



MST MARYLAND • QUARTERLY REPORT

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

UTILIZATION, FIDELITY, AND OUTCOMES: October 1, 2013 — December 31, 2013

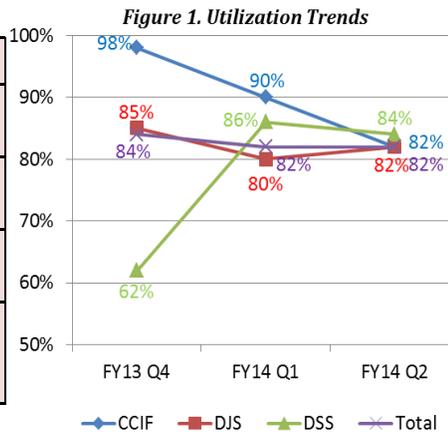
FY 2014, SECOND QUARTER

Utilization

Statewide utilization of MST remains at 82% for the second consecutive quarter, which is below the 90% target. Utilization of DJS-funded slots (82%) increased slightly, while utilization of CCIF-funded slots dropped from 90% to 82% this quarter.

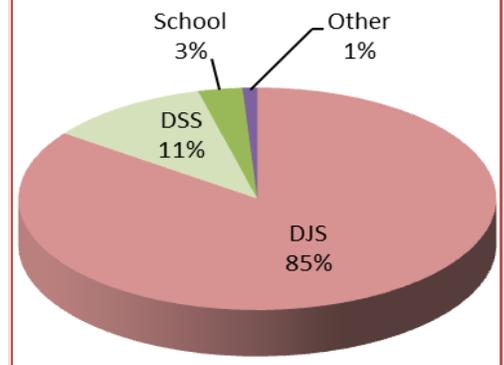
Table 1. Utilization, FY14 Q2

	DJS	DSS	CCIF	Total
# Funded Slots	50	5	5	60
Avg. # Active Slots	50	5	5	60
Avg. Daily Population	41.2	4.2	4.1	49.4
% Utilization, Active Slots	82%	84%	82%	82%



Referral Sources

Figure 3. Referral Sources of all Referred Youth, FY14 Q2



Funding Sources

Most admitted youth were funded by DJS (93%, n=25). Two other youth were funded by DSS (7%).

Reasons for Not Starting MST

Of the 25 youth who did not start MST, 19 (76%) were ineligible for services and 6 (24%) were eligible. The most frequent reasons for not starting were:

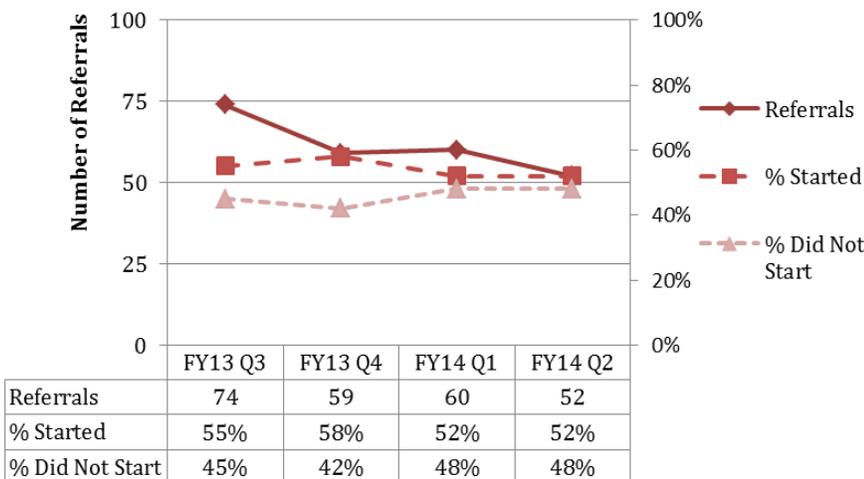
- Youth unavailable (e.g., AWOL or detained) (n=7; 28% overall);
- Youth has “no severe behavioral problems” (n=6; 24% overall)²; and
- Unable to contact the family (n=3; 12% overall).

There was a significant increase in the percentage of ineligible referrals compared to last quarter (76% vs. 48%). This is primarily a result of the six youth referred without any severe behavioral problems.

