MST®
Multisystemic Therapy

Pennsylvania Juvenile-Justice Reforms Work Using EBIs

When a community is dealing with delinquent and high-risk youth, it must set goals, make changes as needed and build on successes.

In the 19th century, children who committed a crime were tried in adult courts. The attitude was lock 'em up and lose the key. It wasn't until 1899 that the Illinois legislature allowed counties to set up "juvenile courtrooms." Adolescents and children were no longer looked on as solely responsible for their behavior. The new court would not merely mete out punishment. It would look for ways to rehabilitate the defendant.

Pennsylvania has long followed this lead. For instance, leaders began encouraging the adoption ofevidence-based practices (EBPs) such as Multisystemic Therapy (MST®) and Functional Family Therapy (FFT) as far back as 1999. Grants for effective violence prevention and intervention programs–primarily Blueprint Programs like MST-were made available through the Pennsylvania Commission on Crime and Delinquency (PCCD). In 2005, Pennsylvania was the first state selected for the MacArthur Foundation Models for Change Initiative. The foundation describes the initiative as supporting "a network of government and court officials, legal advocates, educators, community leaders, and families working together to ensure that kids who make mistakes are held accountable and treated fairly throughout the juvenile justice process."

In 2010, the Juvenile Justice System Enhancement Strategy (JJSES) was adopted to continue the work of the MacArthur initiative. Pennsylvania was already implementing Balanced and Restorative Justice (BARJ) principles, which seek to help young offenders and their families while protecting the community. The JJSES was set up to enhance the system's ability to achieve BARJ by encouraging the use of evidence-based practices throughout the juvenile-justice system, increasing the use of data and implementing continuous quality-improvement processes.

Pennsylvania has been encouraging the adoption of evidence-based practices such as MST and FFT as far back as 1999. Grants for effective violence prevention and intervention programs were made available through the Pennsylvania Commission on Crime and Delinquency (PCCD).

In 2015, the state's Juvenile Court Judges' Commission reported that juvenile-arrest rates for violent crimes had decreased 29 percent between 2007 and 2013. Admissions to juvenile-detention centers dropped by 40 percent. As the commission's Executive Director Keith B. Snyder explained, this was in keeping with the goal of having youthful offenders grow up to be taxpayers and not tax consumers. This can be best accomplished by having them stay at home, out of trouble and in school.

Pennsylvania continues to make improvements to its juvenile-justice system. For instance, evidence-based programming such as Towards No Drug Abuse (TND) is being incorporated within the youth-detention services. PCCD provides grants for evidence-based violence-prevention programs in schools and communities. And the Communities That Care model is being used in numerous Pennsylvania communities to provide local infrastructure for identifying needs and appropriate programs. There is also the Justice Reinvestment Initiative.

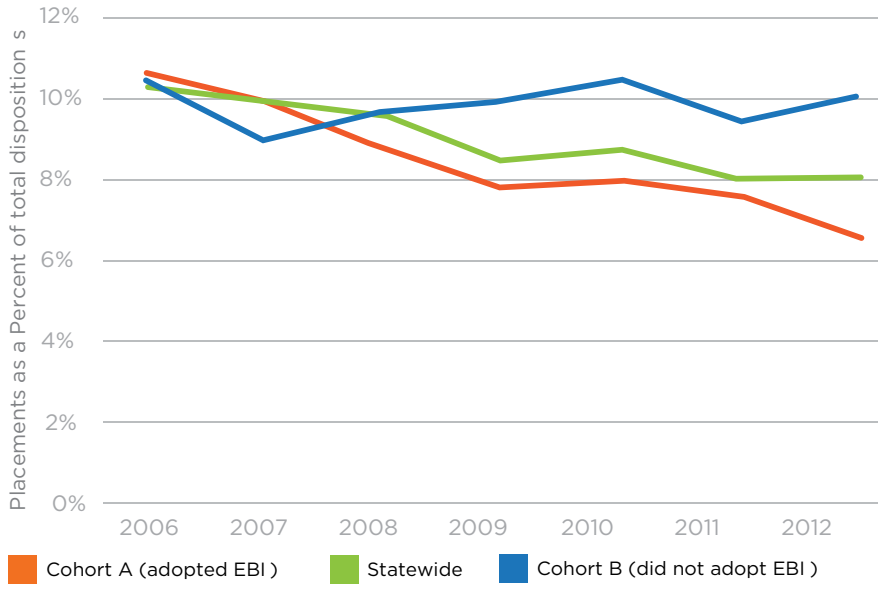
MST and FFT have been recognized in Pennsylvania as promising tools in the effort to reduce placements by serving youth effectively in their communities. After the first MST team in Pennsylvania was established in 1999, MST grew to a peak of 49 in 2011. Today, there are 12 MST providers with 39 teams, and MST is available in 55 of Pennsylvania's 67 counties. (One provider with an exclusively MST-PSB team is not included in these numbers.) Pennsylvania has benefited from this proliferation in a number of ways, including reduced juvenile-justice placements, positive outcomes for youth and cost savings.

