

Taking Multisystemic Therapy (MST) to Scale

Blueprints Conference

San Antonio

April 8, 2010

What is MST?

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on “empowering” caregivers (parents) to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood
- Highly structured clinical supervision and quality assurance processes

Where is MST Being Used?

- More than 30 states in the U.S. and in 12 countries
- Statewide infrastructure in Connecticut, Georgia, Hawaii, New Mexico, and Pennsylvania
- Nationwide programs in Norway and Netherlands (20+ teams each)
- Other international replications: Australia, New Zealand, Canada, Denmark, Ireland, Scotland, England, Iceland, Sweden, and Switzerland.

Vital Statistics

- 450+ teams worldwide
- 1400+ FTE MST clinicians
- 23,000+ youth / families received MST
- At case closure:

Youth living at home: 83%

Youth in school / working: 82%

Youth with no new arrests: 82%

(data from MST Institute)

MST Research and Dissemination



**Family Services Research Center (FSRC) at the
Medical University of South Carolina (MUSC)**

MST Services

MST Institute

Licensed and affiliated organizations:

MST Network Partner Organizations

Local MST Provider Organizations

MST Dissemination

- **1996 - 2000:** MST Services provided direct support to provider organizations implementing MST (many lessons learned about “helping it happen”)
- **2000 - present:** Developed an infrastructure at MST Services to support growing “local” expertise to help implement the model - the Network Partner model

MST Network Partner Model



- 22 Network Partners worldwide
- 80+ MST Experts providing consultation and QA services to approximately 350 Network Partner teams
- 22 Program Directors / Developers

MST Network Partner Model



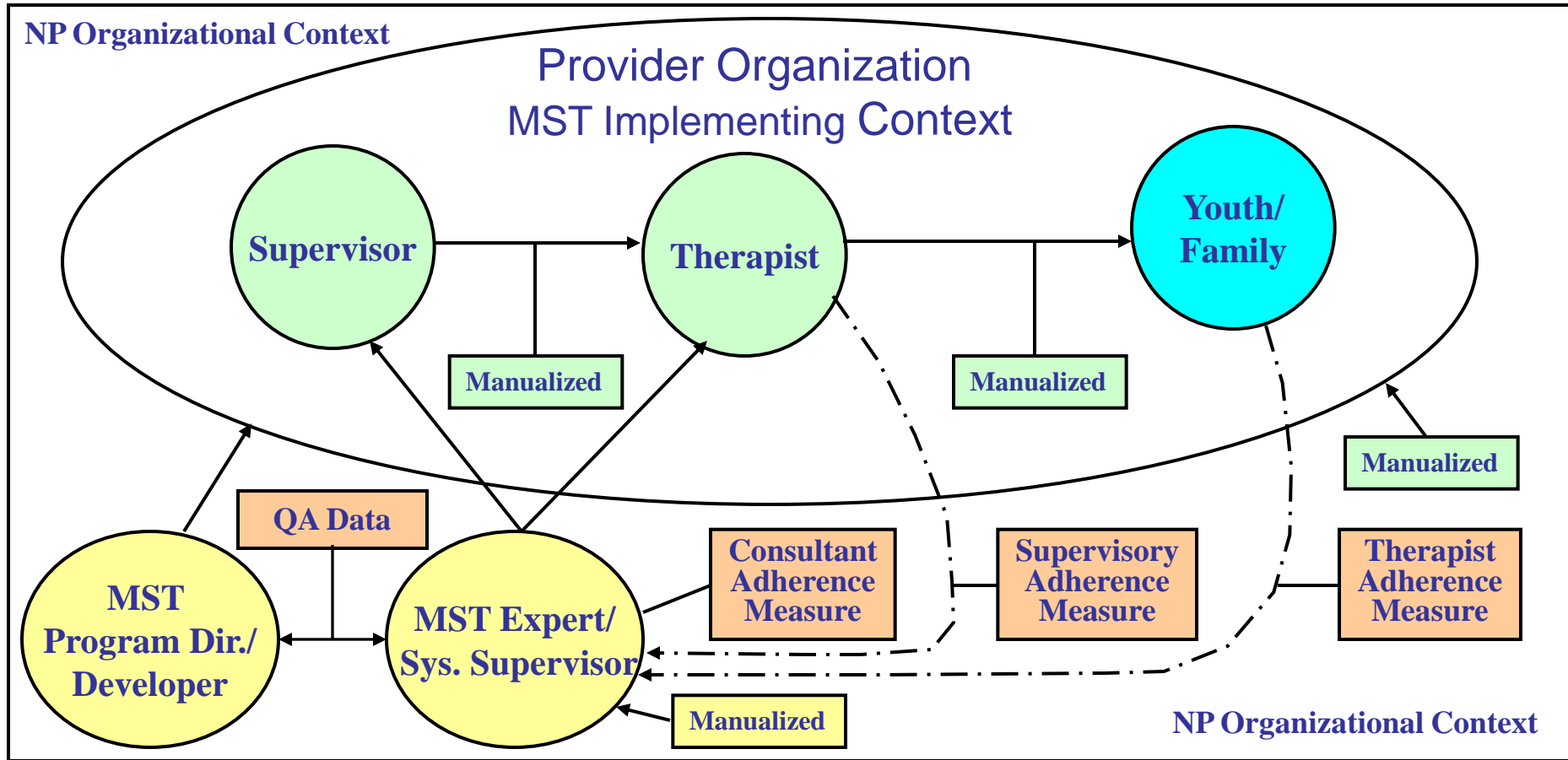
- The objective of the MST Network Partner Model is to develop this highest level of MST clinical, program development and administrative expertise within the system implementing the MST model
- Key Roles within the MST Network Partner organization:
 - MST Program Director/Developer
 - MST System Supervisor

