ACCESS FOR ADOLESCENTS: MULTISYSTEMIC THERAPY IN THE JUVENILE JUSTICE SYSTEM

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ACCESS FOR ADOLESCENTS:
MULTISYSTEMIC THERAPY IN THE JUVENILE JUSTICE SYSTEM

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the requirements for the degree of Master of Public Health in the University of Kentucky College of Public Health
By Meagan Pilar Conowingo, MD

Lexington, Kentucky April 14, 2016

Chair Dr. Tina Studts

Committee member Dr. Robin Vanderpool

Committee member Dr. Kate Eddens
Abstract
In this application for funding, DC YouthLink, a non-profit organization that connects adolescents in the juvenile justice system to community resources, proposes to implement an evidence-based mental health intervention into the juvenile justice system in Washington D.C. The Director of DC YouthLink will serve as the Principal Investigator for this pilot program; she, along with five trained staff members, will be responsible for implementing multisystemic therapy (MST), an intensive form of therapy designed specifically for at-risk youth and their families. We propose to intervene at three main stages of the juvenile justice system—intake, correctional placement/probation supervision, and reentry. The short-term goals of this program will be to increase screening rates for mental illness, access to an evidence-based intervention, and levels of family functioning. Previous studies suggest that the MST program’s combination of therapy, a supportive social network, and behavioral parent training leads to a long-term decrease in recidivism rates compared to the standard of care in the juvenile justice system. All project activities include an extensive plan for evaluation and dissemination. In conclusion, we believe that this program has the potential to provide much-needed mental health services to a particularly vulnerable population, which will benefit the youth and their families, as well as the Washington D.C. community as a whole.
A. Target Population and Need

This year more than 600,000 adolescents nationally will enter the juvenile justice system’s residential placement, including juvenile detention centers, correctional facilities, shelters, and group homes.\(^1\) Previous studies suggest that 70% of the children entering the juvenile justice system have at least one mental disorder, a staggering statistic which is more than triple the national prevalence of 20%.\(^3,12,25,27,33\) Nearly 60% of children in juvenile justice placements also struggle with substance abuse. For many, the juvenile justice system is their only source of mental health treatment for these issues.\(^11,27,31,38\) An estimated 50-70% of incarcerated children are minority youth, a traditionally underserved demographic in terms of mental health.\(^11,12,22,25,31,43\) Some juvenile detention centers offer behavioral health services; however, research suggests that the mental health needs of adolescents within the juvenile justice system are still not being met.\(^38\) Even among those receiving treatment, it is estimated that only 5% of juvenile offenders are receiving an evidence-based intervention,\(^20\) which creates an unsafe and ineffective environment within the juvenile justice system for vulnerable populations with untreated mental illnesses and substance abuse problems. Finally, the lack of rehabilitation in the juvenile justice system often leads to additional problems upon release; in fact, previous studies report that 78% of adolescents released from the juvenile justice system will reoffend within three years and nearly 85% within five years.\(^26\) This is a public health problem, which needs to be addressed by early intervention and an evidence-based treatment.

The goal of this project will be to target adolescents in the juvenile justice system in Washington D.C., a particularly vulnerable and underserved population, and provide multi-systemic therapy (MST), an evidence-based mental health intervention, for the adolescents and their families. The program details will be further described in the Program Approach section.
Washington D.C. is home to 658,893 residents, of whom 118,600 are minors. Nearly 47% of the population is male, and the city’s racial/ethnic composition is approximately 50% African American, 44% Caucasian, and 10% Hispanic. However, of the new commitments in the juvenile justice system in Washington D.C. in 2015, 80% were male, and 100% were African American.\(^{44}\)

### Table 1\(^{44}\) Average Daily Distribution of Committed Youth by Placement Type in D.C.

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Placement</th>
<th>FY2011</th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based</td>
<td>Home</td>
<td>34%</td>
<td>30%</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Community-Based Residential Facilities</td>
<td>16%</td>
<td>12%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>Foster Homes</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Independent Living</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>Residential Treatment Center</td>
<td>17%</td>
<td>19%</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Model Unit</td>
<td>4%</td>
<td>6%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>In-Patient Hospital or Substance Abuse Treatment</td>
<td>9%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Awaiting Placement Facility</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>Abscondence</td>
<td>6%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Jail</td>
<td>15%</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>

### Table 2\(^{44}\) Gender Breakdown of New Commitments in D.C. JJS

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2010</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>FY2011</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>FY2012</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>FY2013</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>FY2014</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>FY2015</strong></td>
<td><strong>80%</strong></td>
<td><strong>20%</strong></td>
</tr>
</tbody>
</table>

### Table 3\(^{44}\) Race/Ethnicity Breakdown of New Commitments in D.C. JJS

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>African-American</th>
<th>Latino</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2010</td>
<td>98%</td>
<td>2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>FY2011</td>
<td>96%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>FY2012</td>
<td>95%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>FY2013</td>
<td>96%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>FY2014</td>
<td>99%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>FY2015</strong></td>
<td><strong>100%</strong></td>
<td><strong>0%</strong></td>
<td><strong>0%</strong></td>
</tr>
</tbody>
</table>

There are many existing community resources in D.C., including the Department of Behavioral Health, the Washington D.C. Health Department, and the National Council for Behavioral Health. There are also numerous faith-based and non-profit organizations. However, because of incarceration, these resources are not available for many of the adolescents involved
with the juvenile justice system. The resources available also differ depending upon which stage of the juvenile justice system the adolescent is in. Youth in detention, for example, are held an average of 15 days; as a result, few, if any, mental health services are offered. For youth in correctional placements through the Youth Services Center and the Youth Rehabilitation Services Department, mental health treatment is available. However, current statistics suggest that these services are not decreasing the severity or prevalence of mental illness, which may be associated with current recidivism rates in Washington D.C. Some youth are also sentenced to supervised probation and, eventually, reentry into the community; this is an opportunity to connect youth with existing community mental health resources. Unfortunately, as the current statistics suggest, these services are not being used to their full potential. As Figure 1 illustrates, there are strategic opportunities for intervention for youth in all stages of the juvenile justice system. The proposed project will target youth with an evidence-based intervention delivered within three main stages of the juvenile justice system (intake, correctional placement/probation supervision, and reentry).

As of January 16, 2016, there are currently a total of 103 detained adolescents in the Department of Youth and Rehabilitation Services (DYRS), as well as 68 in DYRS shelter homes. We estimate that approximately 450 youth will be involved in DYRS in 2016, based on statistics from previous years and the fact that the number of incarcerated youth has decreased slightly in the last five years. Our goal is to pilot this program in the Washington D.C. juvenile justice system on a small scale to ensure program fidelity and sustainability. We estimate that
roughly 75% of eligible adolescents will choose to enroll in this program as an alternative to other diversion methods. As a result, this program has the potential to provide much-needed mental health services to approximately 65 at-risk youth in the juvenile justice system each year.

Based on current statistics and input from the community through numerous focus groups, we were able to identify a community need, providing evidence-based mental health services in the juvenile justice system. In addition, we were able to make use of the available community resources and their experience when forming our Community Advisory Board (CAB). DC YouthLink, which originated as a collaboration between DYRS and the DC Children and Youth Investment Trust (CYITC), will be responsible for implementing this program in the juvenile justice system. This organization is committed to rehabilitating adolescents in the juvenile justice system through community-based resources. To bolster collaboration and support from within the community, we will be relying on existing partnerships, as well as reaching out to additional local resources to better meet the needs of the adolescents. DC YouthLink will connect with the Department of Behavioral Health and Community Connections, a local network of mental health clinics, to support youth through this program. In addition, there will be partnerships with local faith-based organizations, community business owners, and the District of Columbia Public Schools, which will help with the reintegration process when youth leave the juvenile justice system. This diverse group of members on the CAB will provide an adequate sample of community members with experience and connections in a variety of sectors. Throughout the duration of the grant, CAB members will be encouraged to relay changes or causes of concern from within the community. As a result, we will be able to continually evaluate community needs and resources from a variety of perspectives. More details on
continuous assessment will be provided in the Performance Measures and Evaluation portion of the grant.

