

Multisystemic Therapy (MST) Specific Language for use in Requests for Proposals (RFP)

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MST Target Population & Local Statement of Need

MST is designed to meet the needs of youth, 12 to 17 years old, at risk of out-of-home placement due to antisocial or delinquent behaviors and/or youth involved with the juvenile justice system. The bidder must provide a detailed description of the targeted population.

Exclusions: The bidder must state that they will exclude the following youth:

- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- Youth referred primarily due concerns related to active suicidal, homicidal, or psychotic behaviors or whose psychiatric problems are the primary reasons leading to referral, or who have severe and serious psychiatric problems.
- Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior).
- Youth with pervasive developmental delays.

The following information is provided to demonstrate the need for MST in the intended geographic service area:

- Number of new referrals to the juvenile justice system annually = _____
- Number of youth currently on probation = _____
- Number of probation youth arrested on at least 2 separate occasions = _____
- Number of youth placed out-of-home due to antisocial or delinquent behaviors in the last 12 months = _____
- Estimate of number of youth at risk of out-of-home placement = _____
- Estimate of number of youth that will be referred to MST annually = _____

If the bidder assumes that referral sources other than the justice system will be served by this program, the bidder must carefully describe the characteristics on the targeted youth and all relevant inclusion and exclusion criteria. All youth behavioral characteristics must fall within the range targeted by MST and supported in the MST research.

Geographic service area targeted for proposal

MST implements services in the client's home and community with services available to the client 24 hours per day and 365 days per year. Contact is often very frequent during the initial weeks of treatment, tapering toward the end of treatment. This requires that the targeted service area require no more than a 90-minute commute time from the most central point with the majority of clients within a reasonable distance within that limit.

Bidders must provide a detailed description of the service area based on time needed to reach the clients' homes. It is recommended that the description provide referral sources with a clear boundary to assure clear communication.

The geographic area should also detail any relevant or significant political (county, municipality), judicial, funding or management entity districts that would be included in the service area.

Overview of MST

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multi-systemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

MST typically targets chronic, violent, and/or substance abusing juvenile offenders at high risk of (or returning from) out-of-home placement and their families.

MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

MST is provided using a home-based model of services delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseloads), and enhances the maintenance of treatment gains. The average duration of MST treatment is approximately 4 months.

Evaluations of MST have demonstrated:

- reduced long-term rates of criminal offending in serious juvenile offenders,
- reduced rates of out-of-home placements for serious juvenile offenders,
- extensive improvements in family functioning,
- decreased mental health problems for serious juvenile offenders,
- favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

Program Capacity

Program capacity reflects both the average caseload size as well as the average length of treatment of clients served. MST research has indicated that the return of improved client

outcomes tends to diminish after an average of 4 months of treatment, that is, longer treatment may not produce significantly improved results. Capacity can be significantly impacted by poor referral streams, therapist turnover and poor management of the resource of the therapist's time. Research has indicated that MST treatment typically lasts from 3 to 5 months (average of 4 months) and that caseloads range from 4 to 6 families (average of 5 families). Caseload size may be impacted by such characteristics as the average time of the cases in treatment on a caseload (newer cases require significantly more time), number of problem youth in the home and the relative complexity of the youth's behavior (e.g., youth with multiple distinct referral behaviors.)

In general, the bidder should calculate the program at full capacity by estimating that each therapist will treat 15 families per year. Any reduction to that estimate must be justified in the proposal. The bidder may estimate a slightly lower capacity (no less than 80% of full capacity) in the first program year due to various start-up factors.

Referral Policy & Procedures

The bidder will describe the intended referral process in detail. A flow chart is recommended but not required to illustrate the process. The proposal must include, but not be limited to the following:

- The name, address and contact person from each agency approved to make referrals directly to the MST program. This may include any community boards charged with the responsibility for managing referrals for services within the MST geographic service area.
- The method by which the MST program will advise each referral source of the availability of space in the MST program.
- The method by which intended referral will be screened to assure appropriateness for MST
- The method by which the targeted youth and family will be contacted to secure permission and commitment to engage in the program. Include timing requirements (e.g., "the family will be contacted within 72 hours of the receipt and acceptance of the referral.") Include how the family will be informed of the referral by the referring agency.
- The general guideline regarding communication with the referring agency after acceptance of the referral, or if the referral is not accepted for any reason.
- Any steps that are required to assure funding approval or court approval, if needed.