Referrals & Admissions

A total of 75 youth¹ were referred to MST during the second quarter of FY14, of whom 13 were waitlisted and 10 were temporarily pending admission at the close of the quarter. Of the remaining 52 youth, 27 (52%) started and 25 (48%) did not start MST.

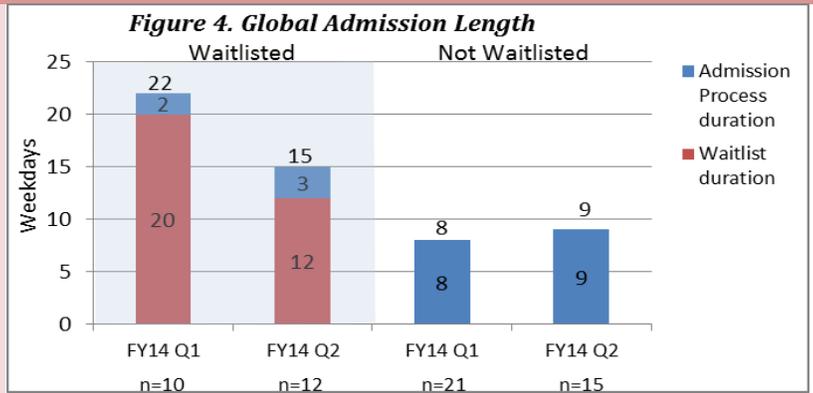
Figure 2. Number of MST Referrals, Percent Started Services, and Percent Did Not Start Services*



*Started/Did Not Start %s are only out of referrals that were not pending/waitlisted.

Global Admission Length

The Global Admission Length (GAL) indicates the amount of time it takes youth to enter treatment. Among the 27 youth who started MST, 12 were temporarily placed on the waitlist due to the program being at capacity. Figure 4 illustrates the average duration of time, in weekdays, it took youth to enter treatment depending on their waitlist status.



MST Model Adherence

The Therapist Adherence Measure – Revised (TAM-R) evaluates the therapist’s fidelity to the MST model, as reported by the primary caregiver.³ MST teams are expected to collect at least one TAM-R from 100% of eligible families served; in order to be eligible for the TAM-R, families must be in treatment at least two weeks. Of eligible families served this quarter, 94% (n=72) completed at least one TAM-R interview. The statewide average therapist adherence score was .75, and 69% of families were served by a therapist with an average adherence score at or above the MST target (.61). The target threshold was met by four of five therapist teams in the state (scores ranged from .58-.86).

Figure 5a. Percentage of Families Served with At Least One TAM-R

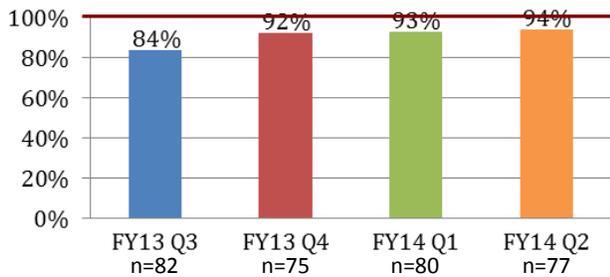
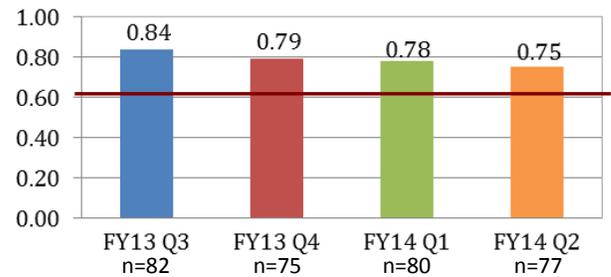


