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MST Institute Enhanced Website

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I. PURPOSE

Why was the Enhanced Website developed?
Initially it was developed to provide contact information to a centralized calling center as a way to help MST programs collect adherence data. However, we quickly learned from the programs using it that it could help programs meet a number of other objectives. First, as the Mental Health field moves toward the adoption of Evidence-Based Practices there will be an expectation from the key stakeholders in communities that programs have some level of data to demonstrate the effectiveness of their services and adherence to treatment practices. The website provides a means to collect some minimum data for this purpose. Second, the website provides Supervisors and Program Managers relatively easy access to information necessary for program evaluation and monitoring of treatment fidelity.   This information can then be quickly used to make decisions about the quality of services provided to families and staff development. Finally, MST Experts/Consultants can use this website to collect all the information needed to review the program's progress and develop a Program Implementation Report.

II. PRIVACY and DATA SECURITY

What steps have been taken to make sure the data on the website is secure?

Information is protected on the MSTI Enhanced Website at three levels. First, the information interface is a secured data-driven website controlled by MSTI. SSL (Secure Sockets Layer) is used to encrypt the data transfer between the web server and the user's computer. This is the same technology that is used on commercial websites like Amazon.com to protect credit card and personal information. Second, access to the website is strictly controlled by personal logon accounts and passwords for approved users within the organizations using the Enhanced Website. Finally, once an organization is authorized to use the Enhanced Website, the user will only have access to the forms and data needed to perform their "role" in the system (e.g., organization users will only be able to access their own data; consultants/MST Experts will only be able to access information for their assigned teams).

Do you have to enter client identifying information?
Entering client identifying information is NOT necessary in order to use the website (e.g., while "Youth Name" is a required field, a code can be entered instead of the real name; identifiable information --including telephone number -- is required only when a third party is using the website to assist in collecting TAM-R data). Local MST programs can develop strategies to match client identifying information to Identification Codes and thereby manage information without putting client names or other identifying information onto the website.

Why am I now required to accept the privacy policy to enter the MSTI/EBase website?
MSTI is dedicated to maintaining a high level of security and privacy practices for all data housed on our websites. We are committed to following all necessary procedures to ensure we are compliant with the most stringent international data security standards, thus insuring that MSTI is both HIPPA and GDPR compliant. Currently, the General Data Protection Regulation (GDPR) is the toughest privacy and security law in the world. Though it was drafted and passed by the European Union (EU), it imposes obligations onto organizations anywhere, so long as they collect data related to people in the EU. Having this privacy policy allows us to be transparent about how we collect the data on our website and how it is used. In compliance with GDPR and HIPAA best practices, we must now require that the privacy policy is read and accepted by all users entering data on our website. For further questions, please reach out to the MSTI Helpdesk at msti@mstinstitute.org.

III. "OWNERSHIP" and USE OF DATA

Who "owns" the data on the website, and how will the data be used?
The data is "in the possession" of the MST Institute according to the terms of the MST Licensing agreement signed by the agency providing the data. Ownership of the data, per se, has never been legally addressed but any site that wishes to have its data deleted from the MST Institute database may request that that be done. Access to the data by MST Services' and MST Institute staff is also granted in the licensing agreement. The data on the website will be used as it has in the past – as an aid to therapists, supervisors, program managers, consultants, and other key stakeholders to enhance our ability to monitor fidelity to the MST model and to identify potential barriers to adherence and the successful implementation of MST.   Data on a specific program will not be used for research purposes unless MSTI receives specific written permission from the program to do so.

IV. UTILIZATION AND PROCEDURES

What cases need to be entered?
All cases served by the MST team need to be entered, as soon after the opening date as possible. This will provide you with the most accurate information for your reports. If you are serving two youth in the same family, separate Case Enrollment Forms should be entered if the

agency is counting them as separate cases; i.e., there are separate clinical records and they are being billed separately. If a call center is being used to collect adherence measures, it is helpful to make a note on the Case Enrollment Form identifying the other sibling so the TAM-R interviews can be coordinated by the Call Center.

When do I enter a Discharge Form?
It is best to enter the Discharge Form as soon after the case has closed as is possible. Again, this will make census data accurate – and the details of the case will be recalled best at this time. If you are using the MSTI Call Center, a completed discharge form will turn off the TAM-R data collection calls. Therefore, entering this in a timely way will prevent unnecessary calls to the family after discharge.