In order to recruit participants for this program, we will rely on referrals from within the juvenile justice system; as Figure 1 illustrates, there are three critical stages for intervention—intake, detention/probation, and reentry into the community. **INTAKE:** In the past, adolescents have only been connected to DC YouthLink and the organization’s services a few days before they are released from the juvenile justice system. However, because our goal is to intervene earlier, we will be contacting all court-involved youth and their families within three days of admittance. The Department of Youth Rehabilitation Services has agreed to provide referrals to the Director of DC YouthLink through daily lists of newly-admitted adolescents (please see Letters of Support in Appendix 1). The Director will then forward all information to the MST therapists, who will connect with the adolescents and their legal guardians regarding screening and potential entry into the program. **DETENTION/PROBATION:** In addition, we will offer the intervention for adolescents who are currently detained, as well as those on probation. The intervention would serve as an alternative to the court-mandated Diversion Program. The Department of Youth Rehabilitation Services, the Youth Services Center, and the New Beginnings Youth Development Center have agreed to provide referrals for all youth currently involved in their services (please see Letters of Support in Appendix 1). The Director will then forward all information to the MST therapists, who will connect with the adolescents and their guardians regarding screening and potential entry into the program. **REENTRY:** Finally, this program will target all youth who have been involved with the juvenile justice system and recently released back into the community. The Department of Youth Rehabilitation Services, the Youth Services Center, and the New Beginnings Youth Development Center have agreed to
provide referrals for all youth who utilized their services in the past three months (please see Letters of Support in Appendix 1). The Director will then forward all information to the MST therapists, who will connect with the adolescents regarding screening and potential entry into the program. This methodology will allow us to potentially recruit and provide mental health treatment to juveniles at each critical intervention point; this will encompass all group homes, local shelters, and detention centers for juveniles in this geographic area. We believe that this intervention will provide an appealing alternative to youth compared to the Diversion Program and traditional therapy offered by DYRS, which will result in high program enrollment.

Before recruiting youth for this program, we have considered potential barriers to enrollment. One potential barrier for enrollment will be the lack of incentive for participating; currently, traditional one-on-one therapy is provided through the judicial system. In order to encourage enrollment and long-term participation, there will be a system of small incentives in place for participation in the research aspects of the project. For example, attending a family therapy session could result in a $3 voucher for the commissary or a local restaurant, while participating in an independent counseling session could merit a t-shirt. Treatment typically lasts four months; however, the frequency of sessions depends on the needs of the adolescent and his/her family. As a result, we estimate that incentives would cost about $100 per participant throughout the duration of the program, which has been shown to increase enrollment, and subsequent retention in intervention programs.

B. Program Approach

In order to identify and treat adolescents involved with the justice system, we will implement an existing evidence-based intervention, Multisystemic Therapy (MST), in three locations throughout Washington D.C.—homes, DYRS centers, and residential placement.
facilities, which will target adolescents in the intake, correctional placement/probation supervision, and reentry stages. No adaptations to existing MST components are anticipated; however, we will be including several measures to increase screening rates and assess familial support and parental perceptions upon entry into the juvenile justice system. The additional measures include the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2), Family Emotional Involvement and Criticism Scale (FEICS-II), The Child Behavior Checklist for Adolescents (CBCL), and the Parent Adolescent Conflict Scale Young Adult (PAC-YA). We will target adolescents currently involved in the system through group homes, local shelters, and detention centers. In addition, we will offer the intervention for those on probation as part of the Diversion Program. Finally, the program will also be available for those who have been recently released (in the past three months) from the juvenile justice system. However, if youth reoffend after receiving MST, they will not be eligible for reenrollment in the program. We estimate that 75% of the eligible adolescents will participate, and we believe that this method will provide adequate representation of adolescents involved with the juvenile justice system.

To increase screening rates for mental illness and test eligibility for the program, all adolescents will be asked to complete the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2), a 52-item screening tool designed to identify mental illness and substance abuse problems. This will provide detailed information regarding the adolescent’s mental and behavioral health and will allow every individual to receive the specialized treatment that he or she needs. Multisystemic Therapy (MST) will then be implemented in homes and detention centers, as well as in residential placement facilities associated with the juvenile justice system. The MST program focuses on behavioral interventions with the adolescent, as well as behavioral
parent training (BPT) sessions for the guardians. In addition, the program focuses on using community resources, including schools, sports, and part-time jobs, to provide adolescents with healthy and productive ways to spend their free time, and counselors are available 24/7.

MST was chosen for this project because it was designed for adolescents in the juvenile justice system. MST is an intensive program for youth ages 12-17, typically lasting four months. With more than 43,000 families involved, previous participants came from diverse racial/ethnic, geographic, and socio-economic backgrounds. In more than 100 peer-reviewed research publications, the MST program has been shown to improve mental health, increase family functioning, and decrease recidivism. For example, several studies found that youth who participated in the MST program exhibited long-term rearrest rates with an average of 42% (ranging from 37-63%) lower than youth who received traditional community services and individual counseling. Given its focus on diverse youth in the juvenile justice system, we believe that this program will align well with the specific needs of our target population and involve materials which are appropriate and inclusive. The intervention addresses myriad risk factors affecting both mental health and substance abuse, including family support, peer influence, school environment, and others. In addition, previous studies indicate that MST is a cost-effective solution, which costs significantly less than traditional therapy. The goal of MST is to improve the adolescent’s mental health by creating a more positive environment through pre-existing community resources and family support. Using the socio-ecological model as a framework (see Figure 2), this evidence-based intervention provides 24/7
support from trained therapists in the adolescent’s environment.

We estimate that the first 6-12 months of the project period will be spent in a planning and preparation phase, during which time we will collect and organize MST materials, train all staff members, organize the CAB, and pilot the program with approximately 5 families. This period will allow us to address any issues before full-scale implementation in the juvenile justice system. In the first phase of the program, we will hire masters-level therapists and supervisors, who will be employed to oversee the implementation of MST. All MST employees will then receive training from the MST Institute. The implementation of this program will involve one team, which will be comprised of one supervisor and four therapists. Each therapist will manage a caseload of 4-6 families, and families are enrolled in the program for an average of 4 months. As a result, the MST team will reach approximately 65 families each year. They will be responsible for screening all adolescents, prescribing a course of action, and implementing the appropriate intervention for the families. Based on MST protocols, all staff will be required to attend an initial 5-day training, as well as quarterly 1.5 day booster sessions. In addition, there will be weekly telephone consultations with the MST program supervisor, as outlined in the MST implementation guide and the attached logic model. To ensure that the program is inclusive to all adolescents, regardless of age, sex, race, or ethnicity, all staff in detention centers, correctional facilities, shelters, and group homes will receive training in harassment and safety prevention from the Department of Behavioral Health (see Letters of Support in Appendix 1). Finally, all MST staff will receive the same home visiting safety protocol training as is used for state social workers. These training opportunities will ensure that all staff members are trained to interact with adolescents in a way that will bolster the MST program, better meet the needs of both employees and juveniles, and ensure safety for all parties involved.
Finally, we will also use the first 6-12 months to organize and introduce the CAB members, which will consist of community leaders and members of the DC YouthLink Service Coalition who will provide input regarding the program’s outreach and ways to better serve the adolescents. In order to provide a mental health perspective, as well as connections to local resources, there will be members from the Department of Mental Health and Community Connections, a local mental health clinic. In addition, because the MST program focuses on connecting adolescents to other community activities, DC YouthLink will include members from local faith-based organizations and business owners, as well as the District of Columbia Public Schools in the CAB. In order to effectively change the existing infrastructure of the juvenile justice system, there will also be representation from policymakers and the juvenile justice system, including New Beginnings Youth Development Center, and representatives from the group homes. Lastly, the CAB will consist of families of current incarcerated adolescents, as well as young adults who were previously involved in the juvenile justice system. There will be monthly CAB meetings to ensure collaborative and supportive efforts from the community. As described in the previous section, the program will rely on referrals from the Department of Youth Rehabilitation Services, the Youth Services Center, and the New Beginnings Youth Development Center and will target three critical stages for intervention—intake, detention/probation, and reentry into the community. Because the MST model relies heavily on pre-existing community structures and the socio-ecological model, we believe that incorporating a variety of community partners will increase the likelihood of mental health treatment and behavioral change for the adolescents.

