Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	**Multisystemic Therapy (MST)** ☐ **Adult** ☒ **Juvenile**
Category	Treatment
Setting	Home-Based
Organizational Licensure, Credentials, Accreditation, or Certification Requirements	• Facility Licensure is not required. Agency must be compliant with licensing standards as required by the Department of Health & Human Services (DHHS) - Division of Public Health. • Agency must be licensed in the MST service model by MST Services. Licensure includes compliance with MST standards, including program monitoring, quality assurance, data collection, contract/agreement status and payment status.
Service Description	Multisystemic Therapy (MST) is a family-driven intensive model of treatment based on evidence-based interventions that target high-risk behavior in youth and increase protective factors that targets youth age 12 to 18 and their families who have antisocial, aggressive, or violent behaviors. The purpose of MST is to keep youth in the home by delivering intensive clinical services to the family within their home. MST Therapist meets with youth, family, caregiver as well as others in the youth's ecology to achieve treatment goals. MST is built on the principle that a seriously troubled youth's behavioral problems are multi-dimensional and must be confronted using multiple strategies. The serious behavior problems of a youth typically stem from a combination of influences, family factors, deviant peer groups, problems in school/community, and individual characteristics. This approach best serves youth whose delinquent behavior can be linked to more than one of these systems. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. Youth referred to this service must live with an identified caregiver who has legal responsibility for the youth and meet one or more of the following inclusionary criteria: • At risk of out-of-home placement due to delinquency • Adjudicated and returning from out-of-home placement • Externalizing behavior such as chronic or violent criminal activity • Ongoing multiple system involvement due to high-risk behaviors – may include substance use

<table>
<tr><td></td><td>Less intensive interventions are inappropriate or have been ineffective.
Components of the MST service model (such as availability of the MST staff, flexible scheduling, and delivery of services in the home) work together to:

Provide safety for the family
Prevent violence
Develop a joint working relationship between therapist and family
Provide the family with easier access to needed services
Increase the likelihood that the family will stay in treatment
Help the family maintain changes in behaviors
</td></tr>
<tr><td>Service Expectations</td><td>

Fidelity to the MST model is essential to the success of the youth and family.
MST services include

Initial and ongoing assessment to analyze the circumstances driving the problem behavior.
Development of individual therapeutic interventions, in accordance with the MST treatment principles, that focus on: the youth and/or their family, peer interventions, case management and stabilization.
Communication with other current or former service providers as appropriate to coordinate services, when clinically necessary and upon permission from the legal guardian.
Specialized therapeutic and rehabilitative interventions are utilized to address substance use disorder, sexual abuse, sex offending, and domestic violence.
Involvement of families and other systems such as the school, probation/problem solving court staff, extended families, and community connections.

MST Therapists

Build on strengths
Create strong working relationships with referral sources such as youth, justice, and the court.
Work closely with probation/problem solving court officers, social welfare workers, teachers, and guidance counselors to obtain the perspectives of multiple systems that have the common goal of improving youth and family treatment goals.
Create a support network of extended family, neighbors and friends to help the parents/guardians maintain the changes

Services with youth/family shall be conducted in the family home or an environment in the community where the behaviors to be addressed are occurring.

This service will include multiple in-person direct contacts and indirect contacts (e.g. e-mails, text messages) with the youth and family each week.