What do I do if I mistakenly enter a Discharge Form too soon?
If the form has been completed and saved, it cannot be deleted; therefore, you will need to set the discharge date for some date far in the future (to prevent it from appearing closed in your reports) and then edit the date and outcome data to be correct when the case is actually discharged. Once the Discharge Form is completed and is accurate, it is recommended that you "lock" the form to prevent accidental changes.

What if I make a mistake on one of the forms?
Unlike the Basic Website, all forms on the Enhanced Website can be edited by persons with the right level of security access within your organization. If you need help in learning how to do this, please contact your Consultant / MST Expert. If a record is "locked" inadvertently by someone at the site, you will need to contact the MST Institute at msti@mstinstitue.org for assistance.

Is there a way to track separate events/dates related to the referral process (e.g., date referred, date of first visit, etc.)?
The way that teams are using these fields is to stay literal with the first face-to-face visit being exactly that. The reason for this is that many teams do "enroll" the family during that visit and bill for that service contact. More important to us is having a way to track how the referral system is functioning. The use of the case enrollment and case discharge will help us to do that. See the following examples:

Example 1: A case is referred and based on information from phone contacts with the family; the team decides not to take the referral. In this case, the date of referral would be entered, the first visit date would be blank, and the case discharge status would state "MST program administrative removal/withdrawal" with the date that the decision was finalized.

Example 2: A case is referred and there are one or two visits, but the therapist is unable to get the family to sign consents for treatment. This case would have a date of referral, a first visit date, and case discharge status would be "lack of engagement"

Example 3: A case is referred and there is a first visit, but the team decides that the referral is inappropriate and does not accept the case. In this instance, the case would have a date of referral, a first visit date, and case discharge status would be "MST program administrative removal/withdrawal"

Example 4: A case is referred and later the referral source realizes that the youth was incorrectly referred (i.e., they don't meet the eligibility criteria of the referral source; the youth has been previously assigned to the control group, etc.). This case would have a date of referral, a first visit date if one occurred, and the discharge status would be "Referral source administrative removal/withdrawal".

From the perspective of the information entered, whether a case was enrolled or not is reflected in the case discharge status. If you would like to track this information in another manner, you could make a note in the Enrollment note space.   It is still best to keep the first visit date literal, so the data can be interpreted similarly across all of your cases.

How can one person who fills two "roles" in the system (e.g., a supervisor carrying cases) accomplish getting data onto the website successfully?

The best method for dealing with this would be for the person to have a different logon and password for each "role." For example, when logging on as a therapist your ID might be JonesT, but when logging on as a supervisor your ID might be TJones. This same format should work for anyone who fills two different functions in the system (e.g., supervisor also acting as a Program Manager). The person must have a unique name for each role.

Why can't my Consultant/MST Expert help me edit my data?
The access level granted to Consultants/MST Experts does not allow them to edit data or records. Different persons access the Enhanced Website for different reasons. For some, entering Case Enrollment and Discharge Information is all they are required to do. For others, being able to generate reports is the main way they use the website. For this reason, different "users" have different levels of access.

How do I switch a client to another therapist, team, or consultant?
Supervisors can edit the Case Enrollment Form to change therapists or consultants. However, if the client is switching to a team with another supervisor, only Organization System Managers can access the information required to do this correctly.

What is the "Research Group" field?

Using the research field is not required and organizations are not obligated to inform MSTI of how they are using the research field. This reporting function is completely optional and for the convenience of the organization, and does not actually require that a formal 'research' project is occurring. The research field is a field that can be used by organizations that want to compare two or more different groups in reports. There are 25 different variables that correspond to the letters of the alphabet and "NS" which signifies "not specified". If the organization wants to use the research function and categorize clients into groups, it would pick a letter to symbolize a particular group. During data entry of the case enrollment form, the data entry person should classify each case into one of the research groups chosen by the organization. If a case does not fit into any of the groups being compared, the data entry person should classify the case as "NS". The organization is responsible for defining variable definitions. It makes sense to choose a variable that is consistent with the group(s) the organization wants to compare. For example, if the organization wants to look at the differences between youth that are on probation and those who are not, they might want to classify those youth on probations as "P" and those not on probation as "N".

What does a status of "completion" at discharge mean?
Case closure status of completion means that the youth received a full course of treatment, i.e., this is a measure of treatment retention.

