

REQUEST FOR APPLICATION (RFA) FOR STATE FUNDED MULTISYSTEMIC THERAPY (MST) EXPANSION PROJECT IN NEW MEXICO

The New Mexico Children, Youth and Families Department (CYFD) Behavioral Health Services (BHS) is looking to identify locations to launch at least four and up to five Multisystemic Therapy teams associated with New Mexico's *Multisystemic Therapy (MST) Expansion Program*. The following application will document your community's interest and assess initial feasibility. We will follow-up with interested sites in May 2020 to do a more thorough feasibility assessment and make final site assessments. We aim for four to five MST teams to launch between December 2020 and April 2021.

What Is MST

Multisystemic Therapy (MST) is an evidence-based and intensive home, family and community based treatment for youth with serious antisocial behavior. MST enrolls youth between the ages of 12-17 who meet the criteria of having an imminent risk of out-of-home placement; physical and/or verbal aggression at home, school or in the community; delinquency; antisocial behaviors, and/or substance abuse.

The overarching goal of MST is to keep youth ages 12 to 17 who have exhibited serious behavior problems in their home, in school, and not arrested. This is achieved, in part, through increasing caregivers' skills to handle current and future problems, increasing the instrumental and affective relationships in the home, increasing the families' use of social supports, and engaging children in pro-social activities. Through an intensive, yet relatively short-term (3-5 month) home-based approach, MST therapists aim to uncover and assess the functional origins of adolescent behavioral and/or substance use problems and develop personalized treatment goals in collaboration with the family. MST works to alter the youth's ecology in a pragmatic manner that promotes pro-social conduct while decreasing problem and delinquent behavior. Systems and social ecological theories, along with behavioral and cognitive-behavioral theories, form the foundation of MST.

Agencies new to delivering MST will go through a process to become a licensed MST provider. MST teams consist of 2-4 therapists plus a supervisor. Each therapist works intensively with 4-6 families at a time. MST teams receive ongoing coaching and support to deliver the intervention with fidelity. The University of Denver's Center for Effective Interventions (CEI) is the regional Network Partner that licenses MST teams and works collaboratively with CYFD BHS and local agencies to ensure high quality and sustainable implementation of the MST model.

RFA Application

In 2018 in New Mexico, there were 8,135 youth referred to CYFD Juvenile Justice Services (JJS). Many more youth are at high risk for referral, as evidenced by school suspensions and expulsions, Protective Service (PS) referrals, and runaways. Without effective intervention, over half of youth who are committed to juvenile justice services will go on to commit crimes into their adulthood. Since 2004, over 8,000 youth completed MST services in the state of New Mexico. The 2018 NM-MST outcome report showed a statistically significant improvement from admission to discharge in all areas of measured outcomes, including school and legal issues, mental health and substance abuse problems, with reported savings of almost 12 million dollars as a result of reduced utilization of Medicaid-covered behavioral health services.

Below are seven questions the CEI requests any applicant wishing to participate in this program to complete.

This RFA has been designed to be as streamlined and "user-friendly" as possible. The primary goal of this process is to assess New Mexico communities' level of interest, needs and capabilities for participating in this initiative. A completed application need not be lengthy; a response of a few pages in total should be sufficient. Note that some questions are optional, and others may be completed with just a few sentences.

Responses to this RFA will allow CEI, in coordination with CYFD BHS, to select communities and regions of the state that could feasibly participate in this initiative. If selected, sites agree to enter into an agreement with New Mexico Children, Youth and Families Department (CYFD) Behavioral Health Services (BHS) to receive funding. Sites will also enter into an agreement with CEI that stipulates training and implementation expectations. Finally, sites will also agree to become a licensed MST provider agency with MST Services LLC.

For general questions about MST or the application process, please reach out to the Center for Effective Interventions at gssw.cei@du.edu

The deadline to submit applications is June 5, 2020. Please return completed applications to gssw.cei@du.edu by 5:00 pm MST.

1. **Jurisdiction and applicant: Who is applying for this opportunity?** (Please limit your response to 350 words or less).

a) Please identify the applicant/s for this pilot.

