

BRIEF PROGRAM DESCRIPTION

MST-Psychiatric (MST-Psych)



MST-Psych primarily targets youth between the ages of 9 and 17, at risk of out-of-home placement due to serious behavioral problems and co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, impulsivity and substance use/abuse. MST-Psych incorporates evidenced-based interventions for youth substance use disorders. Hence, youths with co-morbid psychiatric symptoms and substance use/abuse are appropriate referrals. MST-Psych is designed to help youths avoid placement in juvenile justice and/or mental health treatment facilities and can be used to treat youths and families that are difficult to treat or excluded from treatment on routine MST or MST Substance Abuse (SA) teams due to serious caregiver and/or youth mental health symptoms. Over a period of four to six months, MST-Psych is delivered in homes, neighborhoods, schools and communities by master's level professionals with low caseloads. In general, caseloads range from 3 to 5 families at a time. Caseload size variation is determined by the age and relative complexity of the families currently in treatment. Given these variables, each therapist should treat an average of 8 to 10 families annually.

At MST Services, we offer comprehensive assistance with the full development of your MST-Psych program by providing program start-up assistance, initial and on-going clinical training and program quality assurance support services. Administratively, our relationship would be structured as a license agreement for MST-Psych between the Medical University of South Carolina (MUSC) and your organization. We, MST Services, are the MUSC-affiliated organization that grants these license agreements and provides program development and training services in MST and MST-Psych throughout the United States and internationally.

MST Services program development and support consists of a comprehensive package of services designed to do “whatever it takes” to ensure that your MST-Psych program will be successful and sustainable. These services fall into four areas: **program start-up including initial staff training, ongoing clinical support activities, ongoing organization support activities, and quality assurance support.**

The program start-up services include technical assistance and materials designed to produce a program description, projected budget, and implementation timeline. Key critical elements include clear articulation of the target population definition and prioritization process, referral and discharge criteria and processes, recommendations regarding clinical record keeping practices and initial program evaluation planning. The MST-Psych Program Developer will visit your community to provide an overview presentation and meet with your community stakeholders to assure the buy-in needed for program success after start-up. MST Services' staff will provide recruitment assistance including sample job descriptions, help with advertising, interviewing and selecting staff most qualified to implement MST-Psych successfully. Finally, all selected initial staff will complete the 5-day MST Orientation Training and the 2-day MST-Psych Orientation Training designed to enhance safety procedures and skills for assessing and treating children and adults experiencing serious mental health symptoms.

The ongoing MST-Psych clinical support we provide has been developed to replicate the characteristics of training, clinical supervision, consultation, and monitoring provided in the successful clinical trials of MST and MST-Psych. This program implementation protocol has been refined through extensive experience with communities and providers in numerous sites in the US and internationally. After start-up, training continues through weekly telephone MST-Psych consultation for each team of MST-Psych clinicians aimed at monitoring treatment fidelity and adherence to the MST-Psych treatment model, and through quarterly on-site booster trainings (1 1/2 days each). Our trained MST-Psych experts will teach your MST-Psych supervisor to implement a manualized MST supervisory protocol and collaborate with the supervisor to promote the ongoing clinical development of all team members. The MST Services Expert Psychiatrist will support the MST Team supervisor, therapists and psychiatrist in the implementation of evidence-based psychiatric protocols. The MST-Psych expert will also assist the program manager and organization in developing and maintaining strategies to enhance team adherence and performance at the organizational level.

Ongoing organizational assistance aims to overcome barriers to achieving successful clinical outcomes through services that may include a comprehensive business planning process, promotion of the MST-Psych program within the broader service community, and developing program-level interventions designed to increase referrals, reduce staff attrition, or restructure program funding mechanisms to increase sustainability.

Quality assurance support activities focus on monitoring and enhancing program outcomes through increasing therapist adherence to the MST and MST-Psych treatment model. The research on MST has consistently indicated that adherence to the model is critical to achieving clinical outcomes. Likewise, similar quality assurance strategies are used to assure adherence to the MST-Psych model. The MST Therapist Adherence Measure and the MST Supervisor Adherence Measure have been validated in the research on MST with antisocial and delinquent youth and are now being implemented by all licensed MST and MST-Psych programs. MST Services assists interested programs in conducting a feasibility study at no cost to determine if MST-Psych is the best choice given the community needs and provider organization interests. Program development costs cover all activities that prepare the MST-Psych team to accept clients and initiate program operations. The cost of ongoing program support services is based on an all-inclusive annual per-team fee, where a MST-Psych team is defined as two to four full-time Master's level clinicians, a bachelor's level crisis caseworker, a psychiatrist (assigned 20% per team or 30% for two teams with shared supervisor), and a Ph.D. or Master's level supervisor (assigned full time per one team or two teams serving similar referral streams at same agency in proximity to one another).