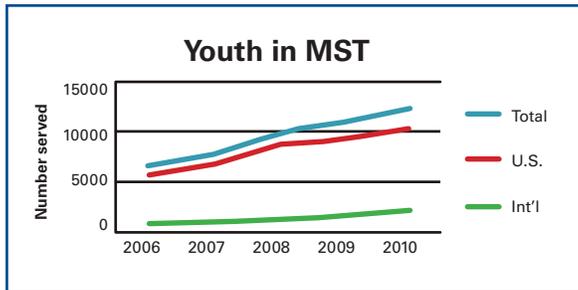


MST Helps Troubled Youth

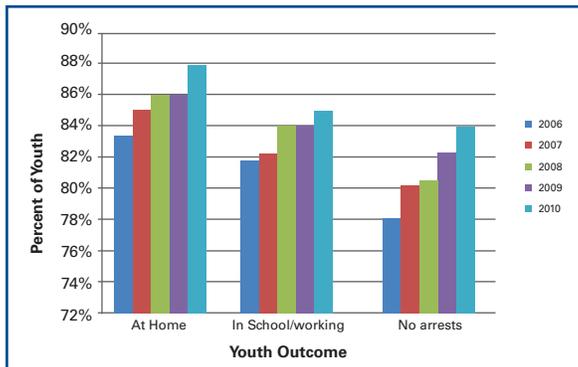
This report focuses on youth referred for standard MST from January 1 through December 31, 2010, who had an opportunity for a full course of treatment, e.g., cases were clinically closed*. Results from this set of families are compared to those reported in earlier MST Data Reports to assess progress over time.

At Home	88%	*These results are based on the comprehensive review of the 12,353 cases (87% of 14,190 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed)
In School/ Working	85%	
No Arrests	84%	

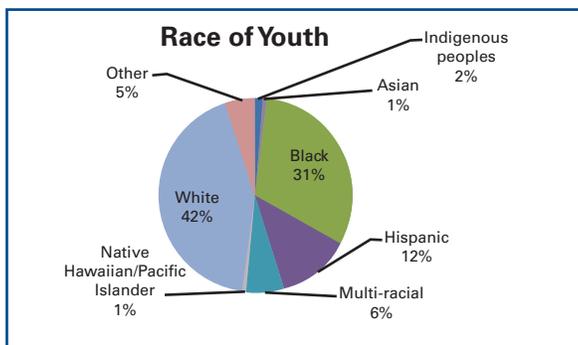
*Cases not included either refused services as indicated by their failure to have the first visit with a therapist (2.0%), were closed for administrative reasons (e.g., referral cancelled due to youth not being discharged from facility as planned, 10.2%) or were not discharged by September 23, 2011 (0.8%).



Increasing numbers of youth had access to MST. Overall, MST programs served 13% more youth this year than during the previous reporting period.



MST training and support services continued to help teams make gains in therapists' ability to implement MST with fidelity (average adherence score of .73, well above the target value of .61) and to improve outcomes.



Description of Youth Served

The majority of youth was male (64.7%). Average age was 15.13 years. A diverse group of races and cultures was represented by youth served. Referrals primarily came from juvenile justice (45.6%), child welfare (24.5%), and mental health agencies (9.7%).



While no tests of significance were performed on the change over time, steady progress was noted in both growth of the number of youth served and improvement in therapist adherence and program outcomes. Some of the major initiatives completed this year include:

- implementation of a revised orientation curriculum
- increased oversight and support for starting up new programs
- increased monitoring of the quality of QA data collection processes

There continue to be programs with challenges implementing MST with fidelity. For example, 13% of teams had an overall average adherence score below the target and 11% served youth longer than recommended. Increased attention will be focused on developing strategies to help teams correct areas of drift.

MST Performance Dashboard

The data from the 12,353 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, 17% (2,095) were served by international teams and 83% (10,258) received MST within the U.S.

Item	Performance Indicator	Target	Overall Averages (SD)	Project Range (SD)***
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	87.9%	57.1% - 100% (8.57)
2	Percent of youth in school and/or working	90%	85.0%	25% - 100% (10.90)
3	Percent of youth with no new arrests	90%	83.8%	37.5% - 100% (11.06)
THERAPIST ADHERENCE DATA				
4	Overall average adherence score**	0.61	.73 (.27)	0.40 - .99 (.11)
5	Percent clients reporting adherence above threshold (> 0.61)**	80%	72.0%	25.0% - 100% (15.25)
6	Percent of youth with at least one TAM-R interview	100%	90.3%	18.8% - 100% (9.82)
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	84.3%	50.0% - 100% (9.65)
8	Percent of youth closed due to lack of engagement	<5%	5.7%	0% - 37.5% (5.59)
9	Percent of youth placed during treatment	<10%	10.0%	0% - 42.9% (7.83)
10	Average length of treatment in days	100-140	130.50 (47.08)	78 - 186 (15.71)

* Excluded from this report were 1,579 cases that were referred to MST adaptation programs in 2010. In addition, only a portion of data on families served by Norwegian teams is included since Norway started using the MSTI Enhanced Website in late 2010.

**Therapist adherence data were available on 11,151 youth.

***Key indicators were calculated by team. The Project Range represents the range of scores on these indicators achieved by teams with more than 15 cases (N=369).