MST Institute

2008 MST DATA REPORT

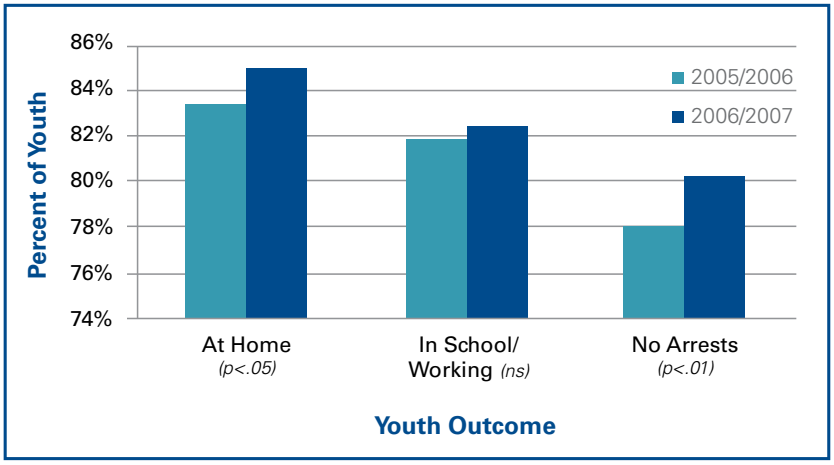
MST Helps Troubled Youth

Results for 14,619 youth enrolled in MST from March 2005 until March 2007, whose cases were clinically closed. *

At Home	84%
In School/ Working	82%
No Arrests	79%

*These results are based on a comprehensive review of the 14,619 cases (87.3% of 16,746 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).

Interestingly, results improved over time. Further analysis of these data indicates that youth served in 2006/07, on average, had better outcomes than youth served in 2005/06.



Future reports will evaluate the relationship of changes in youth outcome with major innovations in program implementation or training to develop better understanding of contributors to change.

For a more detailed review of these findings, see www.mstinstitute.org/2008-mst_data_report-summary.pdf.

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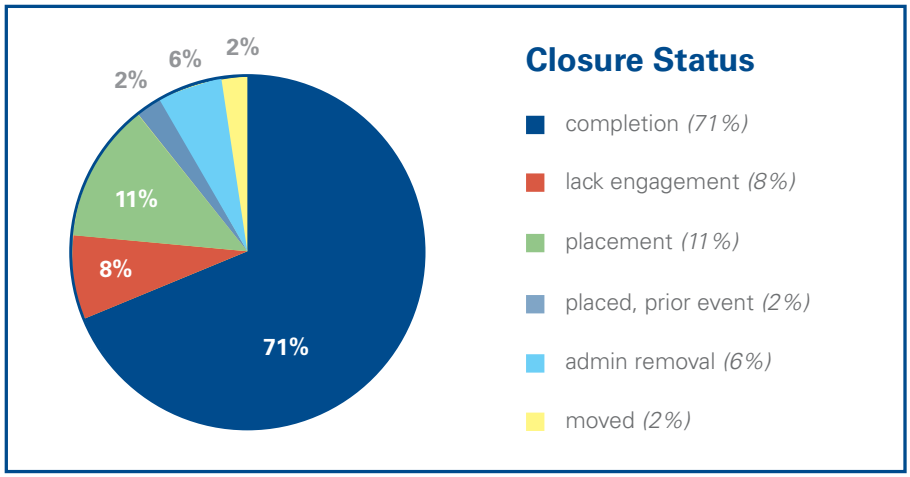
DATA OVERVIEW

The complete data for the 2008 MST Data Report includes 16,746 families referred to MST between March 1, 2005 and March 1, 2007 and discharged by November 1, 2007.

97.7% of enrolled families received treatment

Only 2.3% of families (393 of the 16,746 families referred to MST) refused treatment as indicated by the failure of the team to have at least one visit with the family.