Applicants can include Community Mental Health Centers (CMHCs), FQHCs, Health Homes, CSA's, Provider agencies, non-profit organizations and/or other providers capable of billing Medicaid, adhering to EBP, and/or delivering home-based services. (Note, during the COVID-19 global pandemic, MST treatment services can be delivered via telehealth as indicated by the NM Human Services Department (HSD) and in accordance with the NM Governor's Public Health Orders).

b) Please indicate what county or region of New Mexico this proposal originates from.

c) Please indicate a primary point of contact for the application, including a full name, title, phone, email and organizational affiliation.

2. **Need for MST in your Community.** (Please limit your response to 500 words or less, not including any attached data).

a) Summarize your interest in bringing Multisystemic Therapy (MST) to your community.

b) How would MST fit within your community's current service array?

Where feasible, supplement your response to this question with available data. State-collected data are available here: [Juvenile Justice Report](#).

3. **Proposed Target Population for MST Expansion Project.** (Please limit your response to 1000 words or less, not including any attached data).

a) **Ensuring adequate referrals.** A fully staffed MST team can serve approximately 30-60 youth a year. MST requires youth to live within an approximate 90 minute radius to ensure timely response to crisis, if needed.

Please describe how you can ensure there are adequate referrals. This is likely a combination of geographic coverage area, the number of youth who meet inclusionary criteria for MST, and the availability of other potentially competing programs. Please indicate likely primary referral sources (e.g., juvenile court, schools).

To inform your response, please see link for relevant New Mexico juvenile justice data: [2018 Juvenile Justice Report](#)

4. **Willingness to Participate in MST Quality Assurance.** (Please limit your response to 150 words or less).

As mentioned above, MST requires licensed teams to engage in regular quality assurance activities. This includes ensuring that all MST therapists attend the 5-day orientation training, participate in weekly supervision and consultation, participate in quarterly booster trainings, supervisors engage in supervisor training, and model fidelity is monitored. Fidelity is monitored through three approaches. Families respond to a survey monthly (by

telephone, internet, or paper/pencil) about how their therapist is delivering MST. Therapists report monthly about how their supervisors support MST adherence, and therapists and supervisors also report about how adherent their consultant is to the model. This information is used collectively to determine fidelity to the model. Teams conduct bi-annual performance reviews. Please comment on any prior experience your agency has in monitoring treatment fidelity and your overall willingness to participate in the activities outlined above.

5. **Documentation of Medicaid Accreditation.** (Please limit response to 250 words or less, excluding any attached letters)

Participation in this expansion project would include significant resources from the State during the first year of implementation to reduce the costs of providing MST in the form of: a) dedicated staff from the Center for Effective Interventions (CEI) to support the necessary training, monitoring, implementation support and regular check-ins for MST therapists and supervisors, and b) direct cash assistance to partially cover local provider initial implementation costs. The proposed model assumes that the remaining local provider costs can be funded from service reimbursement from Medicaid, given MST’s status as a NM covered behavioral health intervention for Medicaid-eligible families, where appropriate, or through non-Medicaid state funds allocated specifically to non-Medicaid eligible youth, who do not have commercial insurance, or any other source of funding.

- a) Please attach documentation of Medicaid accreditation to this application
- b) CYFD non-Medicaid funds are limited funds intended for services for individuals not covered by Medicaid, do not have commercial insurance, or any other source of funding. Please indicate your capacity to serve this demographic.

6. **Initial Feasibility Assessment.** Please indicate the extent to which your agency would be able to ensure these MST-required program practices by indicating AGREE if it is reasonable that your agency could implement the program practices, and indicate NO if it would present a significant challenge given your agency policies/procedures. Feel free to add any notes that will help the RFA review team better understand your agency’s ability to align with these practices. **Please note that it is common that some of the required practices can be challenging for agencies to implement, indicating “NO” does not mean your application will not be considered.** Rather the implementation team will need to work collaboratively to come up with a plan to ensure MST can still be implemented with fidelity.