I am a new supervisor and have been added to system as required, however, I am not allowed by the system to edit the case and TAM-R information for my new team. What can I do to solve this problem?
This is a common problem and easily fixed. The problem exists because supervisors are limited to viewing only the information on cases with which they are associated. When there is a change in supervisor, the new supervisor cannot view records until the currently open case enrollment forms have been edited to include his or her name. These changes must be made by

the organization system manager editing the currently open case enrollment forms to include the new supervisor's name.

In order to identify the open cases, the organization system manager can run a discharge list report. The open cases will be those that **do not** have a discharge date. TAM-Rs should not be edited to include the new MST Expert's or supervisor's name as they are completed on the person who was in that role at the time. If you need historical information or reports that you are unable to access because they are connected to the previous supervisor, inform your organization system manager or MST Expert/ Consultant and they will be able to retrieve a hard copy of the information you need.

But my consultant is also new and says they can't run a report that includes everyone either.
This is one of the reasons it is so important to have someone designated as the Organization System Manager (OSM) for your program. That level of access will always allow the individual to access all records within an organization. In addition, the MST Expert/Consultant will have a Coach who can run the report needed.

V. DEFINING OUTCOMES

How do you define ultimate outcomes?
The meaning of these terms (e.g., 'arrests') varies from county to county, state to state, and country to country; therefore, it is difficult for the MST Institute to establish a 'one-size-fits-all' answer. The operational definition of each of the following should be made clear for each MST program and documented in the Goals and Guidelines document. The following definitions are offered as guidance based on common performance measures used in the United States.

➢ **Youth is living at home.** Home is defined as a private residence that is approved by the youth's guardian. This could include a parent's home, the home of an approved relative or friend of the family. Foster homes or other types of placement would not be included in the definition of "home".
➢ **Youth is attending school…** Youth is attending frequently enough to meet expectations placed on youth by school system or court. If the discharge occurs during the summer when school is not in session, it is recommended that the response, "yes", be selected if the youth was attending school at the end of the last school year or, is working.
➢ **Youth has not been arrested…** Youth has been arrested and charged for a new criminal behavior (i.e., not a violation of probation).

How does MSTI measure successful outcome?
At the present time, a "successful" completion of a case is determined by a program's Goals and Guidelines. In other words, what do the program's stakeholders consider to be a successful outcome? If the stakeholders are only concerned about whether the youth is still at home, then the % successful would be the % of youth living at home. The information about Instrumental Outcomes and Ultimate Outcomes is offered as information that programs can use to determine a definition of "successful completion" with their stakeholders. If this hasn't been developed yet, the supervisor should discuss this with his/her MST Consultant.

Teams used to be able to rate goals as "Met -- Partially Met -- or Not Met." Why are these options no longer available?

In the past, the process used by almost all teams was to group the Met and Partially Met categories together, and use that figure as a measure of success (e.g., 33% Goals Met and 33% Partially Met resulted in a 66% successful rate). The Instrumental Outcomes are documented in the MST Goals and Guidelines as the criteria for determining whether a case was closed successfully or not. Therefore, the degree to which goals are met relates to the number of

Instrumental Outcomes that are met, e.g., meeting most but not all of the Instrumental Outcomes would be comparable to Partially Met. Answering either "Yes" or "No" to each of the questions results in data that is easier to interpret. Programs should seek input from their stakeholders to develop their own definition of the percentage of Instrumental Outcomes met that will be viewed as a successful outcome by the stakeholders.

Is there a place to enter site-specific Ultimate Outcome information?

Not at this time, although that option may become available as additions and upgrades are made to the forms on the website.

What do I do about cases that were referred and entered on the website but were never actually "opened" or seen by any of the MSTI staff (were withdrawn by the court or referred to another program or were later determined by the program to be an inappropriate referral)? Should they be discharged even if I do not have any of the data necessary to complete the discharge form?

This is a very common question. MSTI considers it to be important for teams to track the number of cases where there are barriers to a smooth referral process. To use the website to monitor the referral process follow these steps:

> Step 1. Complete discharge form as follows:
> First, check "Funding source/referral source removal/withdrawal" or "MST Program administrative removal/withdrawal" for case progress review, depending on the entity making the decision. Second, for instrumental outcomes and ultimate outcomes, all choices may be marked "yes" or "no" (regardless of the youth's actual status) because, although data entry is required to complete the discharge form, these data will be excluded from any subsequent analyses.

