

# Attachment 1

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>MULTISYSTEMIC THERAPY (MST)</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy services.
<b>Facility or Professional License</b>	<ul style="list-style-type: none"> <li>• As required by DHHS Division of Public Health.</li> <li>• In order to be considered a MST service, the provider will be trained and licensed in MST with MST Services and the Medical University of South Carolina. Teams will also receive regular consultation from MST Services or an MST network partnering agency.</li> </ul>
<b>Basic Definition</b>	MST is an evidenced-based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems (family, school, peer groups, culture, neighborhood and community) that contribute to, or influence an individual's involvement, or potential involvement in the juvenile justice system. The target age range is youth 12-17 but youth of other ages can receive the service if medically necessary. The therapeutic modality uses family strengths to promote positive coping activities, works with the caregivers to reinforce positive behaviors, reduce negative behavior, and helps the family increase accountability and problem solving. Families accepting MST receive assessment and home based treatment that strives to change how the individuals, who are at risk of out-of-home placement or who are returning home from an out of home placement, function in their natural settings to promote positive social behavior while decreasing anti-social behavior.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A Mental Health Assessment will be completed prior to the beginning of treatment, which indicates the need for this service and will serve as the initial treatment plan until a comprehensive treatment plan is completed.</li> <li>• The treatment plan will be individualized and include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented. The treatment plan is to be developed with the individual, the identified, appropriate family members, and key participants as part of the outpatient family therapy treatment planning process.</li> <li>• Treatment plans will be reviewed every 90 days or more often if clinically indicated.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The treating provider may consult with and/or refer to other providers for medical, psychiatric, and psychological needs as indicated.</li> <li>• It is the provider’s responsibility to coordinate with other treating professionals as needed.</li> <li>• Services include collateral and telephone contacts with significant others that affect the individual including, but not limited to, the neighborhood, social, educational, and vocational environments, as well as those from the criminal justice, individual welfare, health and mental health systems.</li> <li>• All psychiatric/therapy services for provisionally licensed psychologists, LMHPs, PLHMPs will be provided under the direction of a supervising practitioner (physicians; licensed psychologists; and/or Licensed Independent Mental Health Practitioners). Supervision is not a billable service.</li> <li>• Supervision entails: critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; individual specific case discussion; periodic assessments of the individual; and diagnosis, treatment intervention or issue specific discussion. Involvement of the supervising practitioner will be reflected in the Mental Health Assessment, the treatment plan and the interventions provided. The Supervisor should track progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.</li> <li>• After hours crisis assistance is to be available and staffed by MST team members.</li> <li>• Services are to be culturally sensitive, age and developmentally appropriate, and incorporate evidence based practices when appropriate.</li> </ul>
<b>Length of Service</b>	Length of service is individualized and based on clinical criteria for admission and continuing stay. The amount, duration, and frequency of the service should be documented in the treatment plan
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• MST treatment providers will have a master’s degree or greater that allows for professional licensure by DHHS as a therapist and be a member of licensed MST treatment program in order to be trained to provide the service. An active MST team requires a MST trained clinical supervisor and two to four MST trained treatment providers(i.e., therapists) working collaboratively with one another using the MST model as defined by the international MST services program.</li> <li>• MST therapists are assigned to the MST program solely and have no other agency responsibilities.</li> <li>• One part-time clinical supervisor, spending 50% of their time, is assigned to one MST team, or one full-time clinical supervisor to two MST teams.</li> <li>• MST supervisors carrying a partial MST caseload should be assigned to the program on a full-time basis.</li> <li>• Clinical supervisors will be physicians, licensed psychologists and/or Licensed Independent Mental Health Practitioners (LIMHP). All clinical supervisors will be trained in the MST model, with experience in the practice</li> </ul>

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	<p>in behavioral and cognitive behavioral therapies and pragmatic family therapies (i.e., Structural Family Therapy and Strategic Family Therapy).</p> <ul style="list-style-type: none"> <li>• Assessment providers may be any of the following: physician, psychiatric Advanced Practice Registered Nurse (APRN), Nurse Practitioners (NP), licensed psychologists, provisionally licensed psychologist, LIMHP, all acting within their scope of practice.</li> <li>• Treatment providers (i.e., MST therapists) may be any of the following: physician, APRN, NP, licensed psychologist, provisionally licensed psychologist, LIMHP, LMHP, and a PLMHP, acting within their scope of practice.</li> <li>• Non-licensed master and bachelor’s level providers may not provide clinical services. All non-licensed providers will be supervised by a licensed master’s level practitioner for any support activities.</li> </ul>
<b>Staffing Ratio</b>	All staffing shall be adequate to meet the individualized treatment needs of the individual and meet the responsibilities of each staff position as outlined in the MST model. MST caseloads do not exceed six families per therapists with an average caseload of five families per therapist over time and a normal range being four to six families per therapist.
<b>Hours of Operation</b>	Services include a 24/7 on-call system to provide coverage when the designated MST treatment provider is unavailable. This system will be staffed by MST treatment providers or supervisors who are familiar with the details of each MST case.
<b>Individual Desired Outcome</b>	The individual and the family maintain connections to his or her home or community and have an improved level of functioning in order to successfully function in the home setting.

# **UTILIZATION GUIDELINES**

## **MULTISYSTEMIC THERAPY**

### **I. Admission Guidelines:**

*All of the following criteria are required to be met:*

1. Externalizing behavior symptoms such as chronic or violent juvenile offenses, resulting in a DSM (current version) diagnosis of conduct disorder or other diagnoses consistent with such symptomatology (ODD, Behavior Disorder NOS, etc.)
2. Individual is at risk for out-of-home placement or is transitioning back from an out of home setting;
3. Ongoing multiple system involvement due to high risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems; and
4. Less intensive treatment has been ineffective or is inappropriate.

*One of the following is required to be met in addition to the criteria above:*

1. Individual with behavioral health issues that manifest in outward behaviors that negatively impact multiple systems (e.g. family, school, community); or
2. Individuals with substance use disorder issues may be included if they meet the mandatory criteria, and MST is deemed clinically more appropriate than focused drug and alcohol treatment.

*Exclusionary criteria (Any of the following are sufficient for exclusion from this level of care):*

1. The individual meets criteria for out of home placement due to suicidal, homicidal, or psychotic behavior or are those individuals whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems.
2. Individuals living independently, or individuals for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
3. Referral problem is limited to serious sexual misbehavior.
4. Individuals with an autism spectrum diagnosis.

## **II. Continued Stay Guidelines:**

*All of the following Guidelines are necessary for continuing treatment:*

1. Treatment does not require more intensive level of care.
2. The treatment plan has been developed, implemented and updated based on the individual's clinical condition and response to treatment, as well as the strengths of the family, with realistic goals and objectives clearly stated.
3. Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address the lack of progress are evident.
4. The family is actively involved in treatment, or there are active, persistent efforts being made which are expected to lead to engagement in treatment.