

MST Is Scientifically Proven to Help At-Risk Children and Families

Between January 1 and December 31, 2021, there were 14,775 young people referred for MST® or one of its treatment types. Outcome data was available on 13,044 young people (88.3%)* who had an opportunity for a full course of treatment (e.g., cases were clinically closed) and were discharged by August 22, 2022. This report focused on outcomes of 12,453** young people referred to MST, MST-ID, MST-PRV, MST-PSB, or MST-SA. These MST treatment types have similar performance expectations. Adolescents referred to MST present with multiple problems (aggression, truancy, substance use, problem sexual behavior) and are frequently at risk of out-of-home placement.

At Home	92%	MST is a home-based treatment for families with a troubled adolescent (www.mstservices.com). During this report period, therapists were able to help families achieve outcomes like those obtained in research settings. Even though accommodations had to be made to stay safe during a pandemic, MST therapists demonstrated the skill, flexibility, and dedication to do “whatever it takes” to support families in making changes to help the adolescent stay at home, in school, and out of trouble with the law.
In School/Working	88%	
No Arrests	91%	

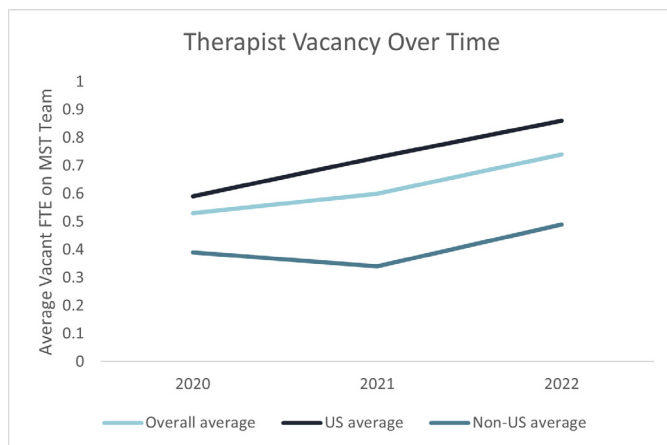
*Cases not included either received no services (3.3%), were closed for administrative reasons (7.2%), or were still open (1.2%).

**Outcomes do not include 769 youth receiving another MST Treatment Type.

The youth in the sample were 65% male with average age of 15 years. Referrals were from juvenile justice (27%), social service/child welfare (28%), mental health (18%), other/self (24%), and education (3%). They represent diverse racial groups including White/non-Hispanic (32.4%), Hispanic/Latinx (23.8%), Black/African Heritage (22.1%), Other (11.8%), and decline to respond (10%). The majority of caregivers identified English as their primary language (71%) but a total of 14 languages are represented with 18% identifying Spanish as primary and 8% identifying Dutch.

Workforce Challenges Since the Pandemic

Similar to other industries, MST is experiencing a workforce shortage. While some factors related to the workforce shortage may be a consequence of the pandemic (e.g., fewer qualified therapists coming out of schools), there are likely to be other factors not identified. MST Services (the organization responsible for the dissemination of MST with fidelity) is prioritizing dissemination of recruitment, selection, and retention resources to ensure MST teams are engaging in practices that attract the most qualified professionals. Given the strong track record of MST and the growing need for mental health services for adolescents, it is anticipated that the opportunities for therapists to find meaningful work and career development opportunities will continue to grow. MST job opportunities can be found at www.mstjobs.com.



2022 Findings

Overall, in 2022, there was an average of .74 FTE of funded therapist positions not filled compared to .53 in the summer of 2020. The situation is significantly worse in the U.S. than in non-U.S. countries ($F=17.26$, $p < .001$). In the summer of 2022, the average therapist vacancy per team in the U.S. was .86 compared to an average rate of .49 for MST teams in non-U.S. countries. The baseline in 2020 was .59 for U.S. teams and .39 for non-U.S. teams.

MST Performance Dashboard

Results from standard MST performance measures demonstrate the effectiveness of MST teams worldwide. MST Performance Dashboard target scores, based on results from numerous clinical studies, set a standard that MST programs aim to meet despite implementation in a variety of settings that may differ from the controlled settings of the clinical studies. The following table reflects averages for team level data.

Item	Performance Indicator	Target	Overall Average	Project Range (SD) ^a
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	92.3%	71% - 100% (6.6)
2	Percent of youth in school and/or working	90%	87.3%	58% - 100% (9.5)
3	Percent of youth with no new arrests	90%	92.1%	69% - 100% (7.3)
THERAPIST ADHERENCE DATA				
4	Overall average adherence score ^b	0.61	0.75	0.37 - 1.00 (0.13)
5	Percent of clients reporting adherence above threshold (>0.61) ^b	80%	75.0%	25% - 100% (18.0)
6	Percent of youth with at least one TAM-R interview	100%	89.4%	57% - 100% (10.2)
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	90.1%	67% - 100% (7.7)
8	Percent of youth closed due to lack of engagement	<5%	4.4%	0% - 19% (4.7)
9	Percent of youth placed during treatment	<10%	5.5%	0% - 23% (5.7)
10	Average length of treatment in days	100 - 140	129.3	92.3 - 181.6 (15.5)

^a Ranges for key indicators were calculated by team. The Project Range represents scores within 3 standard deviations of the mean on these indicators achieved by teams with more than 15 cases.
^bTherapist adherence data were available on 11,647 youth.

MST Treatment Types

During this report period, a total of 13,044 young people received one of the MST treatment types and were closed for clinical reasons. MST treatment types address specific needs for special populations or stakeholder requirements.

Number of Clinically Closed Cases that Were Served by MST Treatment Types in 2022

	MST	MST-PSB	MST-SA	MST-PRV	MST-FIT	MST-CAN	MST-BSF	MST-PSYCH	MST-ID
Number of youth (%)	10,870 (83.3%)	796 (6.1%)	362 (2.8%)	176 (1.3%)	157 (1.2%)	284 (2.2%)	57 (0.4%)	128 (1.0%)	214 (1.6%)

Note. MST-PSB (Problem Sexual Behavior); MST-SA (Substance Abuse); MST-PRV (Prevention); MST-FIT (Family Integrated Transitions); MST-CAN (Child Abuse and Neglect); MST-BSF (Building Stronger Families); MST-PSYCH (Psychiatric); MST-ID (Intellectual Disability)