> Step 2. Eliminate these cases from the reports
> Go back and make sure that the date of first visit is blank. This will indicate that no services were provided and the answers on the discharge form will not be reflected in your program summaries but these cases will show up on line 16 of the Program Implementation Data Report (PIDR) as "cases closed without services". As noted above, whatever is marked on the discharge form will be irrelevant because the reports will exclude these cases from further data analyses except in the PIDR as noted.

If the program and MST Consultant concur that it will not be valuable to use the website to monitor the referral process, the cases can be deleted by sending a request to msti@mstinstitute.org.

Can a case that has been closed, be re-opened?

If a case has been mistakenly discharged and the form has been completed and saved, it cannot be deleted; therefore, you will need to go back into the Case Discharge Form, edit and re-set the discharge date for some date far in the future (to prevent it from appearing closed in your reports) and then re-edit the date and outcome data to be correct when the case is actually discharged. Once the Discharge Form is completed and is accurate, it is recommended that you "lock" the form to prevent any future accidental changes.

If a case was legitimately discharged, it cannot be re-opened. Instead, a new case should be created so as to not skew the length of treatment figure and other data. While this will skew

the numbers of cases served it is assumed that if a case has to be reopened, the circumstances of the case have changed enough to justifying it being reopened as a new case.

VI. TAM-R DATA

How do I handle TAM-R data collection when there are two cases open in the same family (i.e., two referred siblings seen by the same therapist in the same family)?

The decision for the MSTI Call Center was to do one interview (since they are really rating the therapist) and enter separate TAM-R data for each youth. *If there are two different therapists* (one for each sibling), then two separate TAM-Rs would need to be administered. These are only two examples of how this situation could be handled. Remember, the goal is to obtain TAM-R data for each youth receiving MST Services each month.

How are teams supposed to answer TAM-R questions 27 and 28 (school problems) when youth are out of school for the summer?

Given the available responses, the safest answer would be "Not an issue."

The interviewer who calls the family for my agency was told something (either positive or negative) about the treatment process. Should this person pass this information on to the team / therapist?

In order for families to be able to respond honestly to the questions, they need to know that their individual responses are confidential; that is, that information from these interviews are only shared with the team in summary form – without identifying data. If such information is shared with the interviewer, have the interviewer thank the family for the information and then encourage the family to contact the team supervisor directly to share the information.

Some of the families that my team serves do not speak English well (or at all). How can I get a TAM-R onto the website in another language?

Non-English language versions of the TAM-R available such as Castilian, Puerto Rican, and Mexican Spanish are available through the home of the MST Institute web site. If your program should need a language that is not yet available, please arrange for translation from the English version to the applicable language. When that has been completed, email an electronic copy of the translated version to msti@mstinstitute.org. The Institute will arrange to have the version "back-translated" into English and reviewed to ensure that the translation is of an acceptable level. This translation will then be posted on the website once it has been approved.

Is it possible to collect TAM-Rs for multiple (different) caregivers, for example when the parent's split custody and the youth spends an equal amount of time at each home?

There can only be one caregiver listed as the primary caregiver on the enrollment from for each case and that is the only person that the TAM-R is administered to. Therefore, the therapist should work with the family to designate the individual to be the "primary caregiver" for the purposes of TAM-R collection (clinical skills may be required!) and every TAM-R collected should be administered to that caregiver. If the caregiver changes over the course of treatment, this change should be recorded on the enrollment form with a comment in the enrollment form note field logging each previous caretaker and the dates they were the primary caregiver.

What should we do when there are two parents who want to also fill out the TAM-R?

Only one TAM-R can be entered on the website. This is completed by the custodial parent who participates the most in therapy. If both parents are active in therapy, the therapist can recommend that both parents confer and together inform the completion of the one TAM-R by the primary custodian. When this is not a viable option, the second parent can fill out a separate TAM-R (not entered on the EW) that the supervisor reviews to gather any additional information about the other parent's perspective.

What field sets the dates for the TAM-R schedule?
The TAM-R schedule is set according to "The Date of First Visit". The first TAM-R is due two weeks after the first visit date and then is set for every month after that. If the "Date of First Visit" field is left blank, the MST TAM-R Schedule Report will display blank fields.

VII. REPORTING

How do I restrict a report by a date range?
For **List** reports available from the main menu, you can enter dates in the top section of the **Select Records Form** to select the records within a certain date range specified. Entering a date range at the bottom of the **Select Records Form** *is* ignored for these reports.

For **Standard** reports available from the report menu, you can use a date range at the top and the bottom of the **Select Records** Form to customize your report.

