

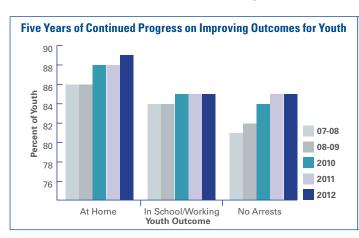
MST Benefits Troubled Youth

This report focuses on youth referred for standard MST, from January 1 until December 31, 2012, who had an opportunity for a full course of treatment, (e.g., cases were clinically closed*). To assess progress over time, results from this set of families are compared to those reported in earlier MST Data Reports.

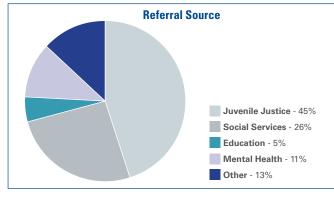
At Home	89%
In School/Working	85%
No Arrests	85%

These results are based on the comprehensive review of the 12,195 cases (88.9% of 13,713 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).

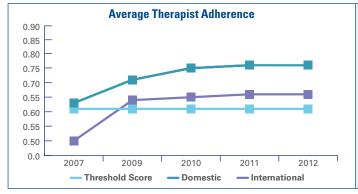
*Cases not included either refused services, as indicated by no first visit with a therapist (1.3%), or were closed for administrative reasons (9.8%).



MST providers deliver strong outcomes for stakeholders. A focus of training on stakeholder collaboration and clinical adherence leads to continued improvement in percent of youth living at home.



Many social systems across the world are undergoing major changes in the structures that fund services for children. MST providers engage those systems at multiple levels to ensure the best services are provided to families. The families are referred by a variety of systems with responsibility for troubled youth.



The overall mean scores for international and domestic providers are above the threshold score for satisfactory adherence. Ongoing evaluations of the cultural/linguistic appropriateness of some translations will be valuable in ensuring accurate assessment of fidelity across cultures.

The demographic makeup of youth is similar to previous reports. The majority of youth were male (64%). Average age was 15.1 years. A diverse group of races and cultures is represented by youth served, with most youth being identified as White (41%), Black (29%), or Hispanic (12%). Fifteen different languages were identified as caregivers' primary language.



MST Performance Dashboard

The data from the 12,195 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, 23% (2,853) were served by international teams and 77% (9,342) received MST within the LLS

Item	Performance Indicator	Target	Overall Average ^a	Project Range (SD) ^b
	ULTIMATE OUTCOMES REVI	EW		
1	Percent of youth living at home	90%	88.6%	61.1% – 100% <i>(9.14)</i>
2	Percent of youth in school and/or working	90%	84.5%	49.9% – 100% (11.52)
3	Percent of youth with no new arrests	90%	85.3%	50.7% – 100% (11.55)
	THERAPIST ADHERENCE DA	TA		
4	Overall average adherence score ^c	0.61	.73	.37 – .99 (.12)
5	Percent of clients reporting adherence above threshold (> 0.61)°	80%	74.2%	21.1% – 100% (17.69)
6	Percent of youth with at least one TAM-R interview	100%	78.5%	40.1% – 100% (12.81)
	CASE CLOSURE DATA			
7	Percent of youth completing treatment	85%	85.5%	54.6% – 100% (10.30)
8	Percent of youth cases due to lack of engagement	<5%	5.4%	0% – 22.7% (5. <i>7</i> 6)
9	Percent of youth placed during treatment	<10%	9.1%	0% – 33.6% (8.16)
10	Average length of treatment in days	100 – 140	131.34	87.6 – 175.0 (14.56)

^a Excluded from this report were 1,740 cases that were referred to MST adaptation programs in 2012.

MST and its Adaptations

Several MST adaptations are being disseminated more broadly to provide treatment targeted to the community's specific needs. See www.mstservices.com/MSTadaptations.pdf for more information.

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

	MST	MST-SA	MST-PSB	MST-FIT	MST-CAN
Number of youth (%)	12,195 (86.6%)	795 (5.6%)	839 (6.0%)	172 (1.2%)	27 (.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)

^b Key indicators were calculated by team. The Project Range represents scores within three standard deviations of the mean on these indicators achieved by teams with more than 15 cases.

[°] Therapist adherence data were available on 9,566 youth.