



Proven Results
for Families and Communities



Current child welfare services are costly and often result in separated families

Children suffering from
maltreatment in the U.S.:

638,000

in 2015

HHS Children's Bureau

430,333

children placed in foster/kinship
care in 2015

HHS Children's Bureau

In 2015, the U.S. spent approximately

\$26.3 billion

on child welfare services and foster/kinship care

Open Minds

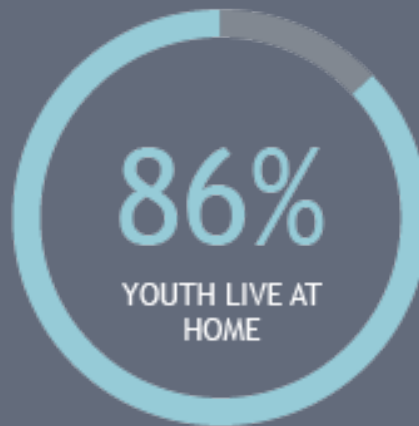
MST: Scientifically Proven to Transform Lives

MST Therapists work in the home, school and community to provide tailored interventions to risk factors that contribute to child abuse and neglect.

PROVEN RESULTS 60+ PUBLISHED STUDIES



Over 1.5 Years



Over 1.5 Years



Over 1.5 Years

MST-CAN & MST-BSF Overview

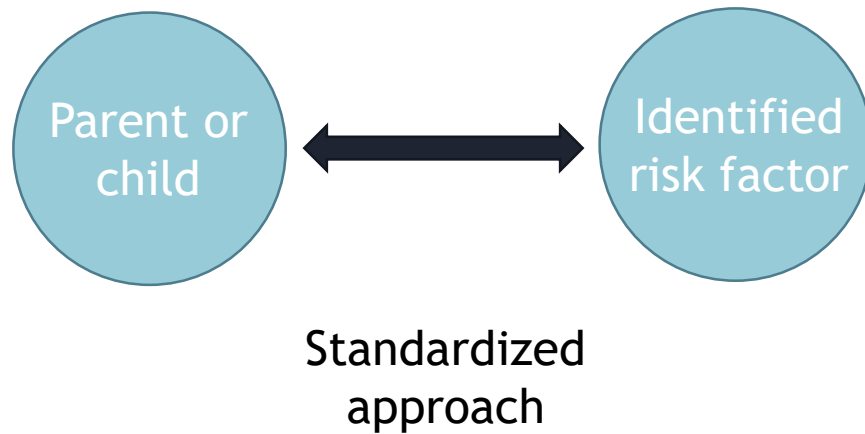
MST-CAN (Child Abuse and Neglect) Adaptation: Families involved with child protective services due to physical abuse and/or neglect of a child in the family		
Population: Children 6-17	Treatment: 3+ sessions per week, lasting 6-9 months	Evidence: 4 studies

MST-BSF (Building Stronger Families) Adaptation: Families involved with Child Protective Services due to co-occurring parental substance abuse and physical abuse and/or neglect	
Population: Children 6-17	Evidence: Pilot study complete, effectiveness study underway

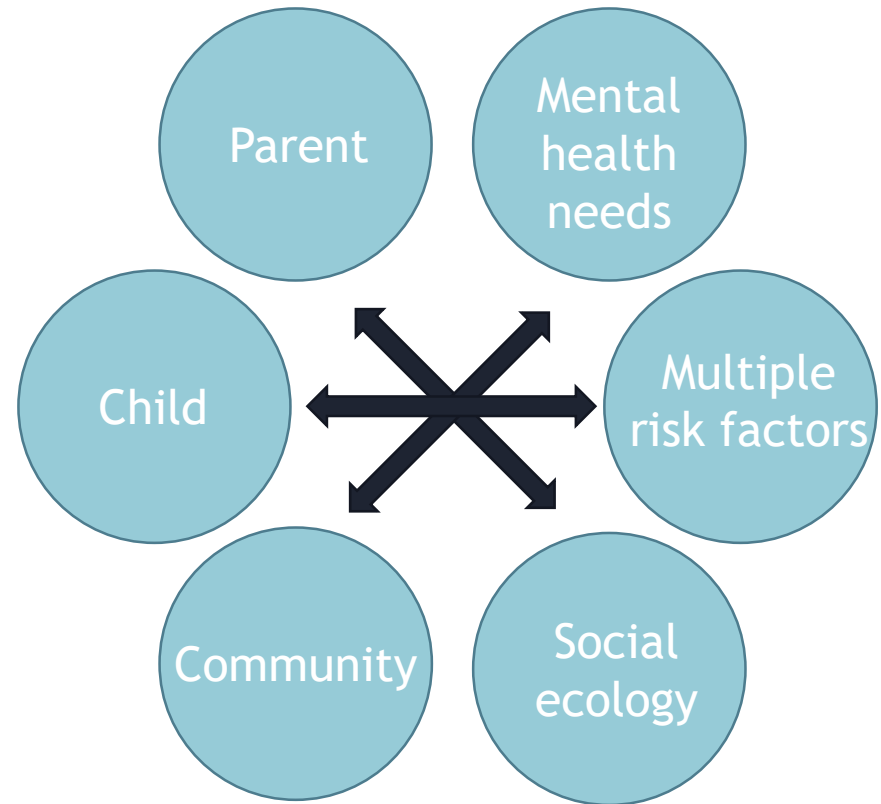
MST-CAN is rated as a “Supported” program by the California Evidence-Based Clearinghouse for Child Welfare

