Interagency Performance Standards and Practice Guidelines

State of Hawaii

Department of Education
Comprehensive Student Support System
And
Department of Health
Child & Adolescent Mental Health Division

Effective July 1, 2006

F. MULTISYSTEMIC THERAPY

Definition	Multisystemic Therapy (MST) is a time-limited, intensive family and community-based treatment that addresses the multiple determinants of serious anti-social behavior in juvenile offenders. MST addresses the factors associated with delinquency across youths' key settings, or systems (e.g., family, peers, school, neighborhood). Using the strengths of each system to foster positive change, MST promotes behavior change in the youths' natural environment.
Services Offered	1. Crisis management. 2. Linkages to other needed supports through internal and external coordination activities. 3. Evidence-based interventions. 4. Working with families in implementation of behavioral support plans. 5. Parenting skills training to help the family build skills for coping with the youth's behavior.
Admission Criteria	All of the following criteria must be met: 1. The identified youth meets at least one (1) of the service eligibility criteria for CAMHD (as described in General Standards, Section A, Access & Availability); 2. The youth is registered with a Branch, and has an assigned MHCC; 3. The youth must be between the ages of eleven (11) and eighteen (18); 4. The youth displays willful misconduct behaviors (e.g., theft, property destruction, assault, truancy; as well as substance use/abuse or juvenile sex offense, when in conjunction with other delinquent behaviors); 5. The youth is at imminent risk of out-of-home placement or is currently in out-of-home placement and reunification is imminent within thirty (30) days of referral; 6. MST services are required to allow the youth to meet the goals identified in the CSP and improve his/her functioning in the home/community preventing movement to a higher level of care; and 7. The youth has an adult/parental figure that is willing to assume a long term parenting role (e.g., must be willing to participate with service providers for the duration of treatment).
Initial Authorizations	Authorization may be up to ninety-six (96) units per day, one (1) month at a time for a maximum of five (5) months by the MHCC. Unit = fifteen (15) minutes

Re-Authorization	Re-authorization may be up to ninety-six (96) units per day, one (1) month at a time for a maximum of four (4) monthly by the MHCC. Unit = fifteen (15) minutes Not to exceed five (5) months from date that consents to treatment are signed by caregiver unless approved by the CAMHD Medical Director via the MST System Supervisor.
Discharge Criteria	One (1) of the following criteria must be met: 1. The youth is no longer eligible for CAMHD services. As part of discharge, the MHCC will help coordinate transfer to appropriate treatment services in the least disruptive manner possible; 2. Youth exhibits new symptoms and/or maladaptive behaviors which cannot be safely and effectively addressed through this service; 3. Youth has met at least seventy-five percent (75%) of the overarching treatment goals; 4. The youth/family requests discharge and is not imminently dangerous to self/others; 5. Youth has met fewer than seventy-five (75%) of the overarching goals and there is no evidence that continued services will result in youth's progress towards successful completion of those goals; and 6. Youth's CSP team determines that out of home placement is more appropriate for youth and/or the MHCC is seeking such placement (in this case, MST services will be terminated within seven (7) days).
Service Exclusions	1. Not provided at the same time any out-of-home service, except in cases where the youth has a planned discharge from out-of-home service within thirty (30) days. MST can work with the youth and family for up to thirty (30) days prior to discharge when the transition plan calls for MST to aid in family reunification. 2. Not provided at the same time as any Intensive In-Home Intervention or Intensive Outpatient services.
Clinical Exclusions	1. Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior. Once stable, youth who otherwise meet the eligibility criteria may be referred to MST. 2. Youth with an active thought disorder or severe mental illness. 3. The youth with relatively mild behavioral problems that can effectively and safely be treated at a less intensive level of care. 4. Youth living independently or for whom no primary caregiver can be identified.

	5. Juvenile Sex Offenders where the sex offense occurs in the absence of any other delinquent behavior. 6. Youth who have previously received MST services, regardless of outcome, unless specific conditions have been identified that have changed in the youth's ecology compared to the first course of MST, which would suggest that more favorable or generalizable outcomes could be obtained with a second course of MST. Such conditions are assessed by the MST supervisor with review by the System Supervisor.

Staffing Requirements:
In addition to the staffing requirements listed in the general standards, these staff requirements must also be followed. If the standards referenced here differ from those in the general standards, these staffing requirements will supersede the general standards.

