

MST: Doing “Whatever it Takes” for Troubled Young People

Between January 1 and December 31, 2020, there were 15,830 young people referred for MST[®] or one of its treatment types. Outcome data was available on 13,548 (85.6%)* young people who had an opportunity for a full course of treatment (e.g., cases were clinically closed) and were discharged by August 17, 2021. This report focused on outcomes of 12,970** young people referred to MST, MST-ID, MST-PRV, MST-PSB, or MST-SA, treatment types with similar performance expectations. Adolescents referred to MST present with multiple problems (aggression, truancy, substance use, problem sexual behavior) and are frequently at risk of out-of-home placement.

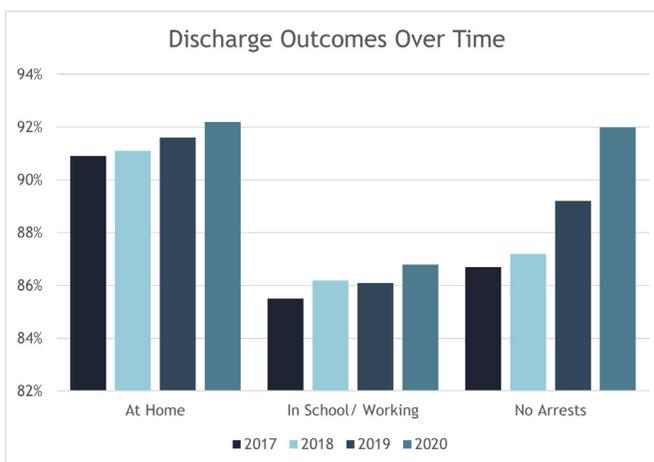
At Home	92%	Despite challenges to the delivery of MST during the COVID pandemic, favorable treatment outcomes for young people were maintained. Overall, when young people were discharged, they were living at home (or in an approved home-like setting), engaged in productive activity at school or a job, and had no arrests during treatment.
In School/Working	87%	
No Arrests	92%	

*Cases not included either received no services (4.2%), were closed for administrative reasons (7.0%), or were not able to provide outcome data due to international data sharing limits (3.2%).

**Outcomes do not include 769 youth receiving another MST Treatment Type.

MST Delivers Outcomes Despite Pandemic

During 2020, families referred to MST experienced major changes to their normal routines due to the precautions taken to protect them from the new coronavirus. The stressors on families were high; and parents of troubled young people found it particularly difficult to supervise the adolescent’s online education. Due to lockdown procedures, many families received services almost entirely via telehealth. As noted in the 2020 MST Data Overview Report, supervisors reported that telehealth made the implementation of MST more challenging. However, the outcomes for these families were similar if not better than in previous years and reflect how hard MST Supervisors and Therapists worked to do “whatever it takes” to help families during a very challenging time.



Findings

- The percent of young people living at home at discharge continues to meet expectations of the treatment model and has increased slightly each year since 2017.
- Although school refusal/non-attendance is a frequent referral issue and online education presented unique challenges for pupils and teachers, there was an increase in percent of young people attending school at discharge in 2020.
- There was a significant increase in the percent of young people who were not arrested. Several factors related to lockdown may have contributed to this finding. For example, adolescents spent less time outside their home, had less contact with negative peers, and had less chance of being arrested at school. Therefore, arrests may increase when pandemic precautions are lifted.

MST Performance Dashboard

The majority of young people served were male (66.6%). Their average age was 15.1 years. These young people represented diverse racial and ethnic backgrounds with 33% White, 24% Black, 23% Hispanic/Latino, and 11% Other, while 9% declined to answer. Caregivers identified 14 languages as their primary language with English identified by 73%, Spanish by 16.3%, Dutch by 7.7%, and 3% another language. Referrals were from juvenile justice (29%), social services (29%), mental health (17%), schools (3%), and other, including self-referrals (22%).

Results from key MST performance measures demonstrate the effectiveness of MST teams worldwide. Analysis of the differences in these indicators between cases served by U.S. (N=8,682) and non-U.S. (N=4,288) teams found no significant differences on any indicator. MST Performance Dashboard target scores, based on results from numerous clinical studies, set a standard that MST programs aim to meet. On average, MST teams met or exceeded the target on all indicators except the school outcome and therapist adherence data collection.

Item	Performance Indicator	Target	Worldwide Average	Team Range (SD) ^a
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	92.2%	70.8% - 100% (6.8)
2	Percent of youth in school and/or working	90%	86.8%	54.5% - 100% (10.3)
3	Percent of youth with no new arrests	90%	92.0%	66.7% - 100% (7.2)
THERAPIST ADHERENCE DATA				
4	Overall average adherence score ^b	0.61	0.75	0.39 - 1.00 (0.13)
5	Percent of clients reporting adherence above threshold (>0.61) ^b	80%	74.9%	25.8% - 100% (17.8)
6	Percent of youth with at least one TAM-R interview	100%	90.0%	57.9% - 100% (10.2)
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	89.1%	63.2% - 100% (8.0)
8	Percent of youth closed due to lack of engagement	<5%	4.8%	0% - 22.7% (5.0)
9	Percent of youth placed during treatment	<10%	5.6%	0% - 22.2% (5.8)
10	Average length of treatment in days	100-140	130.8	85.72 - 177.48 (15.1)
^a Ranges for 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.				
^b Therapist adherence data were available on 11,647 youth.				

MST Treatment Types

During 2020, a total of 13,429 young people received one of the MST treatment types and were closed for clinical reasons. MST treatment types address specific needs for special populations or stakeholder requirements.

Number of Clinically Closed Cases that Were Served by MST Treatment Types in 2020

	MST	MST-PSB	MST-SA	MST-PRV	MST-FIT	MST-CAN	MST-BSF	MST-PSYCH	MST-ID
Number of youth (%)	11,397 (84.1%)	823 (6.1%)	434 (3.2%)	136 (1.0%)	148 (1.1%)	249 (1.8%)	70 (0.5%)	111 (0.8%)	180 (1.3%)

Note. MST-PSB (Problem Sexual Behavior); MST-SA (Substance Abuse); MST-PRV (Prevention); MST-FIT (Family Integrated Transitions); MST-CAN (Child Abuse and Neglect); MST-BSF (Building Stronger Families); MST-PSYCH (Psychiatric); MST-ID (Intellectual Disability)