In order to create an effective and sustainable program, we will use the strategies and procedures outlined in Strategies Guided by Best Practice for Community Mobilization. (1)
Engage diverse organizations, community leaders, and residents—The CAB will be comprised of stakeholders, community leaders, and Washington D.C. residents affected by the juvenile justice system. CAB members will include representatives from local mental health clinics, faith-based organizations, public schools, families, and the juvenile justice system, as well as existing members of the DC YouthLink Service Coalition. In the future, additional CAB members may be added to this diverse group. (2) Develop a shared vision—Before beginning this project, all involved parties will gather and create a mission statement, which will help guide the implementation of the MST program. Ultimately, the goals are to reduce recidivism rates, increase familial support, and improve access to quality care for adolescents in the Washington D.C. juvenile justice system. However, in the event that the CAB and MST staff members differ regarding outcomes or implementation strategies, the Director of DC YouthLink will serve as a mediator between the two parties to reach a consensus. (3) Create a strategic plan—In addition to the shared vision, all stakeholders and CAB members will gather to create measurable and attainable objectives for the project, ways to accomplish each task, and tentative deadlines for each step. The strategic plan is outlined in the logic model (see attachment). To support the planning cycle and the vision of this project, the CAB will meet the first Friday of each month throughout implementation to assess progress, share insights, and improve overall and specific processes.

In order to monitor the effectiveness of the intervention, we will follow the guidelines outlined in the MST program. This includes the following measures, which are implemented throughout the intervention with each adolescent and family: Therapist Adherence Measure-Revised (TAM-R); Supervisor Adherence Measure (SAM); Consultant Adherence Measure
These measures will be described in further detail in the Performance Measures and Evaluation section.

Because of the at-risk population with whom we will be working, this program will use a trauma-informed approach to realize, recognize, and respond to potential trauma and the consequences. There will be extensive training required for staff members, as well as community referrals available for youth when needed. Because the CAB will consist of representatives from DC YouthLink Service Coalition, the Department of Behavioral Health, Community Connections, faith-based organizations, local businesses, the District of Columbia Public Schools, and the juvenile justice system, the CAB meetings will ensure that youth and linked and referred to appropriate community resources during the program. All referrals from this program will come from within the juvenile justice system, and both youth and their families will be made aware of the mental health services available. The Department of Youth Rehabilitation Services, the Youth Services Center, and the New Beginnings Youth Development Center have agreed to provide referrals for all youth currently involved in their services (please see Letters of Support in Appendix 1). After receiving the referrals, the Director will then forward all information to the MST therapists, who will connect with the adolescents and their families regarding screening and potential entry into the program. Because all referrals from this program will come from within the juvenile justice system, all staff will have received thorough training through the trauma-informed approach and the MST program.

The CAB, consisting of representatives from DC YouthLink Service Coalition, the Department of Mental Health, Community Connections, local faith-based organizations, business owners, the District of Columbia Public Schools, policy-makers, and the juvenile justice system, will focus on internal and external communication to disseminate all relevant updates and
findings regarding the mental health program. The CAB will meet on the first Friday of each month; the monthly meetings will provide an opportunity to discuss status reports. In addition, bi-weekly emails will provide a free, convenient means of distributing program updates, which is preferred by CAB members. The goal of frequent communication and dissemination of results will be to keep all stakeholders up-to-date regarding the program, its successes, and potential challenges.

The sustainability of this project will involve continued community support and collaboration, as well as some potential budget reallocation within the juvenile justice system. For example, if results of this project are positive and suggest significant improvements in short-term and long-term outcomes, finances previously used for traditional therapy for adolescents in the juvenile justice system could be designated to the MST project, which could become the standard of care for incarcerated adolescents. Alternatively, the program costs could be budgeted into an additional service provided by DC YouthLink. Program costs could also be offset by donors, as well as additional funding from grant applications. Finally, throughout the course of the grant, the CAB will focus on improving relationships between community resources, including mental health facilities, faith-based organizations, local business owners, the DC school system, and the juvenile justice system. This collaboration could aid in the financial sustainability of the MST program, while contributing to the long-term rehabilitation of juveniles with mental illness.

It is also important to keep in mind that, although MST may appear to be a costly program, research suggests that it is much more cost-effective than incarcerating adolescents long-term. According to Figure 3, Maryland taxpayers spend an average of $229 per day on each detained youth. As of January 16, 2016, approximately 170 youth are involved in the
juvenile justice system in Washington D.C. As a result, the District of Columbia is currently spending about $39,000 daily on youth in the juvenile justice system. Assuming that there are only 100 adolescents in the juvenile justice system at any given time, this means that taxpayers will be spending nearly $8.5 million next year on costs of living in the juvenile justice system. Similarly, one study found that, for every dollar spent on delivering the MST program, taxpayers would save anywhere from $9-$24 in the long-run because of the high costs of incarceration. When looking at this return on investment, the MST program could provide a cost-effective solution for the taxpayers and adolescents in the justice system, while ultimately benefiting the DC community long-term.

There are two main potential challenges that the program might encounter; however, we have anticipated ways to overcome this issues, should they arise. (1) Retention rates for adolescents involved in the program. In order to encourage long-term participation from the adolescents, there will be a system of small incentives in place for participation in the research and counseling throughout the project; past research studies suggest that this is an effective way to increase attendance and may subsequently impact retention. Treatment typically lasts four
months with the frequency of meetings depending upon the family’s needs. Toward the beginning of the program, youth and their family may meet daily; however, as the adolescent progresses, meetings will become more infrequent—typically weekly. Although the number of total meetings will vary from family to family, we estimate that incentives would cost about $100 per participant throughout the duration of the 16-week program. In addition, we will have a strategic plan in place if retention is problematic. For example, we will meet with referral sources in the juvenile justice system to potentially identify and enroll additional adolescents. (2)

**Staff retention throughout the duration of the program.** Employee retention is a concern in any work environment; however, we realize that working with at-risk adolescents in the juvenile justice system could be particularly taxing. To encourage employees to continue working in this environment, we will be offering competitive wages, as well as a supportive team structure. Weekly meetings with supervisors, as well as assistance from the CAB will ensure that all therapists feel appreciated and supported. In addition, supervisors have bi-weekly phone meetings and quarterly trainings with MST headquarters to provide ample training and support for them as well.