</td></tr>
</table>

	o This service will also include direct (in-person) or in-direct skill or case specific contacts with other community-based professionals and family ecology supports (i.e. school personnel, therapist, DHHS, neighbors, etc.). o Scheduling logistics is not a behavioral intervention or case coordination activity and is not billable. • An individualized service plan shall be o Developed based on goals of the youth and family within 10 days of intake. o Informed by the referral for services from the probation/problem-solving court officer, and relevant collateral documentation. o Shared in writing with the probation/problem solving court officer within 30 days of intake. o Revised as needed throughout the service, with written updates provided no less than every 90 days if no revisions have been made. • Progress toward the individualized goals will be documented in weekly reports submitted by the agency. If progress is not indicated, or is limited, the agency staff will provide a rationale as to what changes will be made to initiate a plan to increase progress. • A crisis (risk reduction) plan shall be developed and updated as needed throughout the service. The youth and the parent/guardian/caregiver must be able to demonstrate they have the knowledge and skills to implement the crisis plan. The crisis plan will be shared with the probation/problem solving court officer.
Service Frequency	• Frequent direct contact with youth and/or family each week + indirect contact with professional /family ecology contacts as needed. • Frequency of services will vary based on the needs of the youth/family. Contact hours will generally be more intensive at the beginning of service delivery and taper as the youth's functions improves.
Length of Service	• Expected duration of services is a range of 3 to 5 months, with an average of 4 months. • Duration of services is individualized based on progress of the youth and family and will vary based on the youth's ability to benefit from, and response to treatment interventions.
Staffing & Individual Professional Licensure, Credentials, Accreditation, or Certification Requirements	• Services are to be provided by qualified providers who are selected through a Request for Qualification (RFQ) process. Specific service expectations are specified in the applicable RFQ. • Staff must be affiliated with an agency that is a Registered Service Provider and licensed to provide MST services. • MST Therapists must: o Hold a Master's Degree in social work, counseling, or other relevant human service profession o Be licensed as a of a minimum LMHP (Licensed Mental Health Practitioner) or PLMHP (Provisional Licensed Mental Health Practitioner) in the state of Nebraska and practicing within their scope of licensure

	○ Have completed the MST orientation training, be certified in the MST model of services, participate in ongoing MST booster training, and weekly consultation with an MST Expert ○ Be associated with a licensed MST team, assigned solely to the MST program and have no other agency responsibilities ○ Prior experience in children and family services is desired but not required • MST Supervisors must: ○ Hold a Master's Degree in social work, counseling, or other relevant human service profession ○ Have 2+ years of experience in children and family services ○ Be licensed as a of a minimum LMHP (Licensed Mental Health Practitioner) in the state of Nebraska and practicing within their scope of licensure ○ Have completed the MST orientation training, MST supervisor training, be certified in the MST model of services, participate in ongoing MST booster training, and weekly consultation with an MST Expert ○ Be associated with no more than two (2) licensed MST teams • All providers must be trained in trauma-informed care, recovery principles, evidence-based practices, adolescent development and crisis management.
Staff to Client Ratio	• All staffing shall be adequate to meet the individualized service needs of the youth and meet the responsibilities of each staff position as outlined in the MST model. • Caseloads range from 4 to 6 youth/families, average caseload of 5 youth/families per MST Therapist (1:5) • 1 MST supervisor to 2 to 4 MST therapists (1:4) ○ 1 MST supervisor can supervise up to 2 teams at a maximum of 8 therapists (1:8)
Hours of Operation	• Services are scheduled during day, evening, or weekend hours, based on family availability. • Services are available for crisis assistance 24 hours/day, 7 days/week.
Service Desired Outcomes	Youth is/has: • Residing at home with family • Improved school attendance and performance • Improved relations with peers and adults • Decreased association with deviant peers, Increase association with positive peers • Been introduced the youth to positive peer recreational/leisure activities • Reduced delinquent activity, recidivism, seriousness of charges, substance use • Decreased problem behaviors, improvements in internalizing and externalizing behaviors • Demonstrated how to implement the crisis plan Family is/has: • Improved family function; parenting practice; family cohesion, adaptability and supportiveness

	• Increased accountability and problem-solving • Decreased conflict and hostility by working with caregivers to reinforce positive behaviors and reducing negative behavior • Developed capacity to manage future difficulties by using family strengths to promote positive coping activities • Developed skills to help the youth get better grades or start to develop a vocation • Introduced the youth to positive peer recreational/leisure activities and improved skills to help the youth participate in positive activities, such as sports or clubs • Demonstrated how to implement the crisis plan
Unit and Rate	Per unit; see rate sheet