

MST: Proven Results for At-Risk Youth

This report focuses on young people referred for MST®, from January 1 until December 31, 2018, 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 13,841 (84%)* of 16,457 cases referred to MST, MST-Substance Abuse, or MST-Problem Sexual Behavior programs during 2018.

At Home	91%	Similar to the average outcomes achieved in the last 5 years, the outcomes of young people served by MST programs in 2018 are strong. At discharge, the young people are mostly at home (or in approved home-like settings), engaging in productive activity at school or work, and have had no arrests during treatment. The ability to achieve these outcomes consistently year after year can be attributed to the standardized comprehensive training and support processes provided to the teams.
In School / Working	86%	
No Arrests	88%	

*Cases not included either received no services (4.6%), were closed for administrative reasons (7.7%) or were not able to provide outcome data due to international data sharing limits (3.5%).

Consistent Outcomes with Diverse Populations and Contexts

The consistent MST outcomes are obtained across a variety of diverse contexts. The systems involved in making referrals to MST programs include juvenile justice (34%), social care (27%), mental health or substance abuse agency (13%), education (4%) or other (22%). The programs serving these young people are based in 15 different countries, with thirteen different languages identified as the primary language of the caregivers. The most frequently spoken languages are English (73%) and Spanish (16%). The young people served by the programs are identified as White (36.2%), Black (25.8%), Hispanic (25.8%) or other (12.2%). Their average age is 15.1 years, and the majority are male (67.4%).

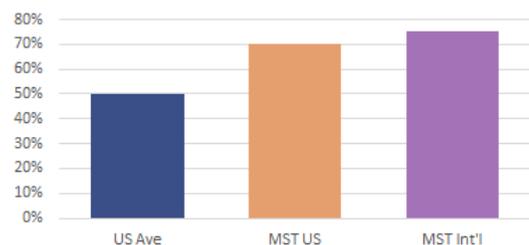
Well-Trained Workforce Critical to Achieving Outcomes

Previous research has shown that when therapists have high scores on the Therapist Adherence Measure outcomes are better¹. In addition, it takes time for therapists to achieve the highest adherence scores. While therapists who continue for more than one year have significantly higher adherence scores than therapists who have been in the job six months or less, therapists with 2 years or more experience are rated the most adherent of all groups². However, retaining therapists in child services positions is challenging. A report by the Casey Family Programs in 2017³ found that the estimated annual turnover rate for US workers in child welfare is 30% and for new workers is typically even higher -- around 50%. This report examines the annual turnover rate for 4,971 MST therapists with a start date on or before Jan 1, 2015 through Dec 31, 2018. The therapists in the sample are mostly female (80%) and identify themselves as White (52%), Black (24%), Hispanic (15%) or other (9%). Average job tenure is 2.26 years (range of .24 to 11.07 years). Compared to the US average, MST is doing a good job retaining therapists, especially during the first year and with international teams. For example, MST retention for more than a year is approximately 50% greater than the US national average.

Average Annual Turnover



Percent of Therapists Retained Over 1 Year



¹ Schoenwald, S. K. (2008). Toward Evidence-Based Transport of Evidence-Based Treatments: MST as an Example. *Journal of Child and Adolescent Substance Abuse Treatment*, 17(3), 69-91.

² MST Institute. (2014) 2014 MST Data Report.

³ Retrieved from <https://www.casey.org/turnover-costs-and-retention-strategies/>

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 across a variety of diverse settings that may differ from the controlled settings of the clinical studies. Of these cases, 31.7% (4,398) are served by international teams and 68.3% (9,481) receive MST within the U.S.

Item	Performance Indicator	Target	Overall Average ^a	Project Range (SD) ^b
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	91.0%	69.2-100 (7.2)
2	Percent of youth in school and /or working	90%	86.0%	52.6-100 (10.6)
3	Percent of youth with no new arrests	90%	87.8%	58.1-100 (9.1)
THERAPIST ADHERENCE DATA				
4	Overall average adherence score ^c	0.61	0.77	0.41-1 (0.12)
5	Percent of clients reporting adherence above threshold (>0.61) ^c	80%	77.3%	25.0-100 (17.2)
6	Percent of youth with at least one TAM-R interview	100%	92.1%	69.8-100(7.1)
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	88.6%	62.9-100 (8.5)
8	Percent of youth closed due to lack of engagement	<5%	4.2%	0-20.0 (4.6)
9	Percent of youth placed during treatment	<10%	7.2%	0-27.6 (6.4)
10	Average length of treatment in days	100-140	127.7	90.4-174.9 (14.7)

^a Excluded from this report were 496 cases that were referred to MST-FIT, MST-CAN, MST-BSF and MST-PSYCH programs in 2018.

^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.

^c Therapist adherence data were available on 12,754 youth.

MST and Its Adaptations

During 2018, 14,337 young people had the opportunity for a full course of treatment for MST or one of its adaptations. Since MST-PSB and MST-SA serve a majority of standard MST referrals, these adaptations were included in the main report for the first time this year. MST adaptations provide treatment modified to target specific needs in select 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 2018

	MST	MST-PSB	MST-SA	MST-FIT	MST-CAN	MST-BSF	MST-PSYCH
Number of youth (%)	12,164 (84.8%)	969(6.8%)	708 (4.9%)	154 (1.1%)	218 (1.5%)	58 (0.4%)	66 (0.5%)

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)