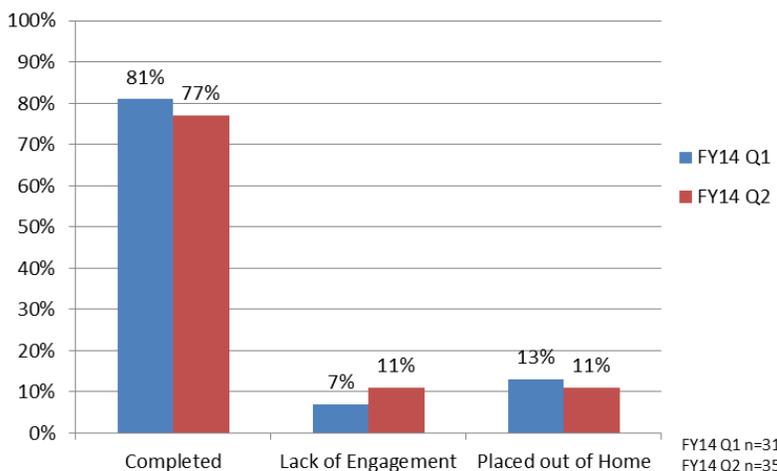
Figure 5b. MST Average Adherence Score (TAM-R)



Discharge Reasons

Of the 37 youth who were discharged from MST during the second quarter of FY14, 35 (95%) had the opportunity for the full course of treatment.⁴ The two remaining youth moved during the course of treatment.

Figure 6. Youth Discharged with Opportunity for Full Course of Treatment



Among youth discharged with the opportunity for a full course of treatment, the top reasons for discharge were:

- 27 (77%) youth completed treatment;
- 4 (11%) youth lacked engagement; and
- 4 (11%) youth were placed.

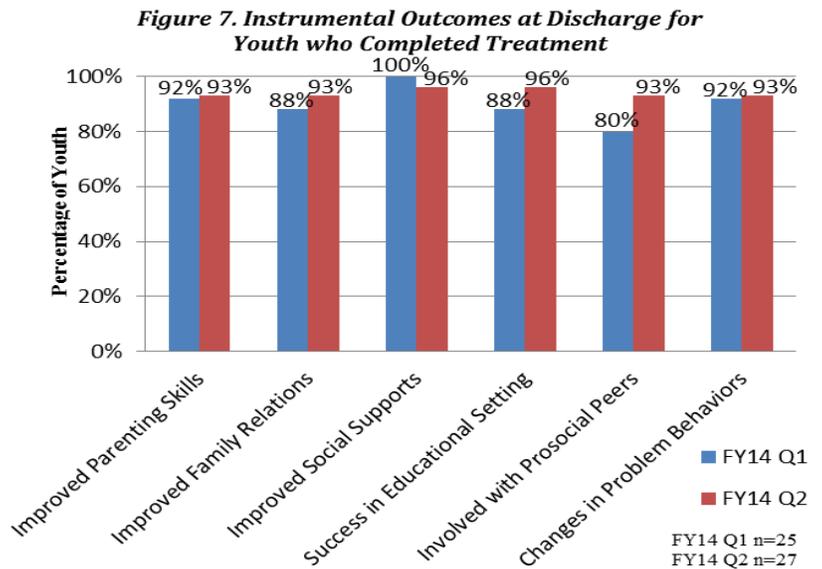
Compared with last quarter, the percentage of youth who completed treatment decreased from 81% to 77%, which remains below the 85% target for completion. Lack of engagement increased from 7% to 11% and the percentage of youth placed out of home remained relatively stable (13% vs. 11%).

Length of Stay

The average duration of MST treatment (i.e., the number of days between the start date and discharge date) was 122 days (*sd*=40.4) for all youth who discharged with the opportunity for the full course of treatment, and 135 days (*sd*=27.0) for youth who completed treatment. The average for youth completing treatment was shorter than the previous quarter (141 days) and was within than the MST national target range of 90 to 150 days.

Instrumental Outcomes

Instrumental outcomes include six items that identify whether a youth has achieved skills that are “instrumental” to positive outcomes during treatment. For each of these outcomes, at least 93% of youth who completed treatment this quarter indicated improvement. Notably, 93% of youth reported involvement with prosocial peers, compared to 80% last quarter. Overall, 82% (n=22) of youth who completed treatment in FY14 Q2 showed improvement in all six instrumental outcomes, a 14% increase compared to FY14 Q1.



