

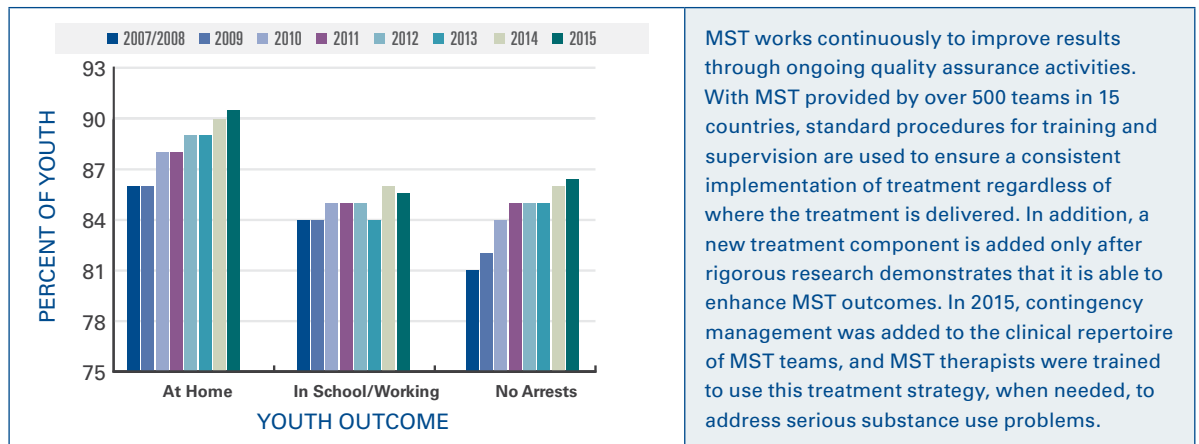
## Troubled Adolescents Benefit from MST

This report focuses on youth referred for standard MST<sup>®</sup>, from January 1 until December 31, 2015, 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 12,915 cases<sup>a</sup> (86.4% of 14,949 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).

At Home	<b>90.5 %</b>	Adolescents referred to MST typically present with a troubled history that can include aggression, truancy, substance use and a long history of arrests. Families and communities are frequently ready to place them out of home. However, at the close of treatment, the young people are mostly living at home, going to school or working and have had no arrests during treatment.
In School/ Working	<b>85.6%</b>	
No Arrests	<b>86.4 %</b>	

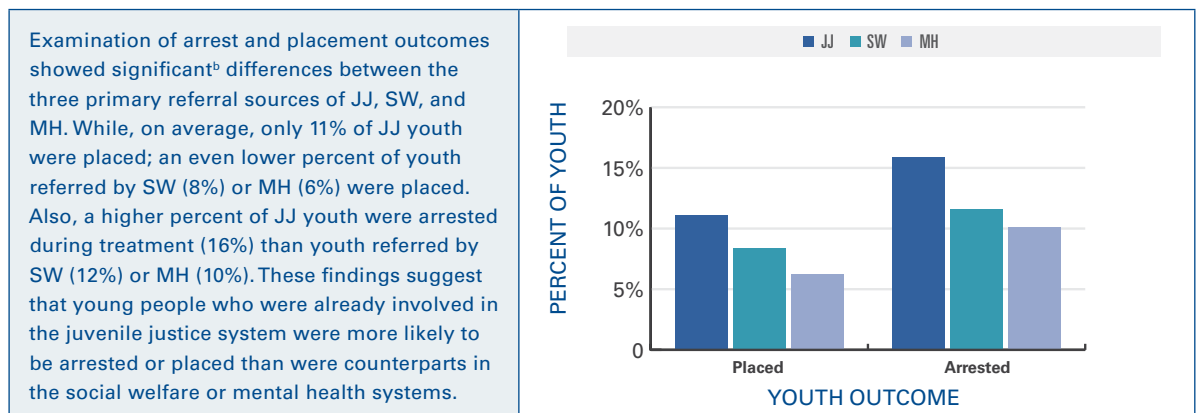
<sup>a</sup>Cases not included either received no services (2.8 %), were closed for administrative reasons (7.4%) or were not able to provide outcome data due to international data sharing limits (3.4 %).

### Progress in Discharge Outcomes Continues



### Placement and Arrest by Referral Source

Referrals of adolescents and their families come from a wide range of sources. In this report period, youth were referred by juvenile justice (JJ, 45%), social welfare (SW, 30.3%), mental health (MH, 14.9%), substance abuse agencies (0.5%), education (5.2%), agencies with combined funding streams (1.3%), and directly from family members (2.9%).



<sup>a</sup>Chi square analysis comparing outcomes of arrest and placement during treatment by referral source (JJ, SW, MH) indicated that young people referred by JJ were significantly more likely to be both arrested and placed during treatment than youth referred by SW or MH ( $\chi^2 (2, 8726) = 44.60, p < .001$ ) and ( $\chi^2 (2, 8726) = 35.12, p < .001$ ), respectively.

The youth served were identified as White (39.4%), Black (26.0%), or Hispanic (21.4%). The majority of youth were male (66.5%). Average age was 15.1 years. Thirteen different languages were identified as caregivers' primary language with English spoken by 74.6% of caregivers and Spanish by 14.8% of caregivers.

## MST Performance Dashboard

The data from the 12,915 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, 34.3% (4,426) were served by international teams and 65.7% (8,489) received MST within the U.S.

# KEY PERFORMANCE INDICATORS

Item	Performance Indicator	Target	Overall Average <sup>a</sup>	Project Range (SD) <sup>b</sup>
<b>ULTIMATE OUTCOMES REVIEW</b>				
1	<b>Percent of youth living at home</b>	90%	90.5%	68.8%–100% (7.0)
2	<b>Percent of youth in school and/or working</b>	90%	85.6%	55.6%–100% (9.4)
3	<b>Percent of youth with no new arrests</b>	90%	86.4%	58.3%–100% (9.0)
<b>THERAPIST ADHERENCE DATA</b>				
4	<b>Overall average adherence score<sup>c</sup></b>	0.61	.76	.45–1.0 (1.1)
5	<b>Percent of clients reporting adherence above threshold (&gt; 0.61)<sup>c</sup></b>	80%	76.3%	28.0%–100% (15.4)
6	<b>Percent of youth with at least one TAM-R interview</b>	100%	92.5%	68.4%–100% (6.7)
<b>CASE CLOSURE DATA</b>				
7	<b>Percent of youth completing treatment</b>	85%	87.8%	63.0%–100% (8.1)
8	<b>Percent of youth closed due to lack of engagement</b>	<5%	4.4%	0%–18.2% (4.1)
9	<b>Percent of youth placed during treatment</b>	<10%	7.8%	0%–27.8% (6.5)
10	<b>Average length of treatment in days</b>	100-140	128.4	88.8–165.3 (13.4)

<sup>a</sup> Excluded from this report were 2,274 cases that were referred to MST adaptation programs in 2015.

<sup>b</sup> 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.

<sup>c</sup> Therapist adherence data were available on 11,949 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](http://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 (%)	12,915 (85.0%)	953 (6.3%)	901 (5.9%)	261 (1.7%)	123 (0.8%)	36 (0.2%)

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)