**C. Performance Measures and Evaluation**

Goals for the program:

(1) Improve screening rates in the juvenile justice system by screening each adolescent using the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2) $^{14}$ within 5 days of sentencing. Screening will also be conducted for adolescents who are already in the system, as well as those who have been released within the past 3 months.
(2) Connect all eligible participants to a qualified MST counselor within 10 days of entry into the juvenile justice system. The counselor will serve as the youth’s case manager for the duration of his/her stay.

(3) Increase family involvement by conducting at least one family therapy session within 30 days of entering into the system. We estimate that 75% of families will comply.\textsuperscript{19}

(4) Continually monitor and improve program retention rates with at least 75% of adolescents completing the program, compared to MST program averages.\textsuperscript{18,19}

(5) Decrease parent-adolescent conflict using the PAC-YA\textsuperscript{42} measurement tool to compare pre-tests and post-tests.

(6) Increase family support using the FEICS-II\textsuperscript{36} measurement tool to compare pre-tests and post-tests.

(7) Decrease perceived negative behaviors in adolescents using the CBCL\textsuperscript{1} measurement tool to compare pre-tests and post-tests.

(8) Reduce recidivism rates in Washington D.C. by 10% by the end of the grant, with lower recidivism rates among MST participants than non-participants. The 10% reduction benchmark is based on the results from previous studies.\textsuperscript{2,32,35,40}

The recidivism rate in Washington D.C. has declined slightly in the last five years, and we believe that the additional mental health and behavioral program provided by this program will result in the continued decrease of recidivism rate. We know that we will be able to collect data for this project because interventions have already been done using MST within the juvenile justice system.\textsuperscript{2,19,32,40} In addition, there are existing behavioral services in place for youth in Washington D.C. Finally, we have written consent from the Director of DYRS (please see Letters of Support in Appendix 1). To guide our continuous evaluation processes, we will use the
RE-AIM framework,\textsuperscript{10,13} which targets an intervention’s reach, effectiveness, adoption, implementation, and maintenance.

**REACH (of intended target population)**

In order to evaluate the reach of the MST program in the juvenile justice system, MST therapists and supervisors will be monitoring the number of adolescents in the system, the number who received an offer to join the program, and the number who accepted. This data collection will be ongoing, and all data reports will be updated monthly. We estimate that 75\% of the eligible invited adolescents will participate, which we believe will provide adequate representation of adolescents involved with the juvenile justice system. Finally, we estimate that this program will target approximately 65 youth and their families in the juvenile justice system each year.

**EFFECTIVENESS**

In order to measure the effectiveness of this program, we will be monitoring a myriad of outcomes, which assess adolescents, their families, and the long-term program effects on recidivism in Washington D.C. Upon entry into the juvenile justice system, each adolescent will be asked to complete the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2).\textsuperscript{14} This screening tool will increase screening for mental health concerns, as well as substance abuse; in addition, it will allow us to determine if youth qualify for the MST program based on the presence of mental illness.

Upon entry into the program, an MST therapist will meet with both the adolescent and his/her family to conduct a baseline assessment. The MST measurements, which were designed to assess familial support and parental perceptions, will also be administered at the end of treatment to compare results. The Family Emotional Involvement and Criticism Scale (FEICS-
a self-report measure completed by the adolescent, will be used to target the emotional involvement of the family. The Child Behavior Checklist for Adolescents (CBCL)\(^1\) and the Parent Adolescent Conflict Scale Young Adult (PAC-YA)\(^42\) are parent-report forms for identifying emotional and behavioral issues in children. Over the course of the program, we expect to see an increase in familial support, a decrease in perceived negative behaviors, and a decrease in parent-adolescent conflict by the end of the program.

Recidivism is another outcome that will be monitored throughout the program. Previous studies report that 78% adolescents released from the juvenile justice system will reoffend within three years and nearly 85% within five years.\(^{26}\) As a result, we will be collecting data regarding adolescents’ completion rates for the MST program; we will then follow all adolescents in the juvenile justice system throughout the duration of the grant to monitor recidivism rates between groups (those who enrolled vs. those who did not). We will compare current recidivism rates to those reported from the past five years in Washington D.C. to test whether or not the program affected the adolescents’ reentry into the juvenile justice system. We will also be comparing recidivism rates of those who enrolled in the program with those who did not. This longitudinal data collection will be conducted every six months after the adolescent has completed or withdrawn from the program; this will continue until the end of the grant. Finally, we recognize the limitation regarding selection bias in this pilot program; the youth who choose to participate in MST will likely differ from youth who decline. This will be considered and addressed when disseminating program results.

**ADOPTION (by target staff, settings, or institutions)**

Throughout the course of the program, we will be monitoring the program adoption of all MST staff. Each staff member will be trained by the MST Institute and well-versed in the
program’s mission. In addition, MST staff will meet with DC YouthLink Director every six weeks to discuss barriers and successes to program adoption in the juvenile justice system. These meetings will facilitate feedback and continuous quality improvement to increase adoption throughout the duration of the grant. Adoption will not be tested as an outcome, but monitored to ensure trouble-shooting occurs if needed throughout the project period.

**IMPLEMENTATION (consistency, costs and adaptations made during delivery)**

Throughout the duration of the program, performance measures will be collected and reported regularly by the MST supervisors, therapists, and their respective cases to monitor the fidelity of the MST program staff. The MST program has a rigorous evaluation system for continuous quality improvement, which is illustrated in Figure 4 and Table 4. The **Therapist Adherence Measure-Revised (TAM-R)** is used by primary caregivers to ensure that all therapists are following the MST model; similarly, the **Supervisor Adherence Measure (SAM)** provides an opportunity for all therapists to rate their supervisor’s level of adherence to the MST model. The **Consultant Adherence Measure (CAM)** allows all MST supervisors and therapists to provide anonymous feedback for their MST consultant/expert, while the **Program Implementation Review (PIR)** compiles all data into a report, allowing for a comprehensive evaluation of the MST program’s strengths and weaknesses. We will be following the guidelines established by the MST program, and each
therapist, supervisor, and consultant will receive appropriate training for the evaluation requirements and standards. In the event that fidelity levels are not sufficient, as defined by the MST Institute, we will implement additional training booster sessions for MST staff.

Table 4 MST Performance Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Length</th>
<th>Collected From</th>
<th>First Administered</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAM-R</td>
<td>10-15 min</td>
<td>Primary Caregivers</td>
<td>During 2nd week of MST</td>
<td>Monthly</td>
</tr>
<tr>
<td>SAM</td>
<td>10-15 min</td>
<td>MST Therapists</td>
<td>1 month after program begins</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>CAM</td>
<td>10-15 min</td>
<td>MST Therapists and Supervisors</td>
<td>2 months after program begins</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>PIR</td>
<td>Varies</td>
<td>MST Supervisors and MST Expert</td>
<td>6 months after program begins</td>
<td>Every 6 months</td>
</tr>
</tbody>
</table>

No adaptations to existing MST components are anticipated; however, we will be including several measures to increase screening rates and assess familial support and parental perceptions upon entry into the juvenile justice system. The additional measures include the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2), Family Emotional Involvement and Criticism Scale (FEICS-II), The Child Behavior Checklist for Adolescents (CBCL), and the Parent Adolescent Conflict Scale Young Adult (PAC-YA).