Counties that adopted evidence-based interventions, such as MST, showed greater reductions in delinquency placements from 2006 to 2012, both in the number of youth placed and the percent of delinquency dispositions resulting in placement.

The EPISCenter, which is affiliated with the Bennett Pierce Prevention Center at Penn State University, promotes the greater use of prevention and intervention programs that have proven their effectiveness in rigorous scientific evaluations. It examined the impact of in-home, evidence-based programs on out-of-home placement by identifying a cohort of counties that adopted FFT and/or MST between 2007 and 2009 and comparing their placement rates over a seven-year period to a cohort of counties that did not make FFT or MST available during that time. As one component of the analysis, juvenile-justice placement rates from 2006 to 2012 were calculated, as were changes in the raw number of delinquency placements each year. The two cohorts were compared to one another, as well as to statewide trends.

As a whole, the cohort of Evidence-based Initiative (EBI) adopters showed greater reductions in delinquency placements over the period examined, both in the number of youth placed and the percent of delinquency dispositions resulting in placement. The rate of decrease for this cohort was also steeper than the rate of change for the state as a whole.

Juvenile Justice Placement Rates, 2006-2012



Number of Delinquency Placements

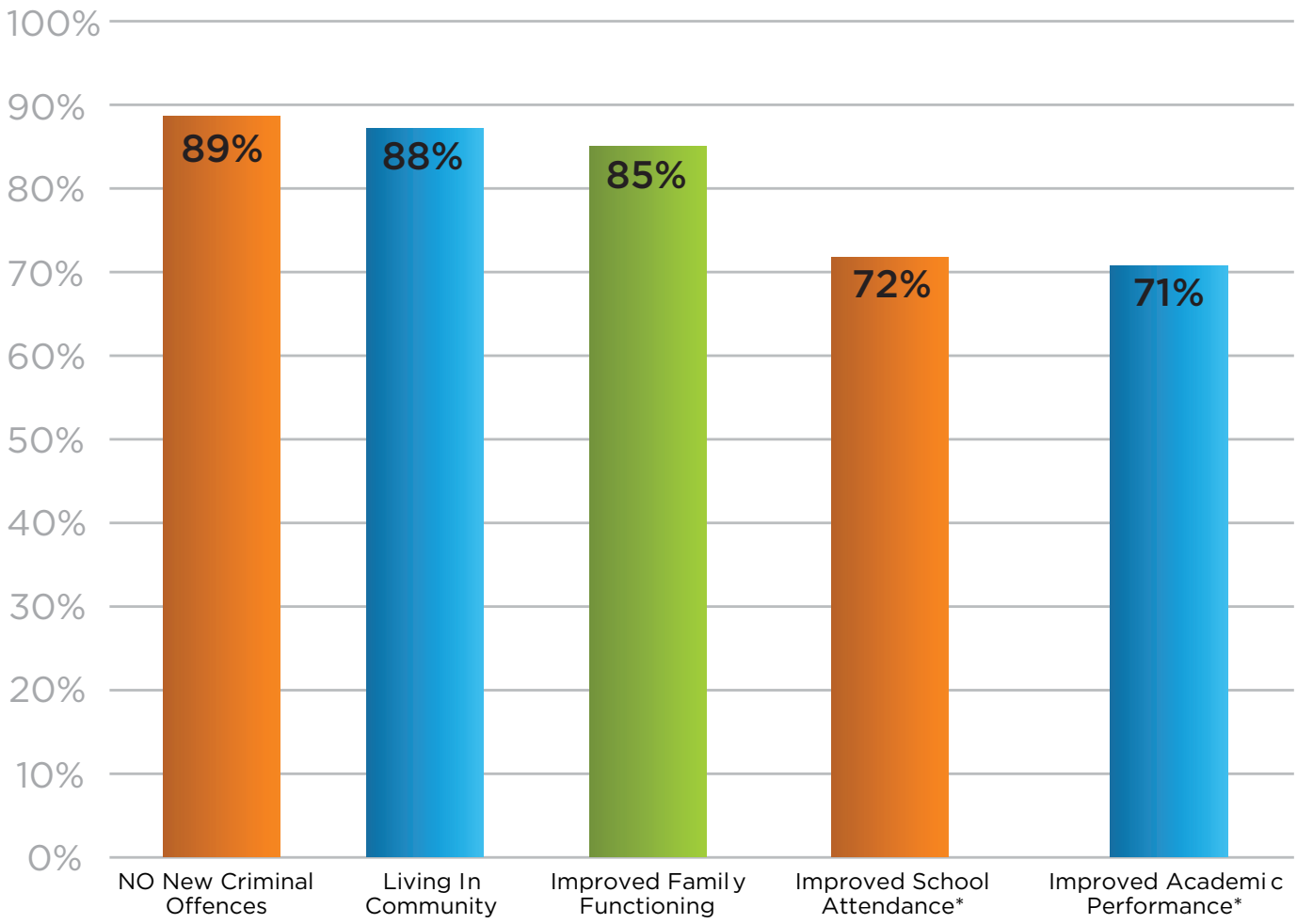
	2006	2007	2008	2009	2010	2011	2012	% change 2006 to 2012
Statewide	7,421	7,525	7,444	6,576	6,281	5,333	5,167	-30%
Cohort A	1,321	1,277	1,076	959	926	843	719	-46%
Cohort B	238	198	216	199	195	165	200	-16%