Why can't I sort the order of information on the reports from the Standard Reports menu?
These reports are "canned" and are produced in a standard way. You can select which cases you want to include in the report using the top section of the ***Select Records Form*** and you can specify a date range for the report at the bottom. The sorting function is not functional for the standard reports.

Who is included in the MST Caseload Report?
This report includes only the youth who are currently enrolled and not yet discharged at the end of the designated reporting period.

Is it possible to copy data from the Enhanced Website into Excel or another spreadsheet?

Yes, this can be done by following the steps below.
> *Step One*: On the opening menu, select List-View-Report for the form with data you want to copy, click on "Continue"
> *Step Two*: On the selection screen, select portion of data of interest using selection criteria, click on "Continue".
> *Step Three*: On the next screen, click on "List All Selected Records" to create a full data list.
> *Step Four*: To export, go to the Edit menu on your Windows tool bar, click "Select all", then go to Edit menu and click on "Copy".
> *Step Five*: Then paste this into an open Excel spreadsheet.

The Program Drift Report seems new. What is the purpose of this report, and how will it be used?

Actually, most of this report is the same as the Program Practices and Characteristics section of the Program Implementation Review (PIR). Some additional items have been added that will help identify potential indicators of "challenges" to program adherence and successful

implementation of MST. This data will be used as it has in the past – to serve as the basis for a semi-annual review. Typically, the Consultant / MST Expert conducts a "fit" of the identified struggles and challenges and Intermediary Goals / Interventions will be developed to address the primary drivers. Progress on these Goals will be assessed at the time of the next PIR.

Can I use the data from the Program Implementation Data Report (PIDR) for the Program Implementation Review (PIR)?
Several enhancements are needed before the PIDR produces comparable figures to the methods used in the PIR. For example, the enhanced website currently does not account for therapists who are part-time. Therefore, to the extent that a program is using part-time staff (e.g., a supervisor with a half-time caseload) the calculation of number of active therapists may not be an accurate reflection of FTE. Therefore, the data from the PIDR can only be used for the PIR to the degree that the information is valid for that program.

Can TAM-R data from the Basic website be combined with the Enhanced website data to generate reports?
Due to the fact that the Enhanced website has significantly more information than what is available on the Basic website, the old data cannot be merged into the new website.

It seems that the "Date of Referral" is reported as the "Enrollment Date" in my reports and that the "Date of First Visit" is not in any lists or reports. Which dates calculate the Length of Stay?

Yes, there is some confusion with the dates. The data entry screens have been changed recently but the reports at this time (August 3, 2004) are still using the old dates with "Date of Referral" being called "Enrollment date" on PIDR and Discharge Summary Reports). Length of Stay is also being calculated based on Date of Referral/Enrollment Date. Eventually, however, this will be changed so that Length of Stay is calculated based on Date of First Visit which is also when services start.

When I generate a Program Implementation Data Review (PIDR) for my team for a 6-month review period, I get a different TAM-R collection rate than the rate I get when I generate a PIDR month by month and then average them. Why is this?

The formula used to calculate TAM-R collection rate in the PIDR for a given report period is only an estimate; the structure of the website makes a more exact rate difficult to produce. The percentages in the report come from a formula in which the actual number of TAM-Rs collected are divided by an estimate of the number of TAM-Rs that could have been collected during the report period (i.e., based on the number of families open on the last day of the report period).

Therefore, the degree to which the census on that day represents the actual number of families receiving services in a month or in any report period can have a rather large effect on the rate. NOTE: the MSTI Call Center reports for teams using the Call Center give an accurate calculation of TAM-R collection rate because they can determine exactly how many families were eligible for a call in a given month.

How do I get access to team data when team is shared by multiple NPs?

The owner of the primary contract for training and support of team has the final say and should ensure that those who need information would have it.

DATA DEFINITIONS FOR MSTI DISCHARGE FORM

CASE PROGRESS REVIEW ITEM

Ο **Completion**: The youth was discharged based upon the <u>mutual agreement</u> of the primary caregiver(s) and the MST team.

- The reason for case closure does not meet any of the other categories AND
- team and family agree that there is evidence that overarching goals have been sustained over a period of 3-4 weeks, OR
- team and family agree that overarching goals have not been met and treatment has reached a point of diminishing returns for the additional time invested.

Selection of this category does not assume that the case closed with all goals met, only that primary caregiver(s) and team agreed that no further progress on overarching goals is likely.

