

## MULTISYSTEMIC THERAPY – BUILDING STRONGER FAMILIES (MST-BSF)

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MST-BSF, based upon an evidence-based treatment model, provides intensive in-home family and community based treatment to families that are active cases with the Department of Children and Families (DCF) due to the physical abuse and/or neglect of a child in the family **and** due to the use of marijuana, cocaine, heroin, alcohol, or other substances by at least one caregiver in the family.

### Target Population

MST-BSF serves families with a youth between the ages of 6 and 17 who meet all the following criteria:

- a. Families who have come to the attention of the DCF due to the physical abuse and/or neglect of the children in the family due to the use of drugs or alcohol by the caregivers in the family. These families may be those who are ‘frequent users’ of the DCF system and services.
- b. The family had a new report of physical abuse and/or neglect in the last 180 days.
- c. Families may be served where the youth is currently in foster care and will be reuniting with their family, AND there is use of drugs or alcohol by the caregivers in the family.

### Referral and Service Initiation

- The contractor will be available to accept referrals Monday-Friday, 52 weeks per year within the hours of operation.
- The MST-BSF Supervisor notifies the Gatekeeper (usually the RRG Substance Abuse Specialist) of availability for referrals.
- The MST-BSF supervisor follows the referral process in the *Goals and Guidelines* (document that outlines the MST-BSF implementation processes developed by the provider and DCF regions served) noted for that team.
- If the family is not eligible for MST-BSF for any reason or if MST-BSF is not immediately available, the MST-BSF Supervisor offers assistance in finding other resources for the family referred.

### Caseload and Length of Service

Caseload = 4 per FTE clinician. The average length of service is 6 - 9 months.

The MST-BSF team provides:

- A minimum of 3 home visits per week.
- Services may be extended beyond this period with authorization from the DCF Central Office Contract Manager and the DCF Regional managers, or their designees. Authorization should only be sought for service extensions for those cases that have been deemed clinically appropriate for extended service via consultation with the MST-BSF expert.

### Services and Interventions

- A personal safety plan that is specific to each family;
- A functional analysis of abuse/neglect incident(s) and the inclusion of findings in service planning and treatment interventions;
- Treatment of caregiver mental and physical health needs, including Post Traumatic Stress Disorder, that interfere with parenting;
- Interventions to reinforce the caregiver accepting responsibility for abuse/neglect that has occurred;
- Training in anger management and communication skills;
- Integration of the DCF social worker in the ongoing intervention process;
- Interventions that focus on substance abuse treatment for all family members (or members of the household);
- A voucher incentive program that supports abstinence goals;
- Assistance with housing, employment and budget management needs;
- Interventions to support and reinforce pro-social recreational activities;
- Inclusion of time of the psychiatrist that is dedicated to MST-BSF;
- Quarterly investment checkups with each family that includes the DCF caseworker.

### Crisis Response

MST-BSF provides 24-hour emergency and crisis intervention services to children and their families by phone or pager. In some cases, face-to-face intervention will be required and will be provided, at the discretion of the therapist and supervisor. The team contacts the local emergency mobile psychiatric services in those cases where the MST-BSF services cannot stabilize the crisis situation.