

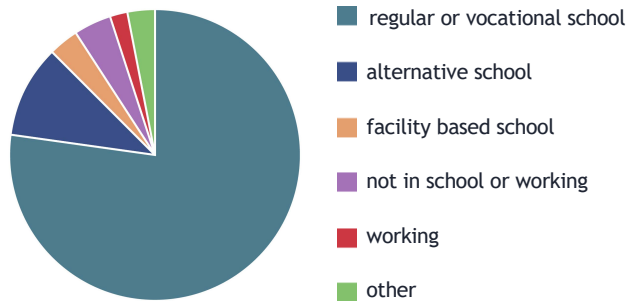
MST: Proven Results for Troubled Young People

This report focuses on young people referred for standard MST®, from January 1 until December 31, 2017, who had an opportunity for a full course of treatment (e.g., cases were clinically closed). Adolescents referred to MST typically present with multiple problems (aggression, truancy, substance use) and are frequently at risk of out of home placement. The following results are based on a comprehensive review of 12,143 (83.6%)* of 17,112 cases referred during 2017. Demographically, these young people were identified as White (32.6%), Black (25.2%), Hispanic (24.4%) or Other (11.3%). Their average age was 15.1 years, and the majority were male (67.0%). Of these cases, 34.7% (4,214) were served by international teams and 65.3% (7,929) received MST within the U.S. Thirteen different languages were identified as the caregivers' primary language with English spoken by 72.2% of caregivers, Spanish by 17.5% of caregivers and 10.3% of caregivers spoke one of the other eleven languages identified.

At Home	91%	MST programs continue to demonstrate youth outcomes at discharge that are similar to the targets established by previous research, demonstrating strong processes for dissemination of the model with fidelity. At discharge, the young people are mostly at home (or in approved home-like settings), engaging in productive activity at school or a job, and have had no arrests during treatment.
In School / Working	86%	
No Arrests	87%	

*Cases not included either received no services (5.4%), were closed for administrative reasons (7.5%) or were not able to provide outcome data due to international data sharing limits (3.5%).

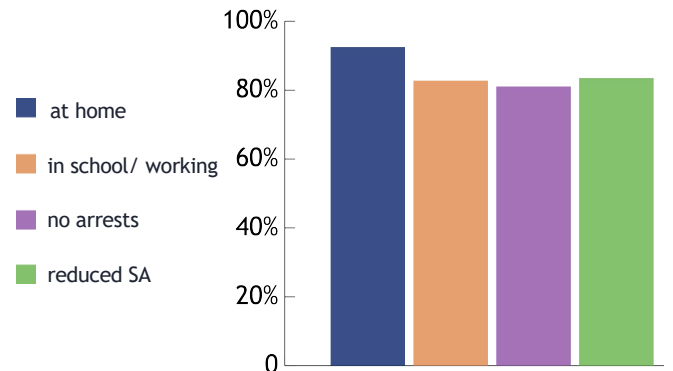
Percent of Young People in School Settings at Discharge



At discharge from MST, young people are in a wide variety of school settings with only 4% neither in school or working. The majority of young people are in regular school settings appropriate to the youth's academic or vocational needs (77.3%) and another 2.1% are out of school and working. Youth in other settings that are restricted to troubled young people (facility based, 3.3% and alternative schools, 10.4%) may put the young person at risk for future negative behavior, therefore, MST strives to reduce the number of young people in these settings at discharge. The ultimate outcome of "in school/working" reflects settings that are considered positive by stakeholders.

Outcomes for Young People with Substance Abuse

A two-year sample was used to analyze outcomes for youth with an identified substance abuse treatment need. MST was highly successful in keeping these youth in treatment. Less than 1% of referred families declined services and, for those entering treatment, 91% completed the treatment program. In addition, 83% were successful in reducing substance abuse based on therapist report at discharge. Other outcomes are also strong with 92.5% living at home, 82.8% in school or working, and 81.1% with no arrests during treatment. Currently, 207 (36.6%) MST teams track substance abuse outcomes on the MSTI outcomes monitoring system. These monitoring tools are available to any MST team who would like to report this outcome to their stakeholders.



*Outcomes based on 4,811 young people with identified substance abuse treatment need (47.1% of 10,206 youth referred to MST teams tracking substance abuse outcomes between 1/1/2016 and 12/31/2017).

MST Performance Dashboard

Results from standard MST performance measures demonstrate the effectiveness of MST teams worldwide. MST Performance Dashboard target scores, based on results from numerous clinical studies, set a standard that MST programs aim to meet despite implementation in a variety of settings that may differ from the controlled settings of the clinical studies. In 2017, on average, standard MST programs met or exceeded the targets for all measures except the percent of youth in school and/or working, percent of youth with no new arrests, percent of clients reporting adherence above threshold, and the percent of youth with at least one TAM-R interview.

Item	Performance Indicator	Target	Overall Average ^a	Project Range (SD) ^b
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	90.9%	66.7-100 (7.6)
2	Percent of youth in school and /or working	90%	85.5%	55.3-100 (9.9)
3	Percent of youth with no new arrests	90%	86.7%	58.3-100 (8.9)
THERAPIST ADHERENCE DATA				
4	Overall average adherence score ^c	0.61	0.78	0.41-1 (0.1)
5	Percent of clients reporting adherence above threshold (>0.61) ^c	80%	78.6%	25.0-100 (16.7)
6	Percent of youth with at least one TAM-R interview	100%	73.0%	13.3-100 (19.4)
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	88.6%	61.9-100 (8.7)
8	Percent of youth closed due to lack of engagement	<5%	4.1%	0-20.0 (4.5)
9	Percent of youth placed during treatment	<10%	7.3%	0-27.8 (6.4)
10	Average length of treatment in days	100-140	127	90.1-127.7 (13.6)
<p>^a Excluded from this report were 2,157 cases that were referred to MST adaptation programs in 2017.</p> <p>^b 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.</p> <p>^c Therapist adherence data were available on 8,863 youth.</p>				

MST and Its Adaptations

During 2017, a total of 14,300 young people received MST or one of its adaptations and were closed for clinical reasons. MST adaptations provide treatment modified to target specific needs in some special populations or communities. See <http://www.mstservices.com/MSTadaptations.pdf> for more information about MST adaptations.

Number of Clinically Closed Cases that Were Served by MST and Its Adaptations in 2017

	MST	MST-PSB	MST-SA	MST-FIT	MST-CAN	MST-BSF	MST-PSYCH
Number of youth (%)	12,143 (84.9%)	931 (6.5%)	786 (5.5%)	182 (1.3%)	141 (1.0%)	62 (0.4%)	55 (0.4%)

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