



Behavioral Health Rehabilitation Service (BHRS)

Multisystemic Therapy (MST) Medical Necessity Criteria

Brief Description

Multisystemic Therapy (MST) is an intensive family and community-based treatment which addresses the externalizing behaviors of youth displaying emotional and behavioral disturbances of serious antisocial behavior (fighting, arguing/threatening, destroying property, using drugs and alcohol, disrespectful and disobedient conduct, running away, truancy, and curfew violations) often associated with but not limited to juvenile offenders. MST is provided using a home-based model of service delivery for youth and families, targeting youth between the ages of 12-17 who are at high risk of out-of-home placement. MST services fully utilize the CASSP principles as services are delivered in the natural environment (e.g., home, school, community) with the treatment plan being designed in collaboration with the child, family, and all relevant child serving systems (e.g., MH/MR, D&A, JPO, CYF, and Education). The overall goal of MST is to empower families to build an environment, through the mobilization of indigenous child, family, and community resources that promotes their safety, health and well-being.

Evidenced-based intervention strategies are integrated into the social ecology of the home, community, and school and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavioral therapies. MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that are contributing to his or her problematic behavior. Thus, MST interventions typically aim to develop youth competence by improving the relationships, interactions, and skills of those who surround the youth, especially family members. MST also helps develop a support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes.

Therapists work non-traditional hours and are on call for their families 24/7 with a supervisory staff on as back up support to the primary therapist on call. Each therapist carries a small caseload of four to six families at any one time.

MST is a time limited (4-6 months) therapeutic process that provides on average 20-25 hours/month of direct contact with decreasing hours near the end of treatment.

<p>Admission Criteria</p>	<p><i>All of the following criteria are necessary for admission:</i></p> <ol style="list-style-type: none"> 1. The youth has a primary DSM-IV-TR ® Axis I diagnosis including, but not limited to, Conduct Disorder; ADHD; ODD; Disruptive Behavior Disorder, NOS; Intermittent Explosive Disorder; and/or Adjustment Disorder with Disturbance of Conduct, which is characterized by externalizing behaviors. In addition, there may be other diagnosed behavioral health conditions which require treatment and can reasonably be expected to respond to therapeutic interventions (e.g., Mood Disorder, PTSD, etc.). MR or D&A cannot stand-alone. 2. The youth has one or more of the following symptoms/conditions: <ol style="list-style-type: none"> a. Dangerous physical aggression b. Destruction of property c. Substance use/abuse d. Serious violations of rules, e.g., truancy, runaway behavior e. Extreme verbal aggression f. Repeated probation violations or violation(s) of a district court ruling 3. The youth is between the ages of 12 – 17. Exceptions to this age range may be considered on a case-by-case basis based on ISPT recommendations, appropriateness of treatment, and approval by the MST supervisor. 4. The youth is able to remain at home and has at least one caregiver willing to actively participate in the treatment. 5. Less intensive treatment (e.g., outpatient behavioral health treatment) has either been ineffective or is inappropriate due to the youth’s current symptoms. 6. The youth/family is not receiving in-home/community-based mental health services from another agency at the same time as MST. If community based services from a non-behavioral health service system are recommended or occurring at the same time as MST, the MST program must be the lead program and in full agreement with the inclusion of the other in-home service. 7. The youth is at imminent risk of out-of home placement through Juvenile Court, Children and Youth or the Behavioral Health system due to significant behavioral symptomatology; or the youth is transitioning back into the home from an out-of-home setting and his/her removal was primarily due to behavioral symptomatology. <p><i>In addition to the above requirements, any of the following <u>may</u> also apply:</i></p> <ol style="list-style-type: none"> 1. There is a history of light to moderate substance abuse or other contributing risk factors (e.g., single parent, mental illness of care giver, negative peers, and no pro-social activities) by the child/adolescent and/or family members; 2. There is ongoing multiple system involvement (e.g. school, mental
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	<p>health, D & A, Juvenile Justice System, Child Welfare, etc.)</p> <p>3. Separate MST cases may be opened on more than one youth within the family as long as each youth is referred by Juvenile Justice, Child Welfare or a designated County referral source and meets admission criteria for this level of care. (Generalization of skills cannot be automatically expected for other youths living in the home due to differing ecological factors such as different parents, different schools/teachers, different peer groups, and different individual characteristics, which impact treatment and outcomes.)</p>
Psychosocial, Occupational, and Cultural and Linguistic Factors	<i>These factors may change the risk assessment and should be considered when making level of care decisions.</i>
Exclusion Criteria	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. The youth exhibits severe suicidal or homicidal threats/attempts, acute mood symptoms, active psychosis, dangerous behavior or cognitive loss of control, which requires either a more intensive level of behavior health care or an alternative out-of-home placement with another child serving system. 2. The youth has primary acute substance abuse problems requiring residential D & A treatment. 3. The youth is living independently. 4. The youth is living at home; however, a primary caregiver cannot be identified to provide support and be involved in treatment, or the youth does not have a primary caretaker who is willing to participate in treatment. 5. The child/adolescent is under the age of 12 or over the age of 17 and there is no evidence that MST would be an effective treatment option due to age or referral symptoms. 6. The referral problem is limited to serious sexual misbehavior in the absence of other externalizing behaviors. 7. The youth has sufficient cognitive, expressive or receptive impairment; which is counter productive to MST outcomes. 8. A youth with a primary referral behavior of verbal aggression that is not considered terroristic threats, and the verbal aggression does not lead to more serious acting out behavior such as physical aggression, substance use, truancy or runaway behavior.
Discharge Criteria	<p><i>The following criteria indicate that the child/adolescent no longer meets medical necessity criteria for MST:</i></p> <ol style="list-style-type: none"> 1. The child/adolescent's documented treatment plan goals and objectives have been substantially met, including implementation of the discharge plan; or 2. The child/adolescent and/or family no longer meet admission criteria for MST, or meet criteria for a lesser or more intensive level of care;

	<p>or</p> <p>3. The child/adolescent and/or family have not benefited from MST despite documented efforts to engage the child/adolescent and/or family and there is no reasonable expectation of progress at this level of care despite treatment planning changes and an individualized discharge plan with appropriate, realistic, and timely follow-up care is in place.</p>
Re-opening a MST Case	<p><i>All of the following criteria must be met to re-open a MST case for a youth who has previously been discharged from MST:</i></p> <ol style="list-style-type: none"> 1. All admission criteria (1 – 7) must be met; and 2. Specific conditions have changed in the youth’s ecology (e.g., natural environment including caretakers, home, school, neighborhood, and/or peer group) since the youth was discharged from MST, leading to the attainment of favorable and/or generalizable outcomes with a second course of MST.

** Please note: there is no CSR criteria because we authorize for the entire 6 months in the initial authorization period.