Operational Timeline

Activity	Time Allocation	Target Completion Date
Pre-Bid Conference	1 Day Meeting	Set by funding agency.
RFP Issue: Mail and Posting	1 Day	Set by funding agency.
RFP Bidder Response Development	Typically 14-21 Days	Set by funding agency.
RFP Bidder Response Due	Date	Set by funding agency.
RFP Responses reviewed by Selection Committee	Typically up to 14 Days	Set by funding agency.
Final Selection Announced	Date	Set by funding agency.
MST Services Program Development Process	30 – 90 Days starting at formal selection	
Site Readiness Review Meeting	1 Day – within 60 days prior to startup.	
Physical Location Setup	Typically 30 Days prior to startup.	
Staff Recruitment	Typically 60 – 90 Days prior to startup.	
Accept Client Referrals	Typically 2-3 weeks prior to program startup	
MST 5-Day Orientation	5 Consecutive Days – typically 60-90 days following initiation of staff	

	recruitment.	
Program Startup (available to provide client services)	Typically the Monday following MST 5-Day Orientation	
Quarterly Boosters	1.5 Days – 90 days following startup and every calendar quarter thereafter	
Initial Program Review (PIR)	6 Month Period – 180 days following startup	
Subsequent PIRs	Every 6 Month Period	

Licensing and Program Requirements

All programs must be licensed by MST Services prior to program startup. The bidder must state agreement to this requirement in the proposal, but holding a license at the time of proposal submission is not required. A letter of support for this proposal is recommended from MST Services, 710 Johnnie Dodds Blvd., Suite 200, Mt. Pleasant, SC 29464; (843) 856-8226. Administratively, the relationship is structured as a license agreement for MST between the Medical University of South Carolina (MUSC) and the bidder organization. MST Services is the MUSC-affiliated organization that grants these license agreements and provides the sole program development and training services in MST throughout the United States and internationally.

To insure qualification for licensure, the bidder must meet the following program requirements:

	MST Program Requirement	Evidence Required for Proposal
1	MST Therapists are full-time employees assigned solely to the MST program.	Statement in proposal indicating that all MST therapists will be full-time employees of the bidder, and that the therapists will be assigned solely to MST.
2	MST Therapists do not have <u>any</u> non-MST program responsibilities in the agency, do not carry <u>any</u> additional non-MST cases, and do not have other part-time jobs outside of the agency.	Statement in proposal indicating agreement to this requirement.
3	MST staff are allowed to work a flexible schedule as needed to meet the needs of the families they are serving.	Statement in proposal indicating agreement to this requirement.
4	MST staff are allowed to use their personal vehicles to transport clients.	Agency policy regarding client transport in personal vehicles.
5	MST staff have use of either cellular phones or pagers so that clients can contact them quickly and conveniently.	Statement in proposal indicating agreement to this requirement.
6	MST Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the Clinical Supervisor) and use a home-based model of service delivery.	Statement in proposal indicating agreement to this requirement.
7	MST Clinical Supervisor is assigned to the MST program a minimum of 50% time per MST Team.	Statement in proposal indicating agreement to this requirement.
8	MST Clinical Supervisor conducts weekly team clinical supervision, facilitates the weekly MST telephone consultation and is available for individual clinical supervision for crisis cases.	Statement in proposal indicating agreement to this requirement.
9	MST caseloads do not exceed 6 families per therapist and the normal range is 4 to 6 families per therapist.	Statement in proposal indicating agreement to this requirement.
10	Overall average duration of treatment is 3 to 5	Statement in proposal indicating

