MST® Services

2015 MST DATA OVERVIEW REPORT

MST Delivers Outcomes!

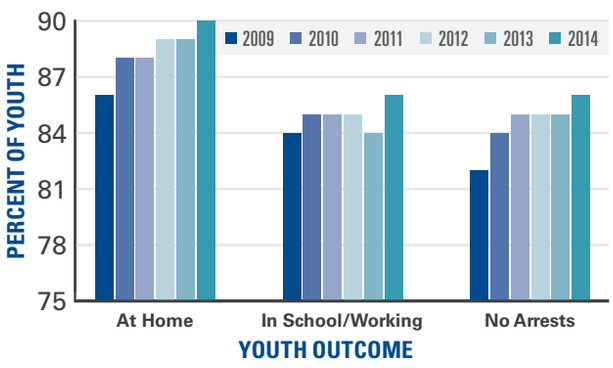
This report focuses on youth referred for standard MST, from January 1 until December 31, 2014, who had an opportunity for a full course of treatment, (e.g., cases were clinically closed). These results are based on the comprehensive review of the 11,958 cases[a] (85.4% of 13,995 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).

At Home	90%
In School/Working	86%
No Arrests	86%

Youth receiving standard MST achieved an outcome for living at home that meets the clinical target obtained in research studies. In addition, key indicators for therapist adherence, percent of youth completing treatment, and percent of youth placed met the targets established by the MST Performance Dashboard.

[a] Cases not included either received no services (2.3%), were closed for administrative reasons (8.6%) or were not able to provide outcome data due to international data sharing limits (3.7%).

Outcomes Continue to Improve Over Time

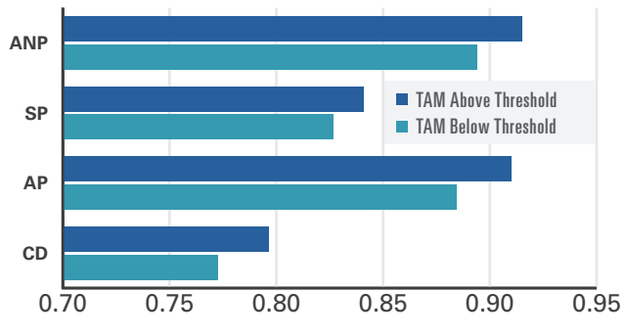


A critical factor in adherent implementation of an evidence-based service like MST is systematic monitoring and continuous quality improvement (CQI). Over time, MST has built a system that supports therapists in steadily improving the outcomes of youth receiving MST. The MST Institute provides the technology to support monitoring via its Web-based information system, while MST Services and other organizations that provide MST training (e.g., Network Partner organizations) support the use of the information in CQI.

Research has shown that youth outcomes improve when model adherence is high. A threshold score has been established for therapists so that when a family reports therapist adherence (TAM) above the threshold, the therapist is considered to be providing MST with fidelity. Analysis of available therapist adherence data indicated that when therapist adherence scores were above threshold, youth were more likely than statistically expected to be living at home, in school or working, and have no arrests in treatment.[b]

Supervisor Adherence Helps Therapists Achieve Adherence

Higher average supervisor adherence (SAM) is associated with therapist adherence above threshold. Supervisors are monitored on four aspects of supervision: analytical process (ANP), structure and process (SP), adherence to MST Principles (AP), and clinician development (CD). When TAM scores were above threshold, average SAM scores on all four factors were significantly higher than when the TAM score was below threshold.[c]



[b] Chi Square "in home" by "TAM indicator" ($X^2(1,11,113)=34.83$, $p<.001$); Chi Square "school/working" by "TAM indicator" ($X^2(1,11,113)=73.30$, $p<.001$); Chi Square "no arrests" by "TAM indicator" ($X^2(1,11,113)=6.63$, $p<.01$)

[c] One-way ANOVA of "ANP" by "TAM indicator" ($F(1, 8582)=49.48$, $p<.001$); One-way ANOVA of "SP" by "TAM indicator" ($F(1, 8582)=36.84$, $p<.001$); One-way ANOVA of "AP" by "TAM indicator" ($F(1, 8582)=71.50$, $p<.001$); One-way ANOVA of "CD" by "TAM indicator" ($F(1, 8582)=52.03$, $p<.001$)

The youth served were identified as White (40.9%), Black (28.8%), or Hispanic (17.2%). The majority of youth were male (66.4%). Average age was 15.1 years. Thirteen different languages were identified as caregivers' primary language with English spoken by 80% of caregivers.

MST® Services

KEY PERFORMANCE INDICATORS

MST Performance Dashboard

The data from the 11,958 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, 28.5% (3,405) were served by international teams and 71.5% (8,553) received MST within the U.S.

Item	Performance Indicator	Target	Overall Average[a]	Project Range (SD)[b]
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	90.0%	66.7%–100% *(8.06)*
2	Percent of youth in school and/or working	90%	85.6%	55.6%–100% *(10.16)*
3	Percent of youth with no new arrests	90%	86.2%	58.3%–100% *(10.24)*
THERAPIST ADHERENCE DATA				
4	Overall average adherence score[c]	0.61	.76	.47–.99 *(.11)*
5	Percent of clients reporting adherence above threshold (> 0.61)[c]	80%	76.2%	30.8%–100% *(15.87)*
6	Percent of youth with at least one TAM-R interview	100%	92.9%	72.2%–100% *(6.88)*
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	86.8%	49.3%–100% *(9.39)*
8	Percent of youth closed due to lack of engagement	<5%	5.3%	0%–21.9% *(5.50)*
9	Percent of youth placed during treatment	<10%	7.9%	0%–29.4% *(7.23)*
10	Average length of treatment in days	120	129.3	95–165 *(11)*

[a] Excluded from this report were 2,390 cases that were referred to MST adaptation programs in 2014.

[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 11,113 youth.

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 *(%)*	**11,958** *(83.3%)*	**1084** *(7.6%)*	**930** *(6.5%)*	**242** *(1.7%)*	**99** *(.7%)*	**35** *(.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)