FAQ: Indiana Statewide Implementation of MST

Financial Questions

Which funding streams are available for this model?
MST Services can currently be funded through Medicaid reimbursement using therapy CPT codes and funding via Indiana Department of Child Services (DCS) can be utilized for cases that meet eligibility requirements. Specifically, providers can receive per-diem based reimbursement for providing MST to youth who are eligible for family preservation services. MST Services will work with provider agencies to work through funding and referral models to ensure sustainability.

What are the estimated costs for the re-training that will come with employee attrition?
There is a 5-day orientation training which costs approximately $850/employee and travel expenses as needed. There are close to 60 orientation trainings throughout the year.

MST Questions

What types of community agencies are most successful in providing MST (e.g. agencies that only provide MST or agencies that provide other mental health services as well?)
All types of provider agencies have been successful in providing MST, including behavioral health agencies, non-profits, government departments, etc. Please contact us at info@mstservices.com to request a call to discuss the fit of MST within your agency.

Can other clinical services, such as in-home services, still occur when MST is in place?
Yes, other services such as a caregiver's individual therapy can still occur, as long as the family and primary caregiver voluntarily desire to have these services in place. MST staff will be accountable for the coordination of services while MST is in place.

In Indiana, does the therapist have to be licensed and does the supervisor have to be licensed in order to provide service in the MST program?
Yes, the therapist and supervisor need to be licensed in order to provide MST program services in Indiana.

Can team members provide services other than MST while serving on 5 MST cases? For example, if the member is an LCSW or LPC, can they continue to provide outpatient therapy?
No, MST therapists need to be full-time and dedicated to just MST services.

How many hours of treatment are provided with each family each week?
MST treatment is highly individualized to each youth and their family, and therefore specific set family contacts or treatment time is not prescribed by the MST model. It is typical for therapists to have direct contact with families several times a week with more intensive contact in the early weeks of a case. In many states, Medicaid systems rates have been established based on the framework that sixty or more hours of service to family members and/or case collateral contacts (e.g. DCS staff, probation, school staff and extended family) is typical.

What is the typical caseload per clinician?
An average caseload is 5 per therapist. Caseloads typically range from 4 to 6 cases per therapist over time. The average length of service is 3-5 months per family. When projecting costs, agencies may consider approximately 12 families for each therapist per year.

If the youth is not in school or has legal charges pending, is that a rule-out?
No, these are not 'rule-out' criteria for MST.

Has MST been tested with different minority groups?
Yes, and MST has consistently been proven to work well with all minority populations served in those study groups. For the most recent update in this area of research across all treatment models please see the following study: Pina, A. A., Polo, A. J. & Huey, S. J. (2019) Evidence-Based Psychosocial Interventions for Ethnic Minority Youth: The 10-Year Update, Journal of Clinical Child & Adolescent Psychology, 48:2, 179-202. To link to this article: https://doi.org/10.1080/15374416.2019.1567350

What happens if it emerges during treatment that the child has a primary mental health diagnosis?
MST Services is not an alternative to inpatient psychiatric services. If a youth is in a mental health crisis (suicidal or homicidal), youth should be stabilized before receiving MST Services. There are not exclusionary mental health diagnoses, but youth need to be stable before receiving outpatient MST services. In many communities, the primary referral stream is mental health agencies, while other typical referral sources are DJJ and Social Services agencies. Mental health diagnoses are relevant and add to the understanding of the complexity of challenges for the long-term success of the youth.

If you have multiple teams, can one team member "sub" for another in another area if there is a personnel need?
This is a question that will need to be addressed on a provider-specific basis. MST is a team service (1 supervisor for 2-4 therapist staff) review all of the cases and case plans in an ongoing way with the MST trainer. Team structure and support is important because it supports service delivery to youth and their families, but also supports on-call responsibilities. This kind of "sub" arrangement would be highly unusual but can be explored.

What are the estimated costs associated with the collection and reporting of required metrics?
The cost that is not embedded in program administration, is the Therapist Adherence Measure. This data is collected by a call-center and costs less than $6,000 per year for a full-sized team of 4 therapists. This support will be covered by Indiana FSSA funds for the first year.

What is the anticipated overlap with MST's inclusionary/exclusionary criteria?
While systems use different terminology and focus on different elements of a youth's behavior, it is not unusual to identify MST-appropriate youth in all child-serving systems, DJJ, DCS, Foster Care, Mental Health, Substance Abuse, and on. The view of "same youth, different door" is a very appropriate way to think of an MST-appropriate referral population. We will work with agencies and their local community stakeholders to find the best language to characterize your MST program's referral criteria and target population descriptions. Exclusionary criteria tend to be limited and our 'standard' language most often meets the needs of communities implementing MST.

Training Questions

How many slots are available through this opportunity?
We hope to offer training and support for startup services for 1 year for MST teams in up to 8 agencies in the state.

Will providers be responsible for support after the first year?
Indiana FSSA-DMHA is paying for MST program development and start-up services. This encompasses a needs assessment session to discuss the need for MST and the feasibility of building a sustainable program; critical issues review session to discuss the key elements of a successful MST program; on-site readiness review meeting to provide an overview of MST to the community, and to meet with key stakeholders to refine the final implementation plan; staff recruitment assistance; a 5-day orientation training for each new program of up to 5 staff per team; weekly MST phone consultation for MST clinical teams (one hour per week for up to 45 weeks during the year); up to 4 booster trainings during the year; and all required training materials and manuals. After the first year, the annual program support and training services will be the responsibility of the provider agency.

How long is the training process for MST training?
MST program support and training is ongoing. The staff support QA/QI (Quality Assurance and Quality Improvement) and professional development activities that make up the MST on-the-job-training structure are as follows: MST Orientation Training (5-days), Quarterly Booster Training (on-site 1 ½ days each quarter), weekly case plan review and phone-based consultation calls with the full MST team to provide feedback on the prior week's progress and current case plans. Additional weekly support and development calls with the on-site MST Supervisor are a part of this support model. Annual MST Program Support and Training costs are twenty-seven thousand and eight hundred dollars ($27,800) per team per year plus additional fees for agency and team licensing, adherence monitoring calls to families (i.e. TAM data collection) and trainer travel expenses. For a full, detailed cost estimate for your agency please contact MST Services at Info@MSTServices.com to set up a program development call with your agency.

Miscellaneous Questions

Will MST replace intensive in-home services in the state of Indiana?
MST services are an in-home services model that is evidence based, from clinical research. Indiana FSSA-DMHA encourages local departments of social services to utilize trauma informed and evidence-based services, when appropriate, for a family.

If you have sites in multiple regions, can they all have teams? What is the limit?
This opportunity will fund the development of MST teams in up to 8 provider agencies. There is interest in ensuring representation across the state. This funding does not exclude one program from receiving training for multiple sites. If an agency has multiple sites delivering MST services, each team will have to receive the training.