It should be noted that two cohorts may vary on dimensions other than the adoption of EBIs, and within each cohort, there was variability across counties in the rate and direction of change. For instance, as shown in the table of delinquency placements, in 2006, Cohort A was placing many more youth than Cohort B, in part due to including some more heavily populated counties. More details about the analysis can be found in the FY 2012-2013 Evidence-based Intervention Outcomes Summary from the EPISCenter.

Positive Impact for Youth

EPISCenter's INSPIRE, a web-based data system developed to track and report program impact, found more than two-thirds of youth enrolled in MST are at immediate risk of placement, 88 percent of youth remain in the community at discharge. In addition to keeping youth in their homes, MST has shown a number of benefits for Pennsylvania youth over the past three years.

Outcomes for MST Clinical Discharges in Pennslyvania, FY 2012-2014



*School-related outcomes are only reported for youth presenting with issues at intake.

Information was also collected on substance use and treatment goals beginning in 2013. In FY 2013/2014, 78 percent of youth in MST met their treatment goals and 79 percent of those referred with substance use problems had reduced or eliminated use at discharge, as reported by their therapists.

Significant Cost Savings

In its report, Return on Investment for Three Years of MST In Pennsylvania. The continue with EPISCenter puts the numbers at $21 to $50 million, based on reducing future crime. Here's how it breaks down.

Population	Program Cost[1]	Benefits[2]	Benefits Minus Cost	Youth Discharged FY 2012-14[3]	**Total**
Juvenile Justice Youth	$10,661	$23,082	$12,421	1,702	**$21,140,542**
All Youth Served	$10,661	$23,082	$12,421	4,026	**$50,006,946**

In addition, by diverting youth from costly out-of-home placements, MST is estimated to have saved the state from $27 to $67 million over the past three years by providing less costly community-based treatment.

As history shows, Pennsylvania will not stop in its efforts to find the best possible outcomes for its high-risk juveniles while at the same time protecting the public.

[1] Based on average BH-MCO rate and hours billed per completed case, as reported by Pennsylvania MST providers in a 2012 survey.

[2] Washington State Institute of Public Policy estimates as of December 2014. Estimated benefits are based upon competent, model-adherent delivery of MST with a juvenile-justice population.

[3] Includes all youth clinically discharged from MST July 1, 2012, through June 30, 2014. Administrative discharges (e.g., youth who moved out of the area or lost funding) and youth receiving MST for Problem Sexual Behavior are not included.

This white paper resulted from close collaboration between MST Services and the EPISCenter.

For more information on MST, contact MST Services.

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