**MAINTENANCE (of intervention effects in individuals and settings over time)**

Finally, the MST staff members will use repeated measures to monitor the programmatic maintenance of adolescents and their families after completion or withdrawal from the program. Previous studies and statistics report that 78% adolescents released from the juvenile justice system will reoffend within three years and nearly 85% within five years. As a result, we will be collecting data regarding adolescents’ completion rates for the MST program; we will then follow all adolescents in the juvenile justice system throughout the duration of the grant to
monitor recidivism rates between groups (those who enrolled vs. those who did not). Finally, we will compare current recidivism rates to those reported from the past five years in Washington D.C. to test whether or not the program affected the adolescents’ reentry into the juvenile justice system. In addition, we will be following up with families to test the long-term effects of the behavioral parent training (BPT), familial support, and the adolescent’s emotional and behavioral functioning. This longitudinal data collection will be conducted every six months after the adolescent has completed or withdrawn from the program; this will continue until the end of the grant.

Potential obstacles for the proper collection and maintenance of data could result from a heavy workload; however, the MST program requires that therapists manage a small case load of less than 10 families. As a result, there will be adequate time and resources to manage all cases and accompanying data. Each case worker will be required to report data for a minimum of four families. This will ensure that data is consistently being recorded and submitted. In addition, if issues arise, MST supervisors and consultants will be available for support.

D. Capacity and Experience of the Applicant Organization

DC YouthLink was founded in 2009 and originated as a collaboration between DYRS and the DC Children and Youth Investment Trust (CYITC), organizations committed to rehabilitating adolescents through existing community-based resources, including mentoring, tutoring, job training, recreation, etc. In 2013, DC YouthLink began exploring evidence-based intervention models for mentoring incarcerated youth; as a result, the organization is familiar with the importance of implementing evidence-based interventions. In the first three years of the program, the outreach grew from 10 adolescents to over 1,100 served in the D.C. community. DC YouthLink focuses solely on adolescents involved with the juvenile justice system, which is
reflected by the organization’s three primary goals: “(1) Connect DYRS youth to services, supports, and resources that help them succeed in a community setting; (2) Enhance public safety by promoting DYRS youths’ rehabilitation through positive, structured activities and enhanced supervision; (3) Re-invest in community-based organizations to create safe, strong environments that support youth where they live.” As a result, DC YouthLink is experienced with implementing programs in the target community and is dedicated to promoting positive youth development while reducing negative health and social outcomes.

Similarly, DC YouthLink has an established community advisory board, referred to as the DC YouthLink Service Coalition, which consists of about 15 local organizations focused on youth development. In addition, two organizations, East of the River Clergy-Police Community Partnership and the Progressive Life Center, provide oversight and guidance for DC YouthLink. Finally, DC YouthLink has existing partnerships with over 50 organizations in Washington D.C., demonstrating the ability to gather a diverse group of community leaders. The CAB for this project would also include youth representatives from the juvenile justice system, as well as families of previous and current incarcerated adolescents.

DC YouthLink and its partners have collaborated to implement a community-based program that offers numerous free services, including mentoring, tutoring, job training, and recreation to adolescents in the juvenile justice system. Since its beginning in 2009, DC YouthLink and its founders have been dedicated to monitoring its programmatic effect by collecting data including but not limited to recidivism rates, number of youth enrolled in the program, and number of youth enrolled in specific services. For example, DYRS and the DC Children and Youth Investment Trust manage quality improvement of DC YouthLink through “regular reporting on youth engagement, site visits and case file monitoring, and financial
Similarly, DC YouthLink tracks data and makes programmatic adjustments accordingly. Based on data that DC YouthLink collected, adolescent recidivism rates in Washington D.C. decreased from 42% to 30% from 2009-2013. Although the recidivism rates had decreased, the statistics still suggested that one out of every three youth released from the juvenile justice system in Washington D.C. would be re-incarcerated. To continuously improve the quality of the overall program, DC YouthLink decided to implement an evidence-based tutoring intervention.

As an organization, DC YouthLink has already demonstrated that it is capable of maintaining programmatic and financial sustainability, cultivating community partnerships, and providing training and assistance. The program has existed for six years and has become ingrained into the culture and community in Washington D.C. There are dozens of community partnerships, including oversight and guidance from two additional organizations. DC YouthLink has an established foundation for working with at-risk youth, securing millions in funding sources from a wide array of sources, and implementing much-needed services into the Washington D.C. community. This grant would provide additional training and resources, which would improve this program by providing an evidence-based mental health intervention for a vulnerable population.

This proposed program will implement an evidence-based mental health intervention with adolescents; the ultimate goals are to improve access to quality care, increase familial support, and reduce recidivism rates for adolescents in the Washington D.C. juvenile justice system. Similarly, DC YouthLink’s mission and vision is to connect youth in the juvenile justice system to community-based services, creating active citizens who are engaged in their communities. The following are examples of successes obtained by DC YouthLink and its
partnerships: From 2009-2013: 700+ acquired community mentors; 450+ completed vocational training; 300+ received education services; 150+ found an internship; 140+ earned professional certificates; 75+ graduated from high school; 19 enrolled in college.\(^5\) In 2015, 303 were connected to services through DC YouthLink; over 30 obtained employment; 12 enrolled in college; 12 graduated from high school.\(^7\) Based on DC YouthLink’s track record, the organization has shown that it is dedicated to improving the lives of youth in the juvenile justice system and, ultimately, decreasing recidivism rates; as a result, the organization would be more than capable of supporting the endeavors of this evidence-based intervention.

In addition, DC YouthLink has demonstrated that it is well-equipped to effectively and efficiently manage its financial resources, staff performance, and partnerships. The management of funds for DC YouthLink is the responsibility of the financial resources department with oversight from the organization’s Director. In addition, two partner organizations, East of the River Clergy-Police Community Partnership and the Progressive Life Center, provide oversight for DC YouthLink’s financial resources. This set-up ensures that all funds are allocated fairly and justifiably for the benefit of the program’s adolescents.

Staff performance is also closely monitored by DC YouthLink through semi-annual staff reviews, which are conducted by program supervisors. Outcomes achieved by staff and the organization’s partnerships are monitored closely; weekly meetings, phone calls, and/or emails allow for frequent feedback between staff, supervisors, and partner organizations. In the past 6 years, DC YouthLink has also focused on data collection as a means of evaluation outreach and program effectiveness. Each partnership is responsible for calculating data in the form of attendance, certifications earned, internships acquired, job shadowing hours, etc. before submitting findings to the program Director for analysis and dissemination. The findings are then
sent to community partnerships for review; this process allows the community to collectively assess its needs, distribute resources, and ensure that DC YouthLink resources are being used in the most effective way possible. As a result, DC YouthLink is able to monitor its effects, use the data for continual quality improvement, and formulate a strategic plan for implementation in the community. This form of consistent communication, along with the rigorous data collection and usage statistics, ensures that all programs, training, coaching, and support are being delivered properly for the benefit of youth in the juvenile justice system.

Professional development (PD) is also a priority for DC YouthLink. Each staff member is required to complete 20 hours of PD annually through a combination of webinars, workshops, on-site trainings, and conferences. Because DC YouthLink relies heavily on data and results to justify spending, staff members are familiar with using data to monitor the program’s quality and effectiveness. All staff members are trained during orientation and can choose to receive regular booster-trainings as a part of annual PD. The implementation of DC YouthLink’s Equal Employment Opportunity (EEO) is also reinforced at all PD trainings. There are also policies in place that prohibit discrimination on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity. “All employees, including supervisors and other management personnel, are expected to respond appropriately to allegations of harassment and are required to uphold governing laws and our policy. To that end, managers and supervisors will complete periodic required training to ensure they clearly understand their role and responsibility in addressing and eliminating all forms of harassment.”