MST Network Partner Model



- Key Domains of MST System Development:
 - Fidelity Monitoring, Quality Assurance and Quality Improvement
 - Clinical staff development (training)
 - Program support and development activities, and organizational/systems-level interventions
 - Outcome monitoring

MST Quality Assurance System



MST Expert “Domain”

Culture of ongoing development, quality improvement, and evaluation.

Mastery of Relevant Knowledge Base

Program CQI Management

- Goals and Guidelines Management
- Program Implementation Review (PIR) Development
- Organizational and Systems Interventions
- QA assistance, training and oversight

Supervisor Development

- Supervisor Booster Training
- Supervisor Workshops

Therapist Development

- Clinical Consultation
- 5-Day Training
- Booster Training

Culture of ongoing development, quality improvement, and evaluation.

MST Program Director/ Developer “Domain”

Culture of ongoing development, quality improvement, and evaluation.

Mastery of Relevant Knowledge Base

Program CQI Management

- Goals and Guidelines Development
- PIR and Program Data Reviews
- Organizational and Systems Interventions
- QA assistance, drift and fidelity monitoring

Program Development

- Critical Issues Review
- Needs Assessment (fit with MST?)
- Site Readiness Review (Site Assessment)
- Program Implementation Support

Local Champion Support

- Identification
- Support/ resources
- Problem solving
- Planning

Culture of ongoing development, quality improvement, and evaluation.

