MST is an evidence-based in-home treatment for youth with complex clinical, substance use, social, and educational problems. MST emphasizes behavioral change in the natural environment and uses interventions to promote the parent's capacity to monitor and intervene positively with each youth.

Target Population

MST is available to youth between the ages of 12-17 (and their parent/caregivers), who presents with a *DSM 5* diagnosis and exhibit antisocial, acting out, substance using, and/or delinquent behaviors. Eighteen (18) year olds may be admitted on a case by case basis.

Referral and Service Initiation

Referrals are accepted from any source such as: the parent/caregiver, DCF, hospital, school, probation/court, police, or community provider.

Caseload and Length of Service Caseload = 4-6 per therapist Length of service = 3-5 months

Crisis Response

The Contractors provide 24-hour emergency and crisis intervention services to children and/or youth and their families by phone or pager. Local emergency mobile psychiatric services should not be used as common practice by this Contractor.

Services and Interventions

EVALUATION

All youth referred to MST will receive a comprehensive evaluation, which will result in the formulation of a *DSM 5* diagnosis and an individualized treatment plan.

MULTISYSTEMIC THERAPY

MST uses the systemic approach to improve functioning in the individual, family, peer, school, and community domains. The treatment focus is on supporting parents/caregivers in addressing behavioral health issues and helping them be successful in managing child/youth behavior. Parents/caregivers are active participants in every stage of treatment process. Most sessions are done with the family, but individual therapy sessions are conducted when needed to assist the family in the therapy process.

DRUG TESTING

Drug tests are completed during the evaluation and randomly throughout treatment.

Reporting Expectations

- The Contractor will submit individual, client level data to the Department's PIE System or other system as required by the Department.
- The Contractor will submit data to the MST model developers and GAIN ABS, consistent with the requirements of the quality assurance process.
- The Contractor will provide written and verbal monthly progress reports to the referral sources concerning the child/youth they referred.