

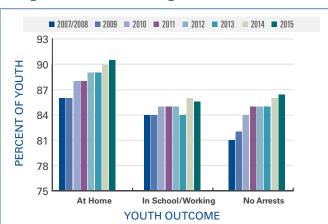
Troubled Adolescents Benefit from MST

This report focuses on youth referred for standard MST®, from January 1 until December 31, 2015, who had an opportunity for a full course of treatment, (e.g., cases were clinically closed). These results are based on the comprehensive review of the 12,915 cases a (86.4% of 14,949 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).

At Home	90.5 %
In School/ Working	85.6%
No Arrests	86.4 %

Adolescents referred to MST typically present with a troubled history that can include aggression, truancy, substance use and a long history of arrests. Families and communities are frequently ready to place them out of home. However, at the close of treatment, the young people are mostly living at home, going to school or working and have had no arrests during treatment.

Progress in Discharge Outcomes Continues

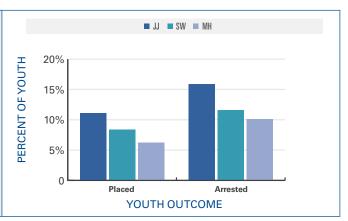


MST works continuously to improve results through ongoing quality assurance activities. With MST provided by over 500 teams in 15 countries, standard procedures for training and supervision are used to ensure a consistent implementation of treatment regardless of where the treatment is delivered. In addition, a new treatment component is added only after rigorous research demonstrates that it is able to enhance MST outcomes. In 2015, contingency management was added to the clinical repertoire of MST teams, and MST therapists were trained to use this treatment strategy, when needed, to address serious substance use problems.

Placement and Arrest by Referral Source

Referrals of adolescents and their families come from a wide range of sources. In this report period, youth were referred by juvenile justice (JJ, 45%), social welfare (SW, 30.3%), mental health (MH, 14.9%), substance abuse agencies (0.5%), education (5.2%), agencies with combined funding streams (1.3%), and directly from family members (2.9%).

Examination of arrest and placement outcomes showed significant^b differences between the three primary referral sources of JJ, SW, and MH. While, on average, only 11% of JJ youth were placed; an even lower percent of youth referred by SW (8%) or MH (6%) were placed. Also, a higher percent of JJ youth were arrested during treatment (16%) than youth referred by SW (12%) or MH (10%). These findings suggest that young people who were already involved in the juvenile justice system were more likely to be arrested or placed than were counterparts in the social welfare or mental health systems.



^bChi square analysis comparing outcomes of arrest and placement during treatment by referral source (JJ, SW, MH) indicated that young people referred by JJ were significantly more likely to be both arrested and placed during treatment than youth referred by SW or MH (x² (2, 8726) = 44.60, p<.001) and (x² (2, 8726) = 35.12, p<.001), respectively.

The youth served were identified as White (39.4%), Black (26.0%), or Hispanic (21.4%). The majority of youth were male (66.5%). Average age was 15.1 years. Thirteen different languages were identified as caregivers' primary language with English spoken by 74.6% of caregivers and Spanish by 14.8% of caregivers.

^aCases not included either received no services (2.8 %),were closed for administrative reasons (7.4%) or were not able to provide outcome data due to international data sharing limits (3.4 %).



MST Performance Dashboard

The data from the 12,915 cases that closed for clinical reasons were used to assess performance of standard MST programs worldwide on the following key performance indicators, known as the MST Performance Dashboard. Of these cases, 34.3% (4,426) were served by international teams and 65.7% (8,489) received MST within the U.S.

Item	Performance Indicator	Target	Overall Averageª	Project Range (SD) ^b	
ULTIMATE OUTCOMES REVIEW					
1	Percent of youth living at home	90%	90.5%	68.8%-100% (7.0)	
2	Percent of youth in school and/or working	90%	85.6%	55.6%-100% (9.4)	
3	Percent of youth with no new arrests	90%	86.4%	58.3%-100% (9.0)	
	THERAPIST ADHERENCE DA	TA			
4	Overall average adherence score °	0.61	.76	.45–1.0 (.11)	
5	Percent of clients reporting adherence above threshold (> 0.61)°	80%	76.3%	28.0%-100% (15.4)	
6	Percent of youth with at least one TAM-R interview	100%	92.5%	68.4%-100% (6.7)	
	CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	87.8%	63.0%-100% (8.1)	
8	Percent of youth closed due to lack of engagement	<5%	4.4%	0%-18.2% (4.1)	
9	Percent of youth placed during treatment	<10%	7.8%	0% – 27.8% (6.5)	
10	Average length of treatment in days	100-140	128.4	88.8–165.3 (13.4)	

 $^{^{\}mathrm{a}}$ Excluded from this report were 2,274 cases that were referred to MST adaptation programs in 2015.

MST and Its Adaptations

Additional youth were served by MST adaptations that provided treatment targeted to specific needs in some communities. See mstservices.com/MSTadaptations.pdf for more information about adaptations.

Number of Clinically Closed Cases that Were Served by MST and its Adaptations

	MST	MST-SA	MST-PSB	MST-FIT	MST-CAN	MST-PSYCH
Number of youth (%)	12,915 (85.0%)	953 (6.3%)	901 (5.9%)	261 (1.7%)	123 (0.8%)	36 (0.2%)

Note. MST-SA (MST-Substance Abuse); MST-PSB (MST-Problem Sexual Behavior); MST-FIT (MST-Family Integrated Transitions); MST-CAN (MST for Child Abuse and Neglect); MST-PSYCH (MST-Psychiatric)

^b 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.

^c Therapist adherence data were available on 11,949 youth.