MST Network Partner Model



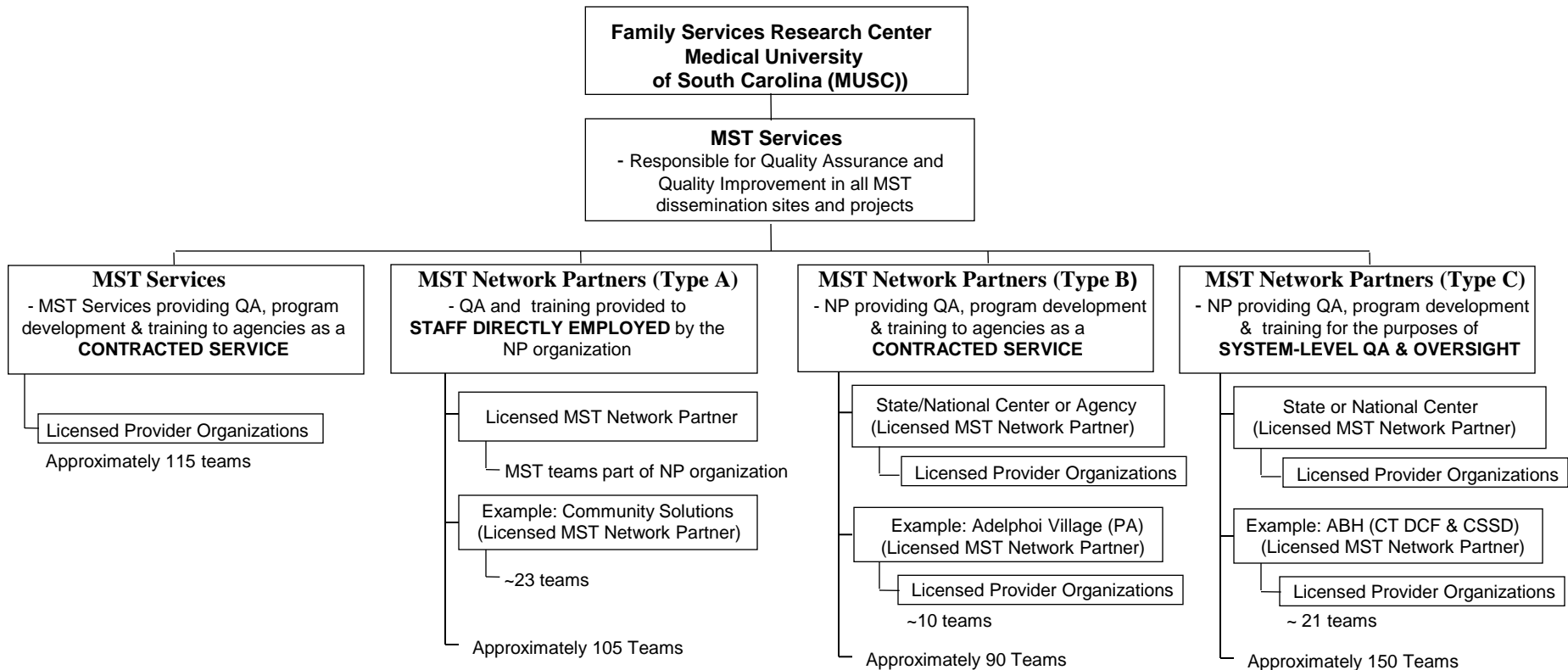
- Three different types of Network Partners have emerged:
 - Provider organizations that implement MST and choose to develop MST “training capabilities” (Type A)
 - Provider organizations or Centers that want to participate in the dissemination of MST (Type B)
 - Systems (DJJ, DCF, etc.) that established NP organizations for the purpose of the developing, supporting and providing QA oversight of their network of MST teams (Type C)