Finally, DC YouthLink boasts a 10% turnover rate, significantly lower than the national average. We credit this success to the fulfilling nature of the work, competitive wages, high level of support, and positive atmosphere
within the organization. We also believe these rates will translate to MST staff due to the small caseloads, intensive training, competitive salary, and support from the MST Institute.

E. Partnerships and Collaboration

To bolster collaboration and community support throughout this project, we will organize and add to an existing CAB, which will consist of community leaders and members of the DC YouthLink Service Coalition who can provide input regarding the program’s outreach and ways to better serve the adolescents. Letters from the following individual supporters can be found in Appendix 1. To begin with, the CAB will contain support from policy-level connections to potentially and effectively change the existing infrastructure of the juvenile justice system. For example, Mayor Muriel Bowser has agreed to participate in the CAB. In addition, community-level partnerships will bolster the strength of the CAB. In order to provide a mental health perspective and connections to local resources, Dr. Tanya A. Royster, MD, the Director of the Department of Behavioral Health, and Dr. Maxine Harris, CEO and Co-founder of Community Connections, will serve on the CAB. In addition, because the MST program focuses on connecting adolescents to other community activities, DC YouthLink will include members from local faith-based organizations and business owners, as well as Peter Weber, Chief of Staff of the District of Columbia Public Schools, in the CAB. The following organizational-level representation from across the juvenile justice system will be involved in the CAB: Clinton Lacey, Director of DYRS; Willie Fulllove, the Supervisor of Residential Programs; Garine Dalce, Supervisor of Youth and Family Programs; Sheree Moore, Supervisor of New Beginnings Youth Development Center; Ronald Staton, Supervisor of Shelter Homes; and Morena Lancaster, who is responsible for organizing transportation for family members of adolescents in the juvenile justice system. Finally, individual-level CAB members will be represented; families
of current or recent incarcerated adolescents and young adults who were previously involved in the juvenile justice system will be integrated into the CAB as well. Two families and three reintegrated young adults have been recruited for this project. There will be monthly CAB meetings to ensure open lines of communication regarding challenges and successes; in addition, meetings will provide opportunities to receive input from the community. Because the MST model relies heavily on pre-existing community structures and the socio-ecological model, we believe that incorporating a variety of community partners will increase the likelihood of mental health treatment and behavioral change for the adolescents.

As described in the Capacity and Experience of the Organization section, DC YouthLink has demonstrated the ability to provide evidence-based interventions in the Washington D.C. community with adolescents in the juvenile justice system, this program’s target population. DC YouthLink is also dedicated to this proposed program, which closely aligns with the organization’s mission and vision statement. The dedication to serving the community and juvenile justice system is also reflected in DC YouthLink’s three primary goals: “(1) Connect DYRS youth to services, supports, and resources that help them succeed in a community setting; (2) Enhance public safety by promoting DYRS youths’ rehabilitation through positive, structured activities and enhanced supervision; (3) Re-invest in community-based organizations to create safe, strong environments that support youth where they live.” As a result, DC YouthLink is familiar with implementing programs in the target community and is dedicated to promoting positive youth development while reducing negative health and social outcomes.

DC YouthLink is dedicated to monitoring programmatic effect and using the results for continuous quality control. Forms of data monitored by DC YouthLink include recidivism rates and the number of youth connected to community resources through the program. In the
past 6 years, DC YouthLink has also focused on **data collection from partnerships** as a means of evaluation outreach and program effectiveness. Each partnership is responsible for monitoring and recording data in the form of attendance, certifications earned, internships acquired, job shadowing hours, etc. The findings are then submitted to the program Director for analysis, used to inform programmatic adjustment, and disseminated to community partnerships for review. As a result, DC YouthLink is able to monitor its effects, use the data for continual quality improvement, and use community partnerships to formulate a strategic plan for implementation in the community. Finally, DYRS and the DC Children and Youth Investment Trust support DC YouthLink’s quality improvement through “regular reporting on youth engagement, site visits and case file monitoring, and financial reviews.” These various forms of data collection and performance evaluation help to ensure high quality programmatic delivery for DC YouthLink.

As an organization, DC YouthLink has already demonstrated that it is capable of managing its financial resources. For example, the program has existed for six years and has become ingrained into the culture and community in Washington D.C., resulting in dozens of community partnerships. As a result, DC YouthLink has secured millions in funding from a wide array of sources, which has allowed the organization to implement much-needed services into the community. The management of funds for DC YouthLink is the responsibility of the financial resources department with oversight from the organization’s Director. In addition, two partner organizations, East of the River Clergy-Police Community Partnership and the Progressive Life Center, provide oversight for DC YouthLink’s financial resources. This set-up ensures that all funds are allocated fairly and justifiably for the benefit of the program’s adolescents.

Staff performance is closely monitored by DC YouthLink through semi-annual staff reviews, which are conducted by program supervisors. Outcomes achieved by staff and the
organization’s partnerships are monitored closely; weekly meetings, phone calls, and/or emails allow for frequent feedback between staff, supervisors, and partner organizations. Similarly, professional development (PD) is a priority for DC YouthLink. Each staff member is required to complete 20 hours of PD annually through a combination of webinars, workshops, on-site trainings, and conferences. The implementation of DC YouthLink’s Equal Employment Opportunity (EEO) is also reinforced at all PD trainings. As a result of open communication between staff and frequent opportunities for employee growth, DC YouthLink boasts a 10% turnover rate, significantly lower than the national average.

F. Project Management

For this program, all MST training and professional development will be conducted through the MST Institute; this will ensure that all staff members are trained and prepared to implement the program in line with protocol. The only training not provided by the MST Institute will be the harassment and violence prevention training, which the Department of Behavioral Health has volunteered to provide for all staff members (see Letters of Support in Appendix 1). The approach that will be used to monitor and track progress, completion, and quality of all MST-related objectives is also provided and clearly outlined by the MST Institute (see Figure 528). Regarding the program objectives, MST Supervisors and Therapists will be responsible for recording and reporting all data quarterly or as needed by DC YouthLink Director. Once hired, the MST supervisor and therapists will work in constant communication with the DC YouthLink Director, who will then relay information to the CAB.

![Figure 528 MST Quality Assurance Overview](image-url)
An independently licensed Masters-level mental health professional, Virginia Brown, L.C.S.W., has been chosen to fulfill the MST Supervisor role for the implementation of the program in the juvenile justice system. She has a total of 15 years of experience working with emotionally-disturbed and at-risk youth and has demonstrated the ability to effectively supervise and manage co-workers. In addition, Ms. Brown has substantial research experience related to her clinical training and has worked primarily with evidence-based interventions. As a result, she is familiar with providing training, collecting data, and conducting evaluation reports. For this program, the supervisor will be primarily responsible for the daily management, administration, and coordination of the MST program. The supervisor will manage the assigned program staff (four people) in the day-to-day implementation of program services in the juvenile justice system in Washington, D.C., provide clinical supervision, and assure adherence to the MST protocol. The supervisor will also be responsible for maintaining strong collaborative working relationships with DYRS, DC YouthLink Director, and the CAB. In addition, the supervisor will each oversee recruitment and correspond with the MST Institute to ensure quality assurance and continuous improvement. In addition to her supervisory role, Ms. Brown may serve as a temporary therapist in the event of staff turnover until a new employee can be hired.

