QUESTION AND ANSWER
FOR MST PROVIDERS
REGARDING SERVICES TO YOUTH WHO USE SUBSTANCES

OMHSAS, Bureau of Children’s Behavioral Health Services

This document reflects our current understanding and thinking about the role of Multisystemic Therapy (MST) in addressing drug and alcohol issues. Please note that this is a draft document, intended for informational purposes while a more formal document can be developed.

The general feedback that the Children’s Bureau received from the Department of Health, Division of Drug and Alcohol Program Licensure, is that MST is a mental health treatment program delivered in the context of the family system, which may use some drug and alcohol interventions but generally does not provide individualized drug and alcohol treatment. Consequently, as long as MST programs do not engage in drug and alcohol treatment, MST providers will not be required to obtain licensure from DOH.

Question: Where is drug and alcohol treatment defined and what is the definition?
Answer: Drug and alcohol treatment is defined in the Department of Health regulations, 028 PA Code §701.1, General Definitions, which is available on-line at http://www.pacode.com/secure/data/028/chapter701/chap701tec.html. Treatment is defined as “Activities carried out specifically to effect the reduction or alleviation of dysfunctions or cisability of the client.” The regulations also include definitions of Treatment and rehabilitation activity, Treatment level, and Intervention level.

Question: What drug and alcohol activities can be provided by MST?
Answer: In the context of providing behavioral health treatment, behavioral health providers may engage in the following activities to address substance use:

- Engagement
- Prevention
- Education
- Motivational work
- Family interventions (e.g., strengthening parenting skills, improving parent-child relationship)
- Systemic interventions
- Skill-building
- Screening, assessment, and referral

Most of the activities that MST engages in to address substance use – family interventions and other systemic interventions, education, behavior management – fall into the category of intervention. Behavioral health programs may use interventions without being dually licensed as a drug and alcohol program.
Question: **What drug and alcohol activities can not be provided by MST without obtaining a DOH license?**  
Answer: Providing individual counseling to decrease substance use would be considered drug and alcohol treatment and would require drug and alcohol licensure. For example, the use of cognitive-behavioral techniques with the youth to reduce substance use would be considered treatment and would not be permissible without appropriate licensure.

Question: **Can MST programs accept youth who have a substance abuse diagnosis?**  
Answer: Yes, MST programs can accept youth who have a substance abuse diagnosis, as long as this is not the only diagnosis. According to the eligibility criteria for MST, substance use must occur in the context of other externalizing behaviors that are the primary reason for the referral. Also, when serving youth who have a substance abuse diagnosis, it is critical that the therapist does not provide D&A treatment and limits their substance-use related work to interventions with the youth and family.

Providers should not accept youth who have a physiological addiction to a substance; a diagnosis of Substance Dependence; or for whom best practice would indicate inpatient or residential drug and alcohol treatment or a detoxification program is needed. Such consumers require drug and alcohol treatment, which must be delivered by a licensed drug and alcohol program.

Question: **Is it acceptable to have a treatment goal of reducing or eliminating substance use?**  
Answer: It is recommended that substance use is addressed as part of an overall goal of reducing negative behavior, rather than listed as a stand-alone goal. For example, a treatment goal may be to “Reduce negative behaviors resulting in referral, as evidenced by no incidents for a period of at least 4 weeks.” Objectives under that goal may then include reducing or eliminating substance use, as well as reducing or eliminating other problematic behaviors. Working to reduce use is an acceptable objective as part of an overall goal, as long as the therapist is doing D&A prevention, education, screening/referral, and interventions, and is not providing D&A treatment. If reducing use is included among the objectives on the treatment plan, it is important that the plan clearly reflect interventions techniques and not treatment (e.g., no 1:1 D&A counseling).

Question: **What if a youth receiving MST has a (court-ordered) drug and alcohol assessment that results in a recommendation for drug and alcohol treatment?**  
Answer: If a consumer has been recommended for drug and alcohol treatment but will instead receive MST, there must be clinical justification for providing MST instead of drug and alcohol treatment. This rationale must be clearly documented. Documentation should clearly state that the MST program is not providing drug and alcohol treatment; if applicable, document the substance use interventions that will be used in the context of behavioral health treatment; and explain why the youth is not receiving drug and alcohol treatment at this time. The provider has a responsibility to monitor the youth’s substance
use and whether a higher level of care is needed at any point during the youth’s involvement with MST.

**Question:** Can MST still provide drug testing? If so, what laws are applicable?

**Answer:** Drug testing is not regulated by the Department of Health. However, there are a number of potential pitfalls with providers engaging in drug testing of clients directly. As a means of empowering parents, staff may engage parents in the process of drug-testing youth, but should not administer drug tests themselves. Documentation should clearly reflect that the parent administered the drug test as part of a systemic intervention with a clear clinical rationale.

The results of the drug-testing then “belong” to the family and the family may choose whether to share the results with third parties. The limitations of the drug test used should be discussed clearly with the youth and family, particularly limitations in the reliability of the test.

When a third party needs drug testing to be completed (e.g., for monitoring compliance with probation requirements), that entity should complete the testing itself to ensure that the testing meets the standards of its system; the results of drug testing completed within the MST program should not be used. The provider should not share the results of drug testing administered by the parents with third parties, including JPO. Both State and Federal regulations governing the confidentiality of protected drug and alcohol information state that information cannot be used to initiate or substantiate criminal charges against the individual (71 P.S. §1690.108(b) and 42 C.F.R. Part II, §2.15(c)(5)).

In general, the provider should be very careful about how information about substance use is shared, what information is shared, and how the information might be used. No information regarding substance use can be shared with a third party without the informed written consent of the individual receiving services. Providers should consult with their county drug and alcohol authority regarding requirements for consent to release information about substance use.

**Question:** Our agency has a drug and alcohol license or some of our therapists are Certified Addictions Counselors. Can our MST program provide drug and alcohol treatment?

**Answer:** Any entity or independent practitioner providing substance abuse treatment services within the Commonwealth must be licensed/certified by the Department of Health, Division of Drug and Alcohol Program Licensure. Therefore, whether the MST program’s agency has a D&A license or the MST program has a C.A.C. on the team is irrelevant. The provider would need to pursue a D&A license for the MST program itself or work with DCH to include MST under its D&A license in order to offer D&A treatment.
Question: How can we alleviate concerns raised by stakeholders about our MST program serving youth with identified substance use?

Answer: A three-pronged approach is suggested. First, MST providers can educate stakeholders regarding the research findings on MST and substance use, which have demonstrated that MST is effective in reducing adolescent substance use. Second, MST providers need to be knowledgeable about the types of activities in which they can engage to address substance use, so that they can explain to stakeholders that they are delivering interventions that do not require licensure as a drug and alcohol programs, but which have been shown effective. Finally, MST providers should be careful about the language used to describe their programs and must be careful not to present their programs as providing drug and alcohol treatment, which requires licensure by the Dept. of Health.