Multisystemic Therapy (MST) is a family-based treatment model for adolescents exhibiting serious antisocial behaviors such as violence, delinquency, and substance abuse. Throughout 2004 during a series of teleconferences sponsored by the National Center, grantees discussed strategies for meeting common challenges faced by programs that use this evidence-based intervention. Following are some of their reflections and recommendations for implementing a successful MST program.

**Referrals:** Staff in schools, probation offices, or community agencies must understand which children and families are a good fit for MST. Otherwise, the staff from partnering agencies may refer children and families who are not appropriate for MST and be disappointed when these families are not offered services. Programs can help ensure appropriate referrals by:

- Educating partners about the purpose of MST. MST was designed for children who externalize disorders as behavioral problems. Children who are depressed or internalize problems may need psychiatric help or another therapeutic model. Because MST is family-centered, the children need to be in stable homes rather than short-term placements or other institutions.

- Explaining to partners that inappropriate referrals deprive these children of more suitable or effective treatment and burdens the program with children whom it cannot help.

- Providing checklists to help schools and agencies decide which children should be referred to MST. Some programs use the Child Symptom Inventory. Other programs develop their own checklists. An example of one such checklist can be found here.


**Staff Retention:** Staff retention provides clients with therapists experienced in MST and reduces training costs. Programs have found that staff retention can be improved by:

- Hiring less-experienced clinicians who may be more open to adapting a new approach like MST than experienced clinicians who may resist changing how they work.

- Providing flexible schedules. Staff sometimes prefer to personally handle crisis calls from their clients even if these occur outside their regular working hours. Allowing staff to serve families in a crisis while knowing that they can reclaim their time provides clients with consistent support and lets staff provide effective services. Flexible time is often favored by staff who are juggling work and school or childcare. Some people prefer flexible time over differential pay for weekend and evening coverage. However, in some cases, staff may prefer to use a rotating on-call system so they will not have to be available at all times.
Language: It can be challenging to provide effective therapeutic services to children and families who speak languages other than English. Strategies used by programs to meet this challenge include:

- Providing differential pay for qualified bilingual/bicultural staff.
- Hiring unlicensed bilingual/bicultural staff that are new to the field, as they can often learn to use MST faster and easier than more qualified clinicians can learn to serve clients speaking a different language.
- Using community members as interpreters, which may also broaden a family’s support network and make connections that will help them when the intervention period is over. It is important to be aware that using community or family members as interpreters can raise issues of confidentiality and accuracy. There are situations in which a qualified, trained interpreter is the most effective and appropriate option.

Funding: As with many therapeutic programs, finding funding streams can pose an ongoing challenge. Some strategies that programs use to fund MST include:

- Accessing Medicaid funding. Medicaid regulations are different in each state. Not every child who is eligible for MST is eligible for Medicaid. Some states use a Common Procedure Coding System (HCPCS) code to allow reimbursement for MST. Other states do this by listing MST as an intensive home therapy or making it eligible for a residential waiver. The state Department of Mental Health or Public Health may be able to help programs understand Medicaid regulations.
- Funding the program through probation and the juvenile courts, since MST is less expensive than placing a child in a juvenile facility.
- Utilizing other state-specific funding mechanisms—such as California’s Mental Health Services Act.