into FTC (each quarter)	Program Records
Output	Number of FTC team meetings held to support participants and/or plan enhancements to FTC infrastructure (each quarter)	Program Records
Outcome	Number of participants who graduate from FTC (every 6 months)	Program Records

Supporting Evidence

Though child maltreatment is complex, the association between child abuse and parental substance abuse has been well documented. In substantiated cases of child abuse and neglect, parental substance abuse can be a key barrier to improving family functioning and reunification of children with their parents. The Family Dependency Treatment Court (FTC) model is a promising, family-focused approach to the complex problem of child abuse. Parents participating in FTC, compared to other like parents, have been shown to: 1) enter chemical dependency treatment quicker and stay longer and 2) be more likely to successfully reunify with their children or have children who are placed in a permanent living situation faster (*Child Maltreatment, February 2007*).

FTC is a relatively new model being used to improve outcomes of children in the dependency system. As such, research is underway to document long term outcomes and cost effectiveness of the approach.

Exhibit B
Multisystemic Therapy (MST)
Evaluation Summary

Thurston County Treatment Sales Tax (TST)

Department Public Health & Social Services

Amount \$96,704 (July-December 2009)

Population Juvenile Offenders (Children and Families)

TST Connection

- ♦ Reducing the negative impacts of mental illness and substance abuse on children and families.
- ♦ Improving the quality of life for county residents with mental illness and/or chemical dependence by reducing their involvement with the criminal justice system.

Service Description

Multisystemic Therapy (MST) is a program used with severely behaviorally challenged and substance-abusing juvenile offenders age 11-17. Therapy focuses on promoting positive social behavior while decreasing antisocial behavior and can occur in a home, school or other community setting. MST is family-oriented, based on the philosophy that the most effective and ethical route to help youth includes helping their families.

MST typically takes four months to complete with therapist-family contacts occurring weekly. The primary goals of MST are to: 1) reduce youth criminal activity, 2) reduce antisocial and substance abusing behaviors and 3) achieve these outcomes at a cost savings by decreasing incarceration, out-of-home placements (e.g. detention center, foster care) and inpatient care (e.g. psychiatric, hospital).

Funding Use

- ♦ Serve no less than 25 juvenile justice involved/at-risk youth age 11-17.
- ♦ Provide direct clinical services to eligible youth and their families through 3 FTE masters-level MST trained therapists.

Performance Measures

Type	Key Measures	Source
Output	Number of referrals to MST from community-based agencies, whether accepted or denied (each quarter)	Program Records
Output	Number of youth accepted for MST (each quarter)	Program Records
Outcome	Percent of participants arrested pre-intervention compared to post-intervention	Pre-Post Questionnaire Administrative Data
Outcome	Percent of participants with problems related to substance abuse (alcohol or drugs) pre-intervention compared to post-intervention	Pre-Post Questionnaire
Quality Assurance Fidelity	Score showing adherence to MST treatment model to assure activities produce expected outcomes and return-on-investment	TAM-R Instrument

Supporting Evidence

Multisystemic Therapy (MST) is a best practice program recommended by the U.S. Department of Health & Human Services *National Registry of Evidence-based Programs and Practices* and the University of Colorado, Center for Study and Prevention of Violence *Blueprints for Violence Prevention*. Multiple randomized research studies provide evidence that MST produces positive outcomes for emotionally/behaviorally challenged, substance-abusing juvenile offenders. These outcomes include: decreased criminal activity/justice system involvement, decreased substance abuse, decreased psychiatric symptoms, reduced long term re-arrest rates, reduced out-of-home placements (e.g. detention center, foster care), improved family functioning and increased school attendance.

The Washington State Institute for Public Policy documented that MST provides a high cost-benefit ratio, producing \$28.33 savings per dollar spent on the service.