	months.	agreement to this requirement.
11	Each MST Therapist tracks progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.	Statement in proposal indicating agreement to this requirement.
12	The MST program has a 24 hour/day, 7-day/week on-call system to provide coverage when MST Therapists are on vacation or taking personal time. This system is staffed by members of the MST team.	Copy of proposed on-call system.
13	With the buy-in of other organizations and agencies, MST is able to “take the lead” for clinical decision-making on each case. Stakeholders in the overall MST program have responsibility for initiating these collaborative relationships with other organizations and agencies while MST staff sustain them through ongoing, case-specific collaboration.	Statement in proposal indicating community stakeholder agreement to this requirement.
14	The MST program excludes youth living independently, youth referred primarily for psychiatric service needs (i.e., suicidal ideation and behavior, actively homicidal, actively psychotic), youth referred primarily for sex offenses (in the absence of other antisocial/delinquent behaviors) and youth with pervasive developmental delays.	Statement in proposal indicating agreement to this requirement.
15	Referrals to non-MST compatible programs (e.g., any form of mandated group treatment, day treatment programs, etc.) are not made while youth are in MST, especially on a “standard” or routine basis.	Statement in proposal indicating agreement to this requirement.
16	MST program discharge criteria are outcome-based rather than duration-focused.	Statement in proposal indicating agreement to this requirement.
17	Referrals for additional services after clients are discharged from the MST program are carefully planned and limited to those that can accomplish specific, well-defined goals. The assumption is that most MST cases should need minimal “formal” after-care services.	Statement in proposal indicating agreement to this requirement.
18	All MST staff, who have been working for more than 2 months, participate in a 5-day orientation training.	Statement in proposal indicating agreement to this requirement.
19	MST Supervisor and Therapists are Masters-prepared (clinical-degreed) professionals.	Job description for MST therapist.

	MST Recommended Program Practices	Evidence Required for Proposal
20	MST Clinical Supervisors are, at minimum, highly skilled Masters-prepared clinicians with training in behavioral and cognitive behavioral therapies and pragmatic family therapies (i.e., Structural Family Therapy and Strategic Family Therapy).	Job description for MST Supervisor.
21	MST Clinical Supervisors have both clinical authority and administrative authority over the	Organizational chart indicating line of authority for MST and position of

	MST Therapists they supervise.	program within bidder's organization.
22	A "Goals and Guidelines" document is in place. If multiple referral or funding sources exist, separate "Goals and Guidelines" documents are recommended for each.	Statement in proposal indicating agreement to this requirement.
23	Funding for MST cases is in the form of case rates or annual program support funding in lieu of billing mechanisms that track contact hours, "productivity", etc.	No statement required for this proposal. The funding agency has already determined the reimbursement system.
24	The MST program has formal outcome-tracking systems in place.	Statement of what data will be collected, by whom, how often, by what method, how the data will be stored, and how data will be analyzed. (See Program Evaluation Section)
25	Adequate flex funds are allocated per family (recommended \$100/family) to allow therapists to use funds for purposes such as engagement building and one-time help for families with pressing practical needs.	Statement in proposal indicating agreement to this requirement.
26	The MST program uses outcome-focused personnel evaluation methods.	Not required , but if intended, statement in proposal indicating agreement to this requirement.

Staff Training Requirements

The Bidder MST program staff shall be trained by MST Services of Charleston, South Carolina (contact person, Marshall E. Swenson, Manager of Program Development, 843-856-8226) or a licensed MST Network Partner organization. The cost of this training is

Option 1: "is covered by the funding agency and is not to be included in the bid. "

Option 2: "should be included in the budget proposed by the bidder."

This training will include both pre-service and ongoing in-service training and consultation. Training and consultation for clinical staff shall be provided in three ways.

First, five days of intensive orientation training shall be provided for all staff who will engage in treatment and/or clinical supervision of MST cases. Second, one and one-half day booster sessions shall occur on a quarterly basis. Third, treatment teams and their supervisors shall receive weekly telephone consultation from trained MST staff.

The objectives of the initial five-day training program shall be:

- to familiarize participants with the scope, correlates, and causes of the serious behavior problems addressed with MST treatment;
- to describe the theoretical and empirical underpinnings of MST;
- to describe the family, peer, school, and individual intervention strategies used in MST;
- to train participants to conceptualize cases and interventions in terms of the principles of MST; and
- to provide participants with practice in delivering multi-systemic interventions.

The multi-media approach to training includes didactic and experiential components. The participants are required to practice the MST approach through critical analysis, problem solving exercises and role-plays. It is expected that participants will have read the MST treatment manual (textbook) prior to the initial training.

