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March 4, 2015

To: Members of the Health and Human Services Committee

From: Juliet Summers, Policy Coordinator – Child Welfare & Juvenile Justice

RE: Support for LB 500 – Apply for Medicaid funding of multisystemic therapy and family functional therapy for eligible children on probation

Improving outcomes and reducing recidivism among at-risk juveniles requires thoughtful application of the right type of therapeutic response. Voices for Children in Nebraska supports LB 500, because it seeks to secure Medicaid funding for eligible children on probation to participate in two programs with demonstrated success in these measures.

Multisystemic Therapy (MST) operates on the premise that every child is embedded within multiple interconnected systems, and all the components and players in a child's life (family, friends, school, neighborhood) contribute to decision-making and behavior. A trained MST therapist will be on call for the family 24/7, engaging with the child in the home, at school, and in the community. **Evaluation of the MST model has shown long-term rearrest rates of serious juvenile offenders reduced by a median of 42%, and out-of-home placement rates of all juvenile participants reduced by a median of 54%.** A 22-year study conducted in Missouri showed that youth who had MST had 35% fewer felony arrests, 75% fewer violent felony arrests, 33% fewer days incarcerated, and even 37% fewer divorce, paternity and child support suits.¹

Functional Family Therapy (FFT) builds on child and family strengths, basing therapy on acceptance and respect. It emphasizes assessment and intervention, addressing risk and protective factors within and outside of the family. States that have implemented FFT with fidelity have demonstrated remarkable results. **Washington saw a net value of \$34,549 per participant, with a 641% rate of return on investment in the program.² Pennsylvania calculated a \$14.56 return on investment, with an estimated average economic benefit per community of \$12,395,953.³**

Increasing our ability to draw down funds to pay for these evidence-based approaches will ensure a good return on our investment for at-risk youth. We thank Senator Howard for her continued work on behalf of children in Nebraska, and would respectfully urge the Committee to advance this bill.

¹ *Multi-Systemic Therapy Research at a Glance*. January 2014. Available at: http://mstservices.com/files/outcomestudies_condensed.pdf

² *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes*. Washington State Institute for Public Policy: July 2011. Available at: <http://www.fftlc.com/documents/latest%20WISPP%20report%20with%2018.98.pdf>

³ Damon Jones, Ph.D. et al. *The Economic Return on PCCD's Investment in Research-Based Programs*. The Prevention Research Center for the Promotion of Human Development: March 2008. Available at: http://www.fftlc.com/documents/PCCD_Report2.pdf