Agree	No	Required program practices and characteristics:
<input type="checkbox"/>	<input type="checkbox"/>	1. MST Therapists are full-time employees assigned to the MST program solely.
<p>The implementation team wants to work collaboratively to build your capacity to support MST teams to fidelity. If you answered no, please explain the factors or considerations that make it difficult to support full-time MST therapist:</p>		
<input type="checkbox"/>	<input type="checkbox"/>	2. MST Therapists do not have any non-MST program responsibilities in the agency, do not carry any additional non-MST cases, and do not have other part-time jobs outside of the agency.
<p>The implementation team want to work collaboratively to build your capacity to support MST teams to fidelity. If you answered no, please explain the factors or considerations that make it difficult to support MST-focused therapists:</p>		

<input type="checkbox"/>	<input type="checkbox"/>	3. MST staff are allowed to work a flexible schedule as needed to meet the needs of the families they are serving.
<input type="checkbox"/>	<input type="checkbox"/>	4. MST staff are allowed to use their personal vehicles to transport clients pursuant to the providers' policy and procedures.
<input type="checkbox"/>	<input type="checkbox"/>	5. MST staff have use of either cellular phones or pagers so that clients can contact them quickly and conveniently.
<input type="checkbox"/>	<input type="checkbox"/>	6. MST Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the MST Supervisor) and use a home-based model of service delivery.
<input type="checkbox"/>	<input type="checkbox"/>	7. MST Supervisor is assigned to the MST program a minimum of 50% time per MST Team.
<input type="checkbox"/>	<input type="checkbox"/>	8. MST Supervisor conducts weekly team clinical supervision, facilitates the weekly MST telephone consultation, and is available for individual clinical supervision for crisis cases.
<input type="checkbox"/>	<input type="checkbox"/>	9. MST caseloads do not exceed 6 families per therapists and the normal range is 4 to 6 families per therapist.
<input type="checkbox"/>	<input type="checkbox"/>	10. Overall average duration of treatment is 3 to 5 months.
<input type="checkbox"/>	<input type="checkbox"/>	11. Each MST Therapist tracks progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.
<input type="checkbox"/>	<input type="checkbox"/>	12. The MST program has a 24 hour/day, 7-day/week on-call system to provide coverage when MST Therapists are on vacation or taking personal time. This system is staffed by members of the MST team.
<input type="checkbox"/>	<input type="checkbox"/>	13. With the buy-in of other organizations and agencies, MST is able to "take the lead" for clinical decision making on each case. Stakeholders in the overall MST program have responsibility for initiating these collaborative relationships with other organizations and agencies while MST staff sustain them through ongoing, case-specific collaboration.
<input type="checkbox"/>	<input type="checkbox"/>	14. The MST program excludes youth living independently, referred for primarily psychiatric behaviors or have severe psychiatric problems, are actively suicidal, homicidal, or psychotic, referred primarily for sex offenses (in the absence of other antisocial/delinquent behaviors) and youth with moderate to severe autism.
<input type="checkbox"/>	<input type="checkbox"/>	15. Referrals to non-MST compatible programs (e.g. any form of mandated group treatment, day treatment programs, etc.) are not made while youth are in MST, especially on a "standard" or routine basis.
<input type="checkbox"/>	<input type="checkbox"/>	16. MST program discharge criteria are outcome-based rather than duration-focused.
<input type="checkbox"/>	<input type="checkbox"/>	17. Referrals for additional services after clients are discharged from the MST program are carefully planned and limited to those that can accomplish specific, well-defined goals. The assumption is that most MST cases should need minimal "formal" after-care services.
<input type="checkbox"/>	<input type="checkbox"/>	18. All MST staff who have been working for more than 2 months participated in a 5-Day orientation training.
If you answered no to any questions 3-18, please briefly describe the factors or considerations.		

7. **Other information, background, and goals for participation in this expansion initiative or data that may be helpful.** (Please limit response to 750 words or less, excluding any attached data).



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Please provide any additional information regarding your community's interest in participating in this initiative or other information that would help us understand the how you would approach MST implementation in your community. If you plan to serve historically underserved populations, including but not limited to linguistically and culturally diverse populations. Please describe here.