MST Network Partners

MST Program Development, QA and Training Organizations

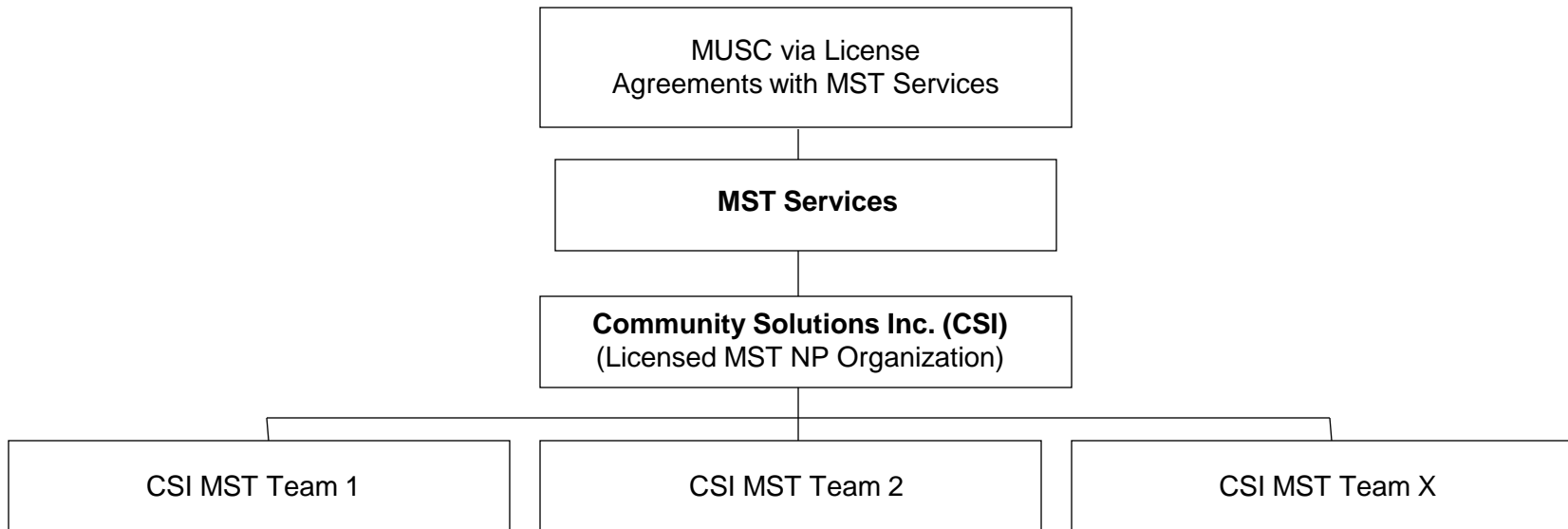


MST Network Partnerships - Structure and Types



Updated 04/10 – approximately 460 MST teams worldwide

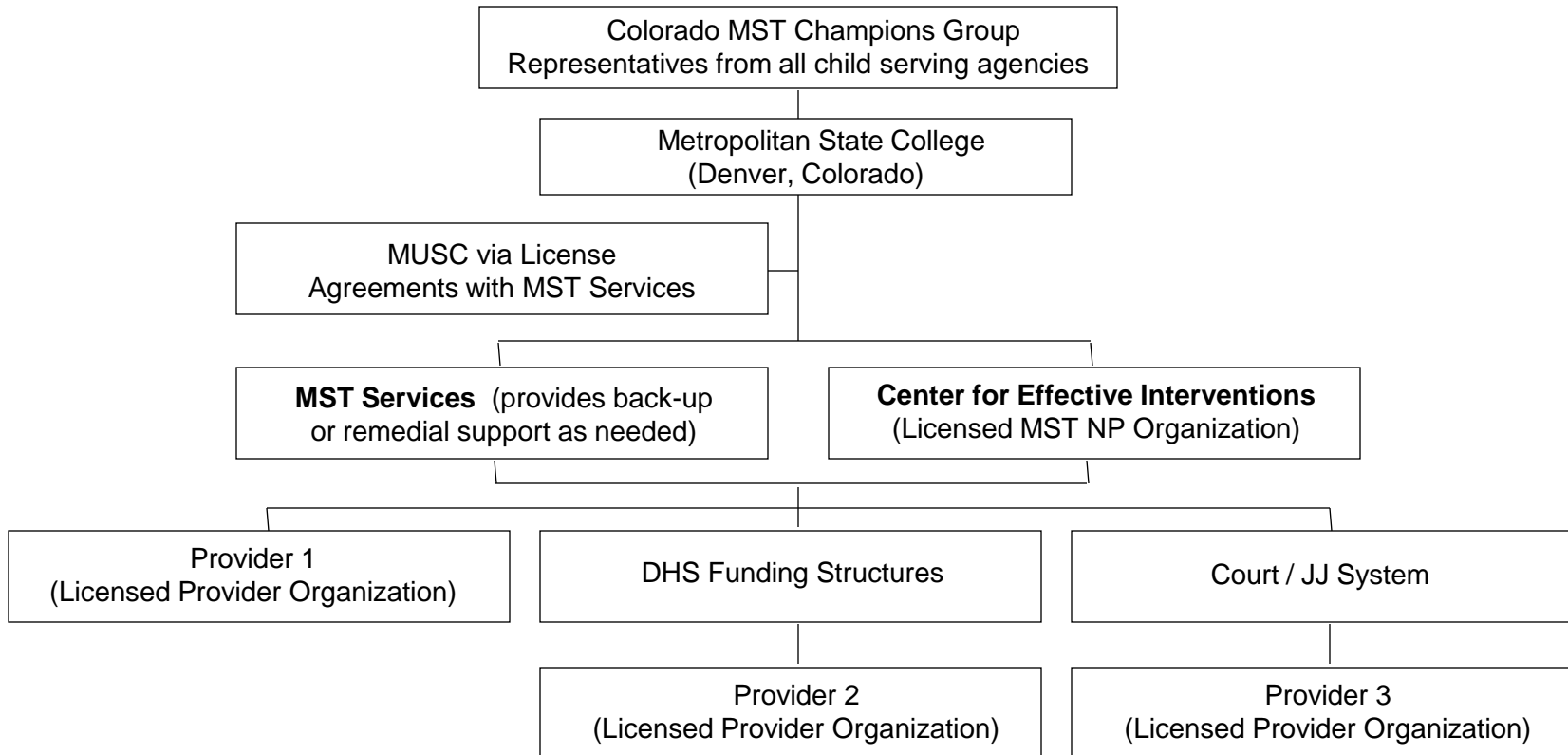
“Type A” MST Network Partner: Training & QA Provided to Employees