Quarterly booster sessions are designed to provide training in special topics related to the target populations/problems being treated by the MST therapists/clinicians, and to address issues that may arise for individuals and agencies using the approach (e.g., ensuring treatment integrity, individual and agency accountability for outcomes, inter-agency collaboration, etc.). The booster sessions are also designed to allow for discussion of particularly difficult cases.

Weekly telephone consultation is provided via one-hour conference calls in which the treatment team and supervisor consult with the MST Services (or MST Network Partner) Expert regarding case conceptualization, goals, intervention strategies, and progress. The weekly consultation is designed to assist the team and supervisor in clearly articulating treatment priorities, identifying obstacles to success, and developing strategies aimed at successfully navigating those obstacles. In addition to this weekly consultation, it is expected that the contractor will provide onsite supervision by staff who have obtained an advanced degree in a clinical discipline (i.e., psychology, counseling, social work, psychiatry) and have had additional clinical experience with family-based services prior to receiving MST training.

All MST therapists/clinicians and MST supervisors shall attend all required training.

Service Plan Development Requirements

The Bidder shall state agreement to the following requirements for service plan development:

- Identify the multiple determinants of anti-social behavior for each case.
- Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (e.g.; peers, school, neighborhood, etc.).
- In collaboration with family members, identify and document problems throughout the family and extra-familial systems (e.g.; peers, school, neighborhood, etc.) that explicitly need to be targeted for change.
- Require MST therapists to write a service plan for each family. This plan will incorporate the desired outcomes of the key participants/ stakeholders involved in the family's treatment (e.g.; parents, probation, social services, school personnel, etc.). This plan shall be sent to the referring agency caseworker/client manager within ____ days from the time of referral to MST. The treatment plan will identify family/client strengths, help the client/family define specific goals, provide instruction in ways to prevent the recurrence of delinquent behavior and other family conflict, and set up resources and skills to maintain ongoing progress.
- Have the MST supervisor review and approve all service plans.

Service Provision Requirements

The Bidder shall state agreement to the following requirements for service provision:

- 1) Have MST therapists attempt face-to-face contact with each family within 24 hours (immediately, if an emergency) from time of referral to MST. If unable to make face-to-face contact within 24-72 hours, the referring unit of the agency shall be notified immediately.
- 2) Provide comprehensive MST treatment to each family that is individualized and family-centered. The treatment process shall begin with goal setting that addresses the changes that the family would like to see over the treatment period (typically, approximately four months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.

- 3) Collaborate with the family in developing an enduring social support network in the natural environment.
- 4) Have MST therapists provide a range of goal-directed services to each client/family that may include but shall not be limited to:
 - a) Improving parenting practices.
 - b) Increasing family affection.
 - c) Decreasing association with deviant peers.
 - d) Increasing association with pro-social peers.
 - e) Improving school/vocational performance.
 - f) Engaging youth/family in positive recreational activities.
 - g) Improving family/community relations.
 - h) Empowering family to solve future difficulties.
 - i) Teaching appropriate parenting skills, such as:
 - Alternatives to corporal punishment.
 - Appropriate supervision of children.
 - Age appropriate expectations.
 - Choices and consequences.
 - Displays of greater parent/child affection and trust.
 - j) Family and marital interventions consistent with MST principles.
 - k) Individual interventions for parents and youth consistent with MST principles.
 - l) Aiding the family in meeting concrete needs such as housing, medical care and legal assistance and assisting in making available follow-up support resources as needed.
 - m) Teaching the family organizational skills needed to provide a positive environment (e.g. teaching budgeting skills, etc.).
 - n) Referring and linking the family with follow-up services when necessary to ensure continued success meeting the family's MST treatment goals.
 - o) Transporting youth/family when necessary and facilitating family plans to access transportation themselves on an ongoing basis.
 - p) Providing services in the client's home, or, at the client's request, at a location mutually agreed upon by the therapist and client.