89.9% of cases closed for clinical reasons

Of the 16,266 families that had at least one visit with an MST Therapist and completed the case closure item, 89.9% (14,619 families) closed for clinical reasons that include:

- treatment completed
- lack of engagement
- placement of the youth for an offense during MST

The remaining 1,647 families (10.1%) were closed for administrative reasons (e.g., placed for an event that occurred prior to referral to the MST program, referral cancelled due to youth not being discharged from facility as planned, or moving out of area.)

14% of cases were served in international locations

MST Performance Dashboard

The data from the 14,619 cases that closed for clinical reasons were used to assess the performance of MST programs worldwide on the following set of 10 key performance indicators, known as the MST Performance Dashboard. Of these cases, 14% (2,036) were served by international teams* and 86% (12,583) received MST within the U.S. Findings are reported separately below.

Item	Performance Indicator	Target	Overall Averages	U.S. Averages	Int'l Averages
ULTIMATE OUTCOMES REVIEW					
1	Percent of youth living at home	90%	84.3%	84.1%	85.6%
2**	Percent of youth in school/working	90%	82.1%	83.0%	76.1%
3**	Percent of youth with no new arrests	90%	79.2%	79.7%	76.4%
ADHERENCE DATA* **					
4**	Overall Average Adherence Score	0.61	.616	.634	.503
5**	Percent clients reporting adherence above threshold (> 0.61)	80%	55.8%	58.9%	36.4%
6	Percent of youth with at least one TAM-R interview	100%	76.6%	76.8%	75.4%
CASE CLOSURE DATA					
7**	Percent of cases completing treatment	85%	79.1%	78.8%	81.2%
8**	Percent of cases discharged due to lack of engagement	<5%	8.6%	8.4%	10.1%
9**	Percent of youth placed	<10%	12.3%	12.8%	8.7%
10**	Average Length of Stay in days for youth receiving MST	120	132.29	129.53	149.33

**Norway data not included due to strict Norwegian laws which prohibit the Norway team's use of the MSTI Enhanced Web Site.*

***There are significant differences between U.S. and international averages on these items (p<.001)*

****Adherence data were available on 11,202 (77%) of the overall population served. Of those, 9,667 (86%) were from U.S. teams and 1,535 (14%) were from international teams.*

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KEY PERFORMANCE INDICATORS

There are a number of areas that have been identified by the MST Institute, MST Services and the Family Services Research Center as needing further consideration.

Significant International Differences

- Internationally based teams have lower than expected percent of youth with no arrests and in school or working
- Therapist adherence at international sites is lower than expected
- International teams have significantly longer lengths of stay
- International teams close cases due to lack of engagement more often than expected.
- Teams in the U.S. close cases due to placement more often than expected

Understanding the bases of these differences will be a future priority of the MST Institute. Analysis of adherence data in countries that use English as a first language (Canada, UK, Australia, NZ) compared to other international sites indicated that the lower adherence was not completely attributable to the use of a translated therapist adherence measure. While countries with a non-English first language had the lowest therapist adherence, other countries with English as a first language still had significantly lower adherence than the U.S.

	ADHERENCE DATA***	U.S. Ave	English International	Other International
4**	**Overall Average Adherence Score**	.634	.541	.476

Additional Data Needs

The original version of the MSTI data collection sytem included little descriptive information that would help us understand these findings. During this reporting period, new items related to demographics of the youth and therapists serving them have been added to the system. In addition, information on program characteristics is being collected more consistently. These new data will be available for analysis in future reports and significant findings will be highlighted. **Some of these new data include:**

- Race/Ethnicity of Therapist & Family • Gender of Therapist & Family
- Age of Youth • Referral Source • Excessive Turnover Indicator

The technology supporting MST dissemination is frequently being upgraded and enhanced based on identified needs. The Institute plans to track major changes to program implementation or training to see how they relate to these gross measures of program performance. For example, a new curriculum for training supervisors was fully implemented in July 2007. The data for the next report will be viewed with these changes in mind.