“Type B” MST Network Partner: Voluntary/Contracted Training Organization

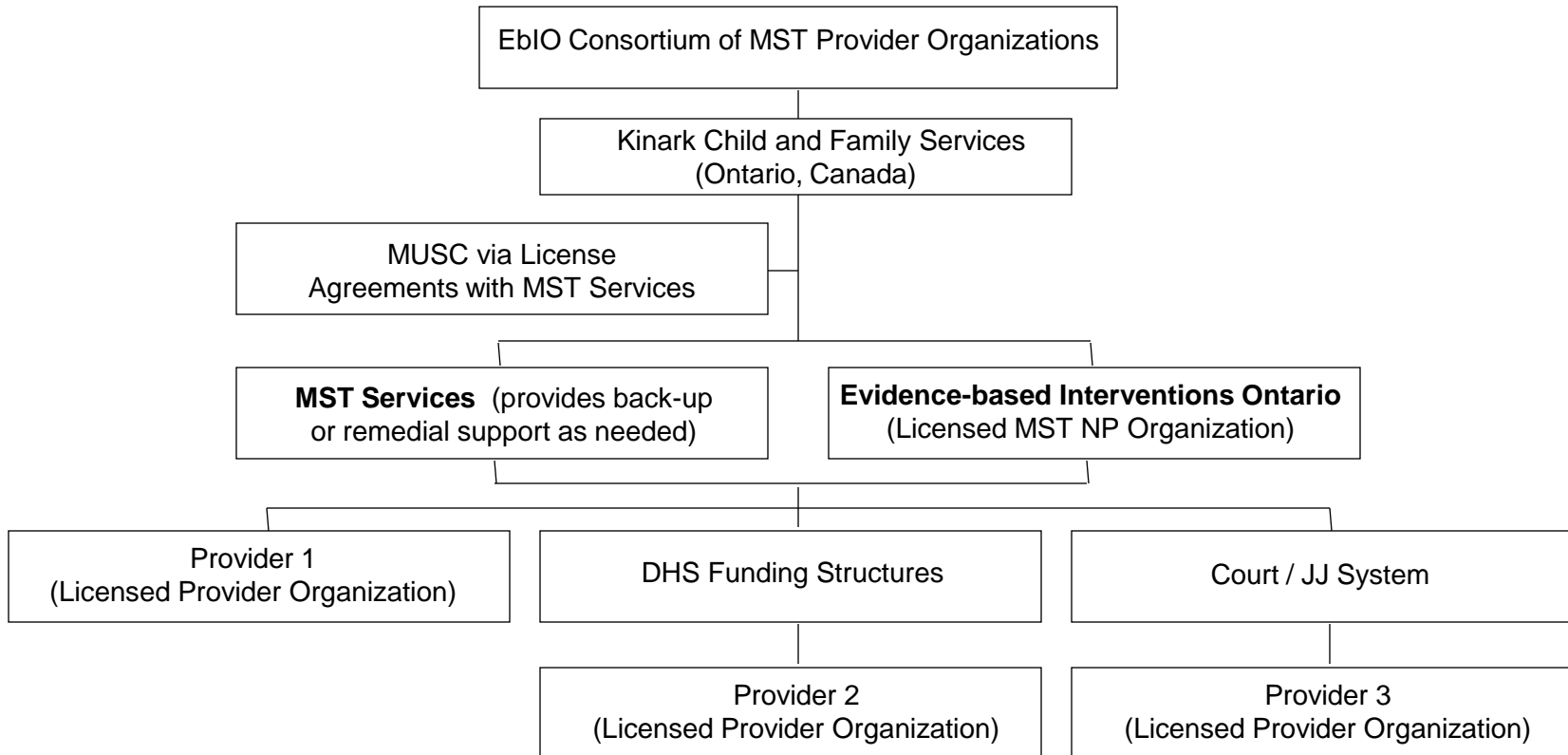


Center for Effective Interventions (CEI)