Ο **Lack of engagement**: The decision to discharge the youth was made because the MST team was not able to engage the family in treatment, despite persistence on the therapist's part to engage and align with the family.

- Despite persistent efforts by the therapist, the family has not EVER been seen face-to-face for two consecutive weeks OR
- Family has formally declined MST services OR
- Family states they do not want to continue (a statement to this effect should be included in note section) AND
- The consultant and team have identified and addressed barriers to inadequate engagement and agree that all engagement strategies have been exhausted

Selection of this category indicates that the family has chosen to not participate in MST Services, In other words, this category documents that the team never had engagement. As long as the family was actively involved in working on at least one goal for some part of treatment, this category is NOT checked. This latter case would be counted as "completed" with lack of progress reflected in instrumental goals.

Ο **Placement**: The youth was placed in a restrictive setting (detention center, residential placement), or foster care for a duration of time that precluded further MST involvement.

Ο **Placement, prior event**: The youth was placed in a restrictive setting (detention center, residential placement), or foster care due to an event or offense that occurred prior to the beginning of MST treatment.

Ο **MST Program administrative removal/withdrawal**: Youth was removed from the program by the MST program administration due to administrative issues or decisions unrelated to the progress of the case.

Ο **Funding/referral source administrative removal/withdrawal**: Youth was removed from the program by the funding or referral source due to administrative issues or decisions unrelated to the progress of the case.

Ο **Moved**: The family moved out of the program's service area.

INSTRUMENTAL OUTCOME ITEMS:

The Instrumental Outcomes are documented in the MST Goals and Guidelines as the criteria for determining whether a case was closed successfully or not. While some guidance in defining these items is provided, it is critical for each program to define these in terms of objectives for the case. For example, if the case had an overarching goal of increasing involvement in pro-social activities as evidenced by attending one approved recreational activity a week, then the related instrumental outcome would be rated as met if the Overarching Goal is met. Therefore, responses to these items are not completely standardized across programs.

ULTIMATE OUTCOME ITEMS:

These items provide some basic information about how the youth is functioning at the time of discharge. The meaning of the terms (e.g., 'arrests') may vary from county to county, state to state, and country to country; therefore, it is difficult for the MST Institute to establish a "one-size-fits-all" definition. The operational definition of each of the following should be made clear for each MST program and documented in the Goals and Guidelines document. The following definitions are offered as guidance based on common performance measures used in the United States.

➤ **Youth is living at home.** Home is defined as a private residence that is approved by the youth's guardian. This could include a parent's home, the home of an approved relative or friend of the family. Foster homes or other types of placement would not be included in the definition of "home". Youth who are on runaway status would not be at home.

➤ **Youth is attending school (is not truant,) or vocational training or, if of the legally appropriate age to not attend school, has a paying job (at least half-time).**
  ➤ Youth is attending school, a high school equivalency program (GED program,) or a vocational program in the youth's natural ecology, or working. The primary objective of the program is educational or vocational. A youth in a correctional facility or treatment setting in which educational or vocational activities are provided, where the primary objective is treatment or correction, will NOT count as a "yes" for this item.

  ➤ If the youth is in school, youth is attending frequently enough to meet expectations placed on youth by school system or court. If the discharge occurs during the summer when school is not in session, it is recommended that the response "yes" be selected if the youth was attending school at the end of the last school year, or is working.

      This item should be answered for all youth, in addition to the choice of "yes" or "no" above. Please select one item from the list that BEST describes the youth's current setting.

        ☐ traditional school
        ☐ traditional school that includes a vocational component
        ☐ solely vocational training program
        ☐ GED or other secondary school equivalency program

☐ alternative educational program or setting due solely to academic need

☐ alternative program or setting due to anti-social, offending or disruptive behavior

☐ in a correctional facility or treatment setting where the primary objective is treatment or correction (choose this even if educational or vocational activities are provided in the facility)

☐ not in any educational or vocational program, and working at least half-time

☐ not in any educational or vocational program, and not working at least half-time

☐ other- please specify _____

➢ **Youth has not been arrested since the beginning of MST treatment, for an offense committed during MST treatment.** Many MST programs have defined arrests as involvement with police that results in a charge for a new criminal behavior (i.e., not a violation of probation).

