APPENDIX E
MST Program Development Method
Program Feasibility Checklist

For use with applicants to be MST Providers: This document provides a framework for determining if the development of a new MST program is a good fit for the needs of a community and of the applicant provider organization. In addition, completion of this process will aid in the determination of financial and programmatic feasibility. This form should be completed in consultation with a qualified MST Program Development Expert. Limited technical assistance for this feasibility study is provided by MST Services through telephone conference calls and is free of charge.

Anticipated Income Sources for Program Operations:	
Source 1:	
Source 2:	
Source 3:	
Total Projected Income:	

Cost Recovery Method (check all that apply)			
☐	Program-level funding	☐	Fixed case rate
☐	Fee-for-service	☐	Capitated rate
☐	Fee-for-service with bundled rate	☐	Performance contract
☐	Per diem case rate	☐	Other Method – Describe:

Provider Program Practice Agreement

Provider Commitment to Implement MST with Fidelity: The provider agency will commit to implementing MST with full adherence to the specified treatment model. Complete Provider Program Practice Agreement Below.

Agree	No	Required program practices and characteristics:
☐	☐	1. MST Therapists are full-time employees assigned to the MST program solely.
☐	☐	2. MST Therapists do not have <u>any</u> non-MST program responsibilities in the agency, do not carry <u>any</u> additional non-MST cases, and do not have other part-time jobs outside of the agency.
☐	☐	3. MST staff are allowed to work a flexible schedule as needed to meet the needs of the families they are serving. ***Attach existing agency policy or procedure if available.***
☐	☐	4. MST staff are allowed to use their personal vehicles to transport clients. ***Attach existing agency policy or procedure if available.***
☐	☐	5. MST staff have use of either cellular phones or pagers so that clients can contact them quickly and conveniently. ***Attach existing agency policy or procedure if available.***
☐	☐	6. MST Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the Clinical Supervisor) and use a Family Preservation model of service delivery.
☐	☐	7. MST Clinical Supervisor is assigned to the MST program a minimum of 50% time per MST Team.
☐	☐	8. MST Clinical Supervisor conducts weekly team clinical supervision, facilitates the weekly MST telephone consultation, and is available for individual clinical supervision for crisis cases.
☐	☐	9. MST caseloads do not exceed 6 families per therapists and the normal range is 4 to 6 families per therapist.
☐	☐	10. Overall average duration of treatment is 3 to 5 months.
☐	☐	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.
☐	☐	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. ***Attach existing agency policy or procedure if available.***

☐	☐	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.
☐	☐	14. The MST program excludes youth living independently, youth referred primarily for psychiatric service needs (i.e., suicidal ideation and behavior, actively homicidal, actively psychotic), youth referred primarily for sex offenses (in the absence of other antisocial/delinquent behaviors,) and youth with pervasive developmental delays.
☐	☐	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.
☐	☐	16. MST program discharge criteria are outcome-based rather than duration-focused.
☐	☐	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.
☐	☐	18. All MST staff who have been working for more than 2 months participated in a 5-Day orientation training.

Agree	No	**Recommended program practices and characteristics:**
☐	☐	19. MST Therapists are Master's-prepared (clinical degree) professionals. ***If No, Comment:***
☐	☐	20. MST Clinical Supervisors are, at minimum, highly skilled masters prepared clinicians with training in behavioral and cognitive behavioral therapies, and pragmatic family therapies (i.e. structural family therapy and strategic family therapy). ***If No, Comment:***
☐	☐	21. MST Clinical Supervisors have both clinical authority and administrative authority over the MST Therapists they supervise. ***If No, Comment:*** ***If yes, Attach Organizational Chart.***
☐	☐	**22.** A "Goals and Guidelines" document is in place. If multiple referral or funding sources exist, separate Goals and Guidelines documents are recommended for each. ***If No, Comment***
☐	☐	23. Funding for MST cases is in the form of case rates or annual program support funding in lieu of billing mechanisms that track contact hours, "productivity", etc. ***If No, Comment:***
☐	☐	24. The MST programs has formal outcome tracking systems in place. ***If No, Comment:***

☐	☐	25. Adequate flex funds are allocated per family (recommended $100/family) to allow therapists to use funds for purposes such as engagement building and one-time help for families with pressing practical needs. ***If No, Comment:*** ***If Yes, Attach existing agency policy or procedure if available.***
☐	☐	26. The MST program uses outcome-focused personnel evaluation methods. ***If No, Comment:***