1. MST services are provided by a team of QMHP supervised clinicians, who must meet the requirements for MHP or Paraprofessional as specified in CAMHD credentialing requirements and IPSPG, with the exception that paraprofessionals must have a minimum of five (5) years of appropriate supervised experience. LSWs, MFT or APRNs are preferred. MST Clinical Supervisors must meet CAMHD requirements for QMHP, specified in IPSPG as well as the CAMHD requirements based upon NCQA standards. Licensed Ph.D.'s are preferred for the Clinical Supervisor position.
2. MST therapist to family ratio shall not exceed four to six (4-6) families per therapist at any given time with the consideration that one to two (1-2) families will be stepping down to a less intensive level of care. Staff to family ratio takes into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered.
3. Staff must complete a five (5)-day training program designed by MST services prior to assignment of families/youth. In addition, staff must attend quarterly booster training sessions.
4. Staff shall receive at a minimum one (1) hour of group supervision and one (1) hour of MST services telephone consultation per week. Individual supervision occurs on an as needed basis.
5. MST therapists must be assigned on a full-time basis to MST services. MST supervisors must be assigned on at least a half-time basis to MST services, except where by provider contract they are committed as full-time (100% FTE) to MST services.

Clinical Operations
In addition to the clinical operation requirements listed in the general standards, these requirements must also be followed. If the standards referenced here differ from those in the general standards, these clinical operation requirements will supersede the general standards.

1. Services must be available twenty-four (24) hours a day, seven (7) days a week.
2. These services include consultation with the youth, parents or other caregivers regarding behavior management skills, dealing with treatment responses of the individual and other caregivers and family members, and coordinating with other treatment providers.
3. Services are individually designed for each family, in full partnership with the family, to minimize intrusion and maximize independence. Services are normally more intensive at the beginning of treatment and decrease over time as the individual and/or family's strengths and coping skills develop.

4. MST services must be flexible with the capacity to address concrete therapeutic and environmental issues in order to stabilize a crisis situation as soon as possible. Services are evidence-based, family-focused, active and rehabilitative, and delivered primarily in the individual's home or other locations in the community. Services are initiated when there is a reasonable likelihood that such services will lead to specific, observable improvements in the youth and family's functioning.
5. The majority of services, sixty percent (60%) or more, are provided face-to-face with the youth and their families and eighty percent (80%) of all face-to-face services are delivered in non-clinic settings over the authorization period. Service delivery must be preceded by a thorough assessment of the youth and their family so that an appropriate and effective treatment plan can be developed.
6. Services provided to youth must include coordination with family and significant others and with other systems of care such as education, juvenile justice, and youth welfare, when appropriate to treatment and educational needs.
7. Providers must have the ability to deliver services in various environments, such as homes (birth, kin, and adoptive/foster), schools, jails, homeless shelters, juvenile detention centers, street locations, etc.
8. The Contractor has policies, which govern the provision of services in natural settings and which document that it respects youths' and/or families' right to privacy and confidentiality when services are provided in these settings.
9. The Contractor has established procedures/protocols for handling emergency and crisis situations that describe methods for triaging youth who require psychiatric hospitalization.
10. Upon approval/acceptance of referral, the MST team will assign a therapist that must attempt to make face-to-face contact within twenty-four (24) hours (immediately if an emergency). If unable to make face-to-face contact within seventy-two (72) hours, the referring MHCC will be notified immediately regarding reasons for lack of contact. Each provider has policies and procedures governing the provision of outreach services, including methods for protecting the safety of staff who engage in outreach activities.
11. The Contractor must have a MST organizational plan that addresses the following:
    a. Description of the particular family preservation, coordination, crisis intervention and wraparound services models utilized, types of intervention practiced, and typical daily schedule for staff;
    b. Description of the staffing pattern and how staff are deployed to ensure that the required staff-to-youth ratios are maintained, including how unplanned staff absences, illnesses, etc. are accommodated;
    c. Description of the hours of operation, the staff assigned and types of services provided to youth, families, parents, and/or guardians; and
    d. Description as to how the plan for services is modified or adjusted to meet the needs specified in each youth's individual plan.
12. Please see Section I General Standards for additional clinical operation requirements:
    - D. CAMHD Co-Occurring Disorders;
    - G. CAMHD Continuity of Care;
    - H. Staffing;
    - I. Supervision;
    - J. Evaluation of Staff Performance;
    - K. Credentialing Requirements;
    - N. Service Quality;
    - O. Minimum Reporting Requirements;
    - P. Risk Management:

- Criminal, Child Abuse, and Background Screening;
- Safety;
- Restraints and Seclusion;
- Sentinel Events and Incidents;
- Police.

Documentation

1. MST therapist must completes MST Clinical Intake Assessment**:** list of reasons for referral, genogram, desired outcomes of key stakeholders, ecological strengths and challenges, "fit" assessment of referral behaviors.
2. The MST therapist must submit to the MHCC the Service Plan within five (5) days of intake. The MST Service Plan includes the MST Clinical Intake Assessment (see above), the MST Overarching Treatment Goals, the anticipated discharge date and the anticipated individualized transition/discharge criteria.
3. Therapists must complete "Case Consultation summary forms" weekly for case review during group supervision and MST case consultation sessions.
4. Please see Section I General Standards for additional documentation requirements:
    - E. Service Planning:
        - Discharge Summary;
    - M. Maintenance of Service Records:
        - Progress Notes;
    - O. Minimum Reporting Requirements:
        - Monthly Treatment and Progress Summary.