Each MST program should view the lack of a clear definition of arrest as an 'opportunity' to revise, clarify, and improve their existing Goals & Guidelines document. This will likely entail drafting a working definition and then seeking input from key stakeholders in order to establish a clear, specific, objective, and measurable definition to guide future entries on the website.

OPTIONAL OUTCOME- SUBSTANCE USE OUTCOMES

Optional Item
Substance use outcomes are tracked at the request of the program/system. Programs that track this outcome have documented in their Goals and Guidelines, and reviewed with their MST Expert, a definition for this measure.

SUBSTANCE USE OUTCOMES
This item measures substance use outcomes *only for youth for whom substance use is an identified MST treatment target.* This item provides basic information about how the youth is functioning <u>at the time of discharge</u>. The meaning of the relevant terms (e.g., 'reduction' and 'substance use') may vary from county to county, state to state, and country to country; therefore, it is difficult for the MST Institute to establish a "one-size-fits-all" definition. The operational definition of each of the following should be made clear for each MST program and documented in the Goals and Guidelines document. Substance use is measured objectively (e.g. by urinalysis tests, breath scans, etc.). Subjective evidence of substance use may also be collected; however, MST programs should prioritize and maximize collection of objective measures. The following definitions are offered as guidance based on common performance measures:

➢ **Substance use was an MST treatment target for this youth**

    ➢ Substance use was a referral behavior and/or

    ➢ Reduced substance use was an MST Overarching Goal and/or

    ➢ Substance use interventions were identified in intermediary goals

For youth in this subgroup (substance use was an MST treatment target):

➢ **Youth has reduced use of alcohol and/or other substances**

    ➢ **as evidenced by objective measures.**

> Objective means of measuring youth substance use include analysis of biological specimens: urine, hair, saliva, breath-air, sweat. These measures may be taken in the home or outside the home (e.g. in a lab or a court setting).

- ➢ **as evidenced by subjective measures.**
  > Subjective indicators of youth substance use include, but are not limited to, behaviors, physical appearance, youth self-report, performance, etc.
- ➢ **both**

Each MST program should view the lack of a clear definition of the above as an 'opportunity' to revise, clarify, and improve their existing Goals & Guidelines document. This will likely entail drafting a working definition and then seeking input from key stakeholders in order to establish a clear, specific, objective, and measurable definition to guide future entries on the website.

GUIDELINES FOR SCHOOL/ VOCATIONAL TRAINING/ WORKING DATA ITEM

Background: Ideally, youth participating in MST are staying in school and are obtaining an education in traditional, mainstream school settings. While some individuals in the youth's natural or service system ecology may advocate sending the youth to a non-traditional setting for educational purposes, evidence is lacking that such programs or settings will improve the educational and behavioral outcomes for youth. Some youth in MST, however, may be participating in such programs or settings.

In order to gather more information about the range of those types of settings being used for MST youth around the world, the in-school data being collected at the time of discharge has been expanded. This data is being collected only to inform our learning at this time.

Data reporting: As we start to collect this data, there will not be a reporting option for providers or Network Partners to generate reports on the new information being collected. Instead for now, MSTI will review the data collected over a year or so as part of our internal learning related to this project. *We will determine over time how long we will be in this learning phase.*

Examples of Each Category

Please find below a list of examples for each category included in the drop down menu. This is not meant to be an exhaustive list, but rather to give a range of examples from multiple systems to help teams think through each category and identify what is most frequently used in their school systems. Please consult with your MST expert for guidance as needed.

- ☐ traditional school
  Examples: Mainstream schools such as senior high, junior high, middle school, secondary school, municipal or community schools, and charter or private schools selected by the family.
- ☐ traditional school that includes a vocational component
  Note: In some settings such as Europe, this combination is common. See next category for examples of vocational programs.
- ☐ solely vocational training program
  Examples: Local or community-based vocational-technological school, vocational-technological schools connected to the youth's/young person's high school/secondary school, college training that is vocationally-based, Job-Corps, some types of work study program in which the youth/young person leaves his/her regular education and goes to a work-study/vocational program for training

☐ GED or other secondary school equivalency program
Examples: GED (General Equivalence Degree) preparation classes within the local school district or in a community-based setting OR settings which allows the youth/young person to study just for exams to catch up on education they have missed

☐ alternative educational program or setting due solely to academic need
Examples: Public, charter or private schools or settings that are mandated or selected by school personnel or caregivers that are **designed to meet the academic needs of the youth/young person.** These could include but are not limited to the following: home-schooling, home-based tutoring, community-based tutoring such as in the local library where the youth/young person goes instead of going to school (either paid by the home-school district or by the caregivers), computer/on-line distant learning, pupil referral unit, boarding school, or an intermediate unit class, designed to meet academic needs.