“Type B” MST Network Partner: Voluntary/Contracted Training Organization

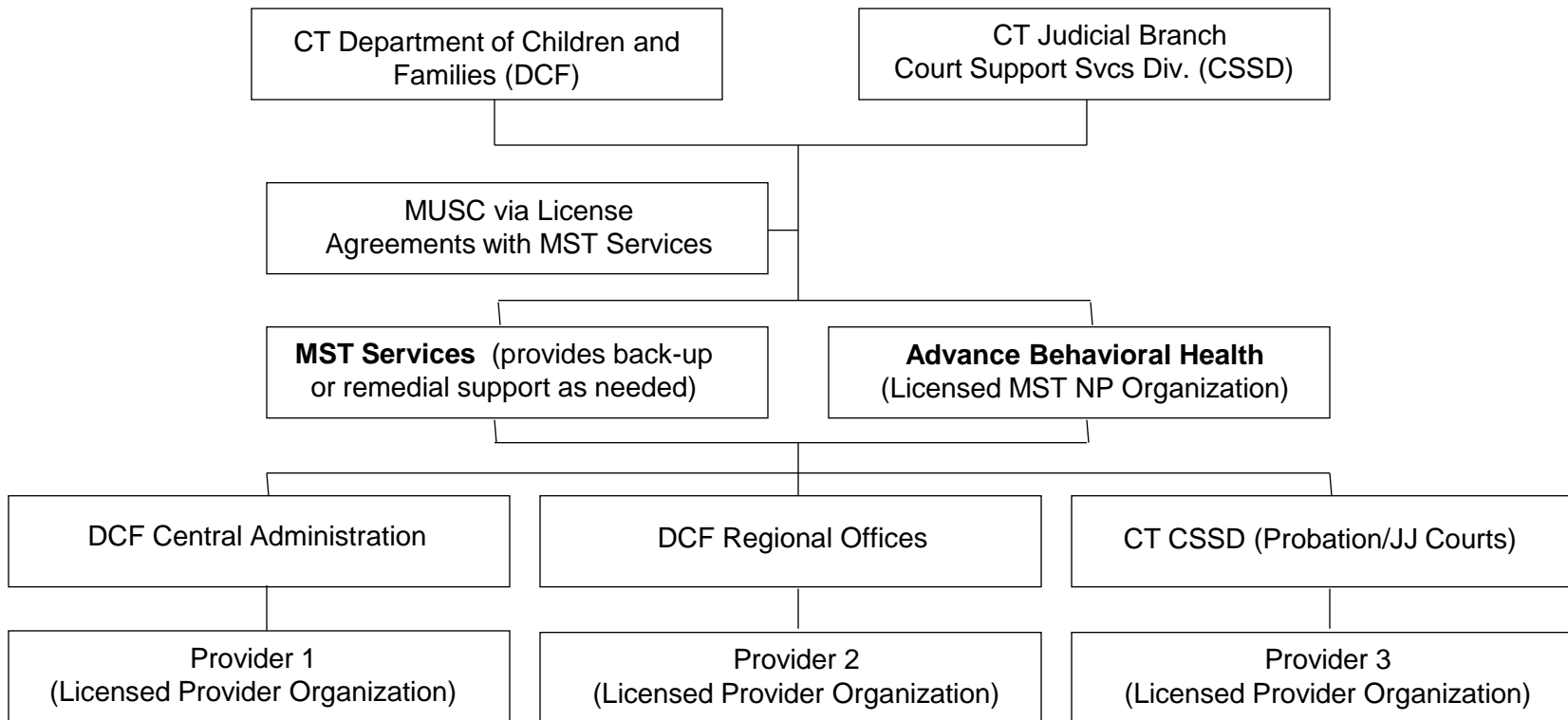
Evidence-based Interventions Ontario (EbIO)