In addition, four Masters-level therapists (staff TBD) will promote behavioral change in the youth’s natural environment, working with dynamics within the juvenile justice system, home, school, and community. MST therapists will be responsible for working collaboratively within a team to conduct MST assessments, including review of referral information, key participants, systemic strengths and weaknesses, and analysis of the fit on problem behaviors within an ecological context. In addition, they will engage primary caregivers and other key participants in change-oriented treatment while developing therapeutic relationships with youth
and their families. This process will also include providing parent education, coaching and training, as well as direct clinical treatment using proven methods compatible with MST principles and practices. In the event that parents decline to be involved in the program, MST staff will rely on consent from the state, as well as assent from the adolescent. MST staff may then consult the adolescent to find an alternative support system including relatives, teachers, members from church, etc. for this portion of the therapy. MST therapists will focus on facilitating collateral contacts with representatives from schools, agencies and other community organizations on behalf of youth and families, developing collaborative relationships and linking families with resources available in the community. Finally, each MST therapist will participate in clinical supervision, team meetings, case consultations, training, and quality assurance steps in a timely manner consistent with guidelines.

We have a strategic plan in place to minimize the staff turnover rate through the duration of the grant. DC YouthLink boasts a 10% turnover rate, significantly lower than the national average, which we attribute to the fulfilling nature of the work, competitive wages, high level of support, and positive atmosphere within the organization. The DC YouthLink Director will strive to keep MST staff connected to the larger organization, while maintaining the same supportive atmosphere and collaborative nature that DC YouthLink boasts. Finally, the DC YouthLink Director will meet with MST staff quarterly to assess and evaluate the working conditions. This will provide all supervisors and therapists the opportunity to provide feedback, which will aid in continuous quality improvement, staff engagement, and, ultimately, a better job atmosphere.

G. **Budget Narrative**

We will be organizing one MST team with a supervisor and four therapists to serve approximately 65 families over the course of a year. Year 1 costs include:

Development technical assistance (with travel) = $4,000
Initial orientation training for 5 participants plus travel = $12,000
Licenses -1 organizational and 1 team = $6,500
Support fee for one team charged by purveyor = $29,000
Salaries for one supervisor @ $65,000 = $65,000
Salaries for four therapists @ $55,000 = $220,000
Fringe @ 20% = $57,000
Fidelity monitoring and data collection = $15,000
Funds for additional MST training in the event of staff turnover is $8,000
Incentives for 130 youth to participate @ $100 = $13,000
Laptops for 5 MST staff members @ $500 = $2,500
Additional training for all JJS staff/volunteers in harassment and prevention = Donated by the Department of Behavioral Health (see Letters of Support in Appendix 1)

Total Year One Cost = $500,000
References


29. MST Services, Inc. (2015). Breaking the cycle of criminal behavior by keeping teens at home, in school and out of trouble. MSTservices.com
APPENDIX 1. Letters of Support for the DC YouthLink Application for Grant Funding

1. Clinton Lacey, Director, Department of Youth Rehabilitation Services, Washington D.C.
2. Willie Fulloove, Supervisor of Residential Programs, DYRS
3. Garine Dalce, Supervisor of Youth and Family Programs, DYRS
4. Sheree Moore, New Beginnings Youth Development Center, DYRS
5. Ronald Staton, Shelter Homes, DYRS
6. Morena Lancaster, Transportation, DYRS
7. Muriel Bowser, Mayor of the District of Columbia
8. Dr. Tanya A. Royster, MD, Director, Department of Behavioral Health, Washington D.C.
9. Dr. Maxine Harris, CEO and Co-founder of Community Connections, Washington D.C.
10. Steve Baron, Director, Department of Behavioral Health, Washington D.C.
11. Peter Weber, Chief of Staff, The District of Columbia Public Schools
12. A’Lexus and Adrian Turner, Family of incarcerated adolescent
13. Joce and Marcus Williams, Family of previously incarcerated adolescent
14. Justice Lewis, 24, Previously incarcerated young adult
15. Maurice Gromes, 21, Previously incarcerated young adult
16. Raughn Gibson, 27, Previously incarcerated young adult

A. Personnel and Fringe Benefits

Staffing (1 Supervisor and 4 Therapists)

- **Ratios:** An MST Team of 1 supervisor and 4 therapists each serves an average of 20 families at a time.

- **Qualifications for MST Supervisor:**
  - Master’s degree in family therapy, behavioral or social sciences, counseling, or a related field required and must have or obtain independent licensure in Washington, D.C.
  - Minimum five years experience working with emotionally disturbed youth and experience intervening on a family level preferred.
  - Prior supervisory experience is strongly preferred
  - Assessment and diagnostic experience needed
  - Must have a driver’s license, vehicle, and insurance and be able to travel extensively throughout Washington D.C. as needed

- **Qualifications for MST Therapists:**
  - Master's degree in family therapy, behavioral or social sciences, counseling, or a related field required.
  - Two years experience working with emotionally disturbed youth and experience intervening on a family level preferred.
  - Be knowledgeable of resources for youth and families and have familiarity working with youth serving systems
  - Must have a driver’s license, vehicle, and insurance and be able to travel extensively throughout Washington D.C. as needed
  - Must be available to work a flexible schedule to meet the families’ needs and to provide on-call services

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<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Calendar Months</th>
<th>Percentage of Time</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
<th>Total</th>
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</thead>
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<tr>
<td>Virginia Brown, LCSW</td>
<td>MST Supervisor</td>
<td>12</td>
<td>100%</td>
<td>65,000</td>
<td>13,000</td>
<td>285,000</td>
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<tr>
<td>TBD (4 positions)</td>
<td>MST Therapist</td>
<td>12</td>
<td>100%</td>
<td>55,000</td>
<td>11,000</td>
<td>285,000</td>
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**Virginia Brown, MST Supervisor (100% effort, 12 months, Years 1-5).** The MST Supervisor is primarily responsible for the daily management, administration, and coordination of the MST program. This person will supervise the assigned program staff (4 people) in the day-to-day implementation of program services in the juvenile justice system in Washington, D.C., provide clinical supervision, and assure adherence to the MST protocol. The supervisor will also be
responsible for maintaining strong collaborative working relationships with DYRS, DC YouthLink Director, and the CAB.

**TBD, MST Therapist (100% effort, 12 months, Years 1-3; 4 requested)**. Over a 4-6 month service delivery, the emphasis for the MST Therapists will be on promoting behavioral change in the youth’s natural environment, working with dynamics within the juvenile justice system, home, school, and community. As MST Therapists, these individuals will be responsible for working collaboratively within a team to conduct MST assessments, including review of referral information, key participants, systemic strengths and weaknesses, and analysis of the fit on problem behaviors within an ecological context. In addition, the MST Therapists will engage primary caregivers and other key participants in change-oriented treatment while developing therapeutic relationships with youth and their families. This process will also include providing parent education, coaching and training, as well as direct clinical treatment using proven methods compatible with MST principles and practices. MST Therapists will focus on facilitating collateral contacts with representatives from schools, agencies and other community organizations on behalf of youth and families, developing collaborative relationships and linking families with resources available in the community. Finally, MST Therapists will participate in clinical supervision, team meetings, case consultations, training and quality assurance steps in a timely manner consistent with guidelines.

**B. Supplies**

Technical Assistance to support initial program development (with travel) is $4,000.

Curriculum Materials/Orientation Training for 5 participants (with travel) is $12,000.

Licenses: 1 organizational and 1 team is $6,500
Support fee for one team charged by purveyor is $29,000
Fidelity monitoring and data collection is $15,000
Funds for additional MST training in the event of staff turnover is $8,000
Computer laptop for each MST Staff Member = $2,500
The MST supervisor and each therapist will require a laptop computer to manage off-site data collection and technical support. Because of the 24/7 support that the MST program offers, counseling sessions can take place in a variety of places and at any hour; as a result, the MST staff members need the flexibility and freedom to travel that only computer laptops can offer. These computers will be purchased and dedicated to exclusive use by the MST staff throughout the 3-year project.