☐ alternative program or setting due to anti-social, offending, or disruptive behaviors
Examples: Public, charter or private schools or settings that are mandated or selected by school personnel or caregivers **due to the youth's/young person's behavioral concerns.** These could include but are not limited to the following: alternative schools, day treatment programs, pupil referral unit, boarding school, military school, partial-hospitalization programs, or home, library, or computer-based schooling or tutoring that is selected or mandated based on the youth's problem behaviors.

☐ in a correctional facility or treatment setting where the primary objective is treatment or correction (choose this even if educational or vocational activities are provided in the facility)
Example: Daily classes provided to residents of an inpatient unit. Note that "correctional facility" and "treatment setting" here refer to residential facilities.

☐ not in any educational or vocational program, and working at least half-time
Note: Determination of what constitutes half-time work should be based on the country's standards for full-time work.

☐ not in any educational or vocational program, and not working at least half-time
Note: Self-explanatory.

☐ other - please specify _____
Note: Please only choose "other" after carefully considering and ruling out each of the categories above. When this category is chosen, please describe the details of the youth's/young person's school setting.

GUIDELINES FOR WHEN YOUTH IS ON RUNAWAY STATUS

Assumptions

1) Being on runaway status is considered an antisocial behavior, just like any other antisocial behavior (e.g., being truant). From an MST perspective, it should be addressed like any other behavior, and a case should not be discharged based on this behavior alone.

2) Different systems vary in how they respond to runaway behavior. This can present significant challenges to the team in being able to continue to provide MST, e.g., some systems have time limits for how long the case can remain open if the youth is on runaway status.

3) Despite the legal parameters the MST team works within, if the family has had an opportunity for a full course of treatment, the case should be closed using one of the

"clinical" reasons, e.g., "closed by mutual agreement", "lack of engagement" or "placed".

4) The case closure categories, "MST Program administrative removal/withdrawal" or "Funding/referral source administrative removal/withdrawal", are limited to situations where the case is closed for reasons that are "unrelated to the progress of the case". Therefore, careful consideration must be used when closing a case for this reason.

The following guidelines are provided to assist in deciding how to code the case progress review item when the team closes a case while the youth is still on runaway status.

1) **Determine if the family has had an opportunity for a full course of treatment.** An example of not having this opportunity might be if the youth was on the run at the time of referral, or shortly thereafter and the funder requests closure (preventing the therapist and family from having more than a couple of sessions). This case could be closed using the category "MST Program administrative removal/withdrawal" or "Funding/referral source administrative removal/withdrawal".

2) **Determine if therapist has ever had engagement with the family.** As long as the family was actively involved in working on at least one goal for some part of treatment, the category of "lack of engagement" should not be used.

3) **Determine if the case should be closed as "placed".** This category is used only if the team is quite certain that once found, the youth will be placed, e.g., the youth is already a ward of the juvenile system and will be placed automatically without returning to court for sentencing for the runaway behavior.

4) **Determine if the case should be closed as "completion" (due to diminishing returns).** This closing category does not assume that the case closed with all goals met, only that stakeholder/funder, primary caregiver(s) and team agreed that no further progress on overarching goals is likely due to youth not being in the home. The actual case progress on goals would then be documented using the ratings for instrumental and ultimate outcomes.

The following guidelines are provided to assist in deciding how to code Ultimate Outcomes when the team closes a case while the youth is still on runaway status.

1) **Coding Ultimate Outcomes:**
   a. "At home": if a youth is on runaway status at the time of closure, this would be marked "no".
   b. "In school/working": there are youth that may be on the run, but are still attending school (or working); therefore, the team would need to verify whether the youth is attending school (or work) in order to determine how to mark the ultimate outcome of "in school/working."
   c. "Arrest": this is completed based on stakeholder's definition of arrest. Many MST programs have defined arrests as involvement with police that results in a charge for a new criminal behavior (i.e., not a violation of probation which is the typical charge for youth absconding/on the run).

Optional: Some major stakeholders want systems/organizations/teams to track the number of youth who are on runaway status at discharge. This is not defined by MST as an ultimate outcome; therefore, teams can consider tracking this by adding documentation of runaway status in the "notes field" of the Discharge Form or by using a research code.