- q) Having MST therapists provide services to the youth/family for an average of four months. If needed, a family responding positively to treatment, may receive services for a longer duration for more difficult problems, if approved in writing by the referring agency.
- r) Providing a termination or extended services request
 - At the end of four months, submit a progress report to referring agency.
 - Discuss termination recommendations with the referring agency representative, in person. The staffing shall occur no later than seven days prior to the anticipated closure of the case. A written termination report, using the required agency format, shall be submitted to the referring worker no later than seven days after the case closure. The client's family may be invited to attend the staffing. The termination report shall be approved, in writing, by the MST supervisor.
 - Conduct a termination interview with the family to summarize the progress made during treatment, options to maintaining progress, and the family's satisfaction with the MST services provided. The referring caseworker/client manager should be invited to the termination interview.
 - Contact the youth and the most involved parent in each family served by MST and administer a follow-up evaluation at __, __ and __ months after termination according to guidelines established by the department/agency contract. If a home visit is not possible, a telephone contact shall be made and documented. This evaluation shall determine the status of the family and whether placement of the youth has occurred.

Quality Assurance Requirements

The Bidder shall state agreement to the following requirements for Quality Assurance:

- 1) Register the program and all staff at the MST Institute (www.mstinstitute.org).
- 2) Register each family treated at the MST Institute secure website using HIPPA approved procedures.
- 3) Complete termination summaries on all families and close out each terminated family on the MST Institute secure website.
- 4) Complete yearly evaluations of workers to assess knowledge of and compliance with, MST philosophy and intervention strategies. MST adherence data may be used as part of this worker evaluation.
- 5) Participate in quality assurance evaluation activities as designated by the agencies. Activities include, but are not limited to group meetings, site visitations, audio-taped reviews of direct sessions, and peer review of policies and procedures.
- 6) Monitor the adherence of program staff to the MST model by collecting the MST Therapist Adherence Measure -Revised (TAM-R) data as specified by MST Services. In addition, MST therapists are required to complete the MST Supervisory Adherence Measure (SAM) at least bi-monthly by logging on directly to the MST Institute website.

Option 1: "The bidder must contract with the MST Institute for the collection of TAMs using a designated call center. The bidder must state that full cooperation will be offered to assure timely collection of TAM-R data."

Option 2: "The agency must provide a detailed description of how TAM-R data will be collected and how data will be entered onto the MSTI secure website. The data collection and scoring of these measures is estimated to take one and ½ hours of administrative time per week per MST staff member (a total of six hours per week of administrative time for a team consisting of a supervisor and four therapists)."

Records maintenance and reporting Requirements:

The Bidder shall state agreement to the following requirements for records maintenance and reporting:

- 1) Maintain a case record for each case accepted. This record shall include, but is not limited to, the following:
 - a) Client referral sheet.
 - b) Date of initial request for service (i.e., Referral Date).
 - c) Results of the strength and needs assessment.
 - d) Service plan.
 - e) Goal attainment summary.
 - f) Ongoing progress reports, at least monthly.
 - g) Placement status determination, including date.
 - h) Termination summary.
 - i) Other material as may be specified by the referring agency/department.
- 2) Collect, maintain and report to the agency, on a quarterly basis, information documenting progress towards achieving the program outcome objectives.
- 3) Allow department/agency representatives full access to all case files and administrative records for the purpose of contract monitoring.

Local Stakeholder Support

Letters of support from local stakeholders are requested as evidence of community commitment to implementing the MST Program. Letters generally fall into one of four categories:

- 1) Stakeholders contributing funding to support the program: These letters should describe the structure and amount of the funding.
- 2) Stakeholders making referrals to the program: These letters should describe the type and number of referrals expected on an annual basis.
- 3) Stakeholders collaborating with the program: These letters should provide indications of how the stakeholder agency will support the MST program through collaboration.
- 4) MST Services letter of support: This letter documents that the bidder has made contact with MST Services and that MST Services will support the bidder if successful.

Technical Assistance from MST Services

Option 1: "Bidders are free to contact MST Services for technical assistance in the completion of this proposal. The contact information is:"

For more information visit www.mstservices.com , or contact:

**Marshall E. Swenson, Vice President
Manager, New Program Development**
MST Services
710 Johnnie Dodds Blvd., Suite 200
Mt. Pleasant, SC 29464
Tel: (843) 856-8226, ext. 215
Fax: (843) 856-8227
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**Melanie Duncan, Ph.D., Coordinator
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MST Services
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Option 2: "Bidders are requested to not contact MST Services directly for technical assistance. Instead, all questions and requests for information must be directed to: NAME & CONTACT INFORMATION"