MST Participation Incentives: $100 per adolescent x 130= $13,000
We are requesting $13,000 for incentivizing youth to participate in the duration of the MST program. As participants in the MST program, the adolescents will engage in surveys, counseling sessions, family group sessions, etc. for an average of four months. In order to encourage long-term participation, there will be a system of small incentives in place for participation in the research aspects of the project. For example, attending a family therapy session could result in a $3 voucher for the commissary or a local restaurant, while participating in an independent counseling session could merit a t-shirt.
Additional training for all JJS staff/volunteers in harassment and prevention = FREE
These trainings will be donated by the Department of Behavioral Health (please see Letters of Support in Appendix 1).

C. Travel
Project staff will travel to DC YouthLink headquarters in Washington D.C. monthly to meet for CAB meetings. In addition, funder meetings for years 2 and 3 will be held in Washington D.C. As a result, mileage expenses will not be reimbursed.

D. Total Amount Requested
We are requesting $500,000 for one year of proposed work starting January 1, 2017 – December 31, 2017.
<table>
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<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes -- Impact</th>
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<tbody>
<tr>
<td><strong>FUNDING</strong></td>
<td>Activities</td>
<td>Participation</td>
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<tr>
<td>-65 adolescents served annually</td>
<td>-Increased screening, diagnosis, and treatment for adolescents in juvenile justice system</td>
<td></td>
</tr>
<tr>
<td><strong>STAFF (supervisor and 4 therapists per ~20 families; community advisory board)</strong></td>
<td>-Participation from adolescents and their families</td>
<td>-Increase in social support and familial relationships</td>
</tr>
<tr>
<td>-Training (Initial 5-day training, quarterly 1.5 day booster sessions, weekly telephone consultation)</td>
<td>-Decrease in delinquency and criminal behavior</td>
<td>-Improved mental health in D.C. juvenile justice system and community</td>
</tr>
<tr>
<td><strong>PARTNERSHIPS (consisting of 15+ community organizations)</strong></td>
<td>-1 Supervisor and 4 therapists</td>
<td>-Improved community-clinical linkages</td>
</tr>
<tr>
<td>-Monthly meetings between CAB and DCYouthLink</td>
<td>-5 staff members who are prepared to implement MST program</td>
<td>-Turnover rates significantly lower than national average</td>
</tr>
<tr>
<td><strong>PARTICIPANTS (approximately 65 each year)</strong></td>
<td>CAB Members: - DC YouthLink - Juvenile Justice System - Department of Behavioral Health - Community Connections - Faith-based organizations - DC Public Schools - Business owners</td>
<td>-Decrease in recidivism from adolescents with mental illness</td>
</tr>
<tr>
<td>-Referrals from within Juvenile Justice System</td>
<td>-Connecting community resources in this program to aid in treating adolescents after release from JJS</td>
<td>-Decrease in recidivism from adolescents with mental illness</td>
</tr>
<tr>
<td><strong>COMPUTERS (5 total—1 for each MST staff member)</strong></td>
<td>-Ready-to-use for each supervisor and therapist</td>
<td>-Able to implement the program and gather data</td>
</tr>
<tr>
<td></td>
<td>-Able to track data, record progress of participants</td>
<td>-Evaluating and adapting program based on results</td>
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<tr>
<td></td>
<td></td>
<td>-Troubleshooting before expanding the program to reach more adolescents in D.C. juvenile justice system</td>
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</table>
### APPENDIX 4. Work Plan
(Note: Work Plan may be submitted as narrative or other format)

**January 1, 2017 – December 31, 2019**

| Grantee Name: DC YouthLink | Funds Requested: 3-year total: $1,495,000 |

| Goal 1: Rehabilitating youth in the juvenile justice system through existing community-based services |

| Objective 1: Use the first 6-12 months of the grant to organize and introduce CAB members, develop a shared vision, and formulate a strategic plan |

| Rationale for Objective 1: The CAB will be comprised of members from the D.C. community; as a result, these stakeholders will be able to help at-risk youth reintegrate into the community. It will be vital to ensure that the CAB shares the same goals and vision for rehabilitating youth in the juvenile justice system before the MST implementation begins. |

| Measures of Accomplishment for Objective 1: |
| a. Holding monthly CAB meetings—We’ll take attendance and develop a shared vision for the group |
| b. Sending bi-weekly emails to CAB members |
| c. Using CAB members as a source for community representation, concerns, and ideas |

| Activities in support of Objective 1: |
| a. CAB meetings |
| b. Emails |
| c. |

| Person/agency responsible for Accomplishing Activities. |
| a. DC YouthLink Director |
| b. CAB Members |
| c. |

| Activity Timeline. |
| a. First Friday of each month—First Quarter 2017- Fourth Quarter 2017 |
| b. |
| c. |
Goal 2: Decrease prevalence of undiagnosed and untreated mental illness for youth involved in the juvenile justice system

Objective 2: Screen each adolescent using the Massachusetts Youth Screening Instrument—Second Version (MAYSI-2) within 5 days of referral; the results will determine eligibility for the MST program.

Rationale for Objective 2: Improving screening rates will ensure that juveniles with mental illness are diagnosed and connected to appropriate resources for treatment within the juvenile justice system.

Measures of Accomplishment for Objective 2:
- a. Offer screening to 100% of new adolescents entering into the juvenile justice system during grant
- b. Screen 95% of new adolescents entering into the juvenile justice system during grant
- c. Screen 95% of previously admitted adolescents in the juvenile justice system when the grant begins

Activities in support of Objective 2:
- a. Monitoring number of new adolescents in intake
- b. Maintaining communication between DC YouthLink Director and MST Supervisors
- c. Explaining program and offering screening to each new adolescent

| Activity |
|----------|----------|----------|
| b.       | a.       | Activity Timeline. |
|          |          | a. As needed—First Quarter 2017-Fourth Quarter 2017 |
|          |          | b. |
|          |          | c. |
**Goal 3:** Reduce recidivism rates in Washington D.C. for youth involved in the juvenile justice system.

**Objective 3:** After screening, present the MST program as an alternative to traditional counseling/diversion program and connect all eligible participants to a qualified MST counselor within 10 days of entry into the juvenile justice system; this process will be maintained through the duration of the grant.

**Rationale for Objective 3:** This program will serve to rehabilitate adolescents, connect them with community resources, and improve familial support by providing evidence-based mental health treatment. These factors will provide a support system when adolescents are released, ultimately decreasing the likelihood of reincarceration.

**Measures of Accomplishment for Objective 3:**
- Offer program to ~65 of eligible adolescents in the juvenile justice system yearly during grant
- For those who enroll in the program, connect 100% with an MST Therapist within 10 days of entry
- 

**Activities in support of Objective 3:**
- Data collection to monitor number of adolescents in intake, detention/probation, and reentry phases
- Maintaining communication between DC YouthLink Director and MST Supervisors
- Explaining and offering program to each new adolescent

<table>
<thead>
<tr>
<th>Person/agency responsible for Accomplishing Activities.</th>
<th>Activity Timeline.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Juvenile Justice System branches</td>
<td>a. As needed—First Quarter 2017-Fourth Quarter 2017</td>
</tr>
<tr>
<td>b. Director of DC YouthLink</td>
<td>b.</td>
</tr>
<tr>
<td>c. MST Supervisors and Therapists</td>
<td>c.</td>
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</tbody>
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