MST-CAN provides a tailored, holistic approach

Traditional Child Welfare Services



MST-CAN



Individualized approach,
tailored to each family

Proven Cost Savings for Communities



\$3.31

ROI
for every
dollar invested

**NET
BENEFIT**
per family



\$26,655

**MST DELIVERS
SUPERIOR CLINICAL &
FINANCIAL RESULTS
relative to
alternative treatments**

Proven Outcomes

Compared to enhanced outpatient therapy approaches, MST-CAN achieved



Fewer youths in out-of-home placements



Greater reduction in psychological aggression



Higher completion of treatment



Greater reduction in neglectful parenting



Greater reduction in minor and severe assault



Parents more likely to use nonviolent discipline

MST and MST-CAN have a global presence

MST'S GLOBAL REACH



15

COUNTRIES



34

STATES



2,500+

CLINICIANS

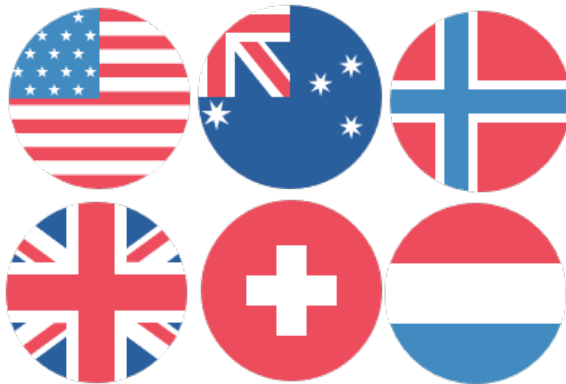


200,000+

YOUTH

MST-CAN is currently operating in 6 countries and 2 states

Countries



States



Connecticut

New York

How does MST-CAN work?

Staffing:

3 full time therapists
1 full time supervisor
1 full time crisis case worker
1 part-time psychiatrist

Treatment Length:

6-9 months, provided in the home and community

Caseloads:

Therapists have caseloads of 3-4, and see on average 6 families a year

Training:

Therapists receive the standard 5-day MST Orientation and Training, and also receive a 4-day MST-CAN training that focuses on the treatment of adult and child trauma. Quarterly boosters follow cognitive behavioral models for adults and children, based on trauma focused cognitive behavioral therapy.

Approach:

MST-CAN provides a holistic approach to physical abuse and neglect cases by taking into account the wide range of possible risk factors and systems involved. MST-CAN focuses on families and communities as a whole, tailoring interventions to the social ecology surrounding the individual experiencing physical abuse or neglect.

Quality Assurance:

MST Services provides comprehensive quality assurance services, ensuring that adherence to the MST-CAN model is maximized to deliver consistent, highest quality results.

Family First Prevention Services Act

Title VII of the Bipartisan Budget Act of 2018, the Family First Prevention Services Act (FFPSA), provides federal funds to states to provide services to prevent children from entering or re-entering foster care

The Act will support services in three areas:

1. Mental Health
2. Substance Abuse Prevention and Treatment
3. In-Home Parent Skill-Based Programs

States will be evaluated on the following outcomes:

1. Percentage of candidates for foster care who do not enter foster care
2. Per child spending

Unlike federal foster care funds, FFPSA funds will not be dependent on the family's income

FFSPA Funds are directed toward EBPs

Services must be trauma-informed, and evidenced-based according to the following categorizations

PROMISING

At least 1 study that was independently reviewed and validated

Study used some form of control group to measure outcomes

SUPPORTED

At least 1 study that was independently reviewed and validated

Study used a rigorous random-controlled trial or a quasi-experimental research design

Study was carried out in usual care or practice setting

Study found a sustained effect for at least 6 months beyond end of treatment

WELL-SUPPORTED

At least 2 studies that were independently reviewed and validated

Studies rigorous random-controlled trials or quasi-experimental research designs

Studies were carried out in usual care or practice setting

At least one study found a sustained effect for at least 1 year beyond end of treatment

MST-CAN is a “Supported” practice and states may be able to use FFSPA funds to support MST-CAN programs

Bring MST-CAN to your community

CONVENE

stakeholders to ensure collaboration and engagement in starting a successful MST program

ASSESS

level of service needed in your community to determine the number of teams to start

IDENTIFY

A provider organization

SECURE

sustainable funding sources and develop a comprehensive budget for your program

Our Program Development staff will walk you through all aspects of team start-up, from estimating costs, to assessing site readiness, to hiring and training quality team members

Charleston

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Mount Pleasant, SC 29464

Atlanta

3490 Piedmont Rd NE, Ste 304
Atlanta, GA 30305

San Francisco

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