“Type C” MST Network Partner System QA & Oversight Organization

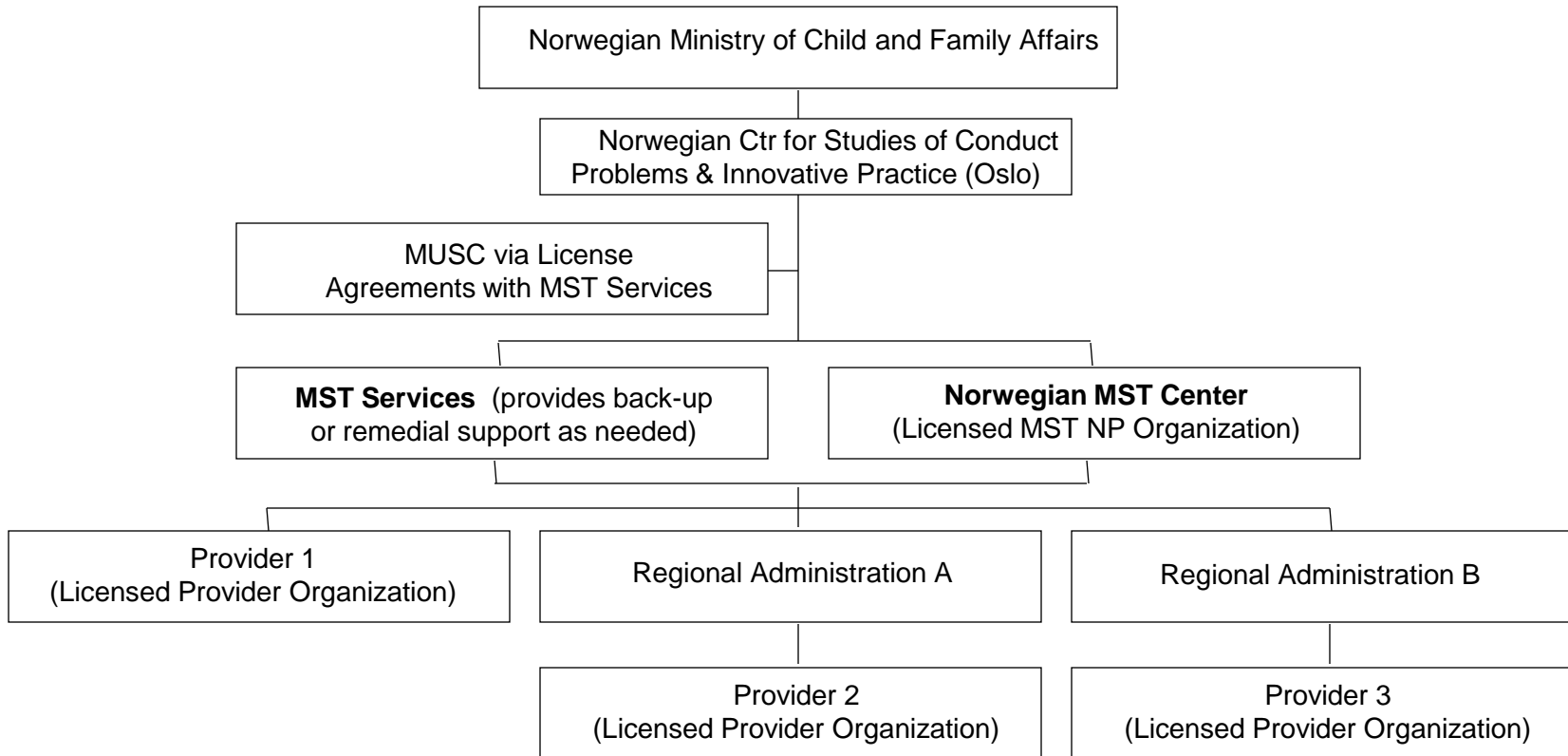


Advance Behavioral Health (ABH) - Privatized



“Type C” MST Network Partner System QA & Oversight Organization

Norway National (country-wide) MST System – Public



For further information



Visit www.mstservices.com

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