Ultimate Outcomes

Across the state, MST completers met the 90% target for each of the ultimate outcomes in FY14 Q2. The ultimate outcomes for youth who completed treatment (n=27) were as follows:

- 27 (100%) youth were living at home;
- 26 (96%) youth were in school and/or working; and
- 26 (96%) youth had no new arrests during MST treatment.

Overall, 93% (n=25) of youth who completed MST exhibited positive outcomes on all three indicators.

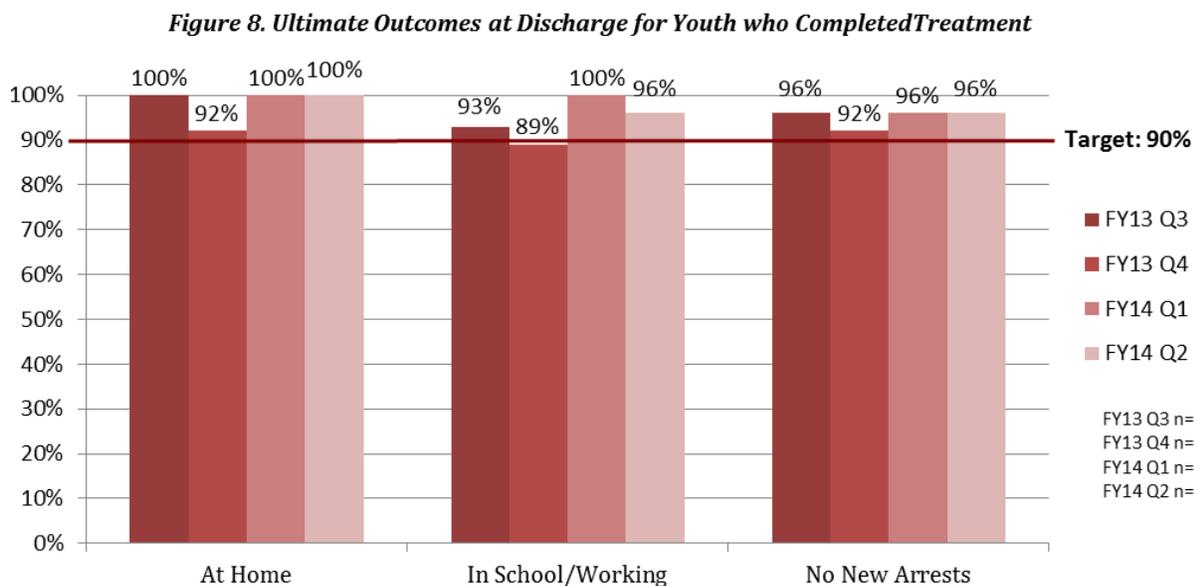


Table 2. Demographic Characteristics of Youth, FY14 Q2

		Referred	Did Not Start MST	Started MST	Completed MST
Total Youth		75	25	27	27
Gender	Male	58 (77%)	18 (72%)	25 (93%)	18 (67%)
	Female	17 (23%)	7 (31%)	2 (7%)	9 (33%)
Race/ Eth.	African American/Black	52 (69%)	16 (64%)	18 (67%)	18 (67%)
	Caucasian/White	14 (19%)	3 (12%)	8 (30%)	4 (15%)
	Hispanic/Latino	9 (12%)	6 (24%)	1 (4%)	5 (19%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Age	Average (Stand. Dev.)	15.5 (1.5)	15.4 (1.4)	15.7 (1.4)	15.7 (1.0)

Table 2 shows the demographic characteristics for youth who were referred, not admitted, admitted, and completed treatment during the second quarter of FY14.

Summary

Strengths:

1. The percentage of completers who achieved skills instrumental to positive outcomes was at least 93% in each of the six areas. Further, 82% of youth who completed treatment indicated improvement across all six domains in the current quarter, compared to 68% last quarter.
2. All ultimate outcomes for youth who completed treatment exceeded the 90% target, and 93% of completers exhibited positive outcomes on all three indicators at discharge.
3. The statewide average therapist adherence score (.75) remained well above the .61 target.

Issues/Drivers—Areas needing attention:

1. Statewide utilization has remained at 82% for two consecutive quarters, and there has been a notable decline in the utilization of CCIF-funded slots since the last quarter of FY13.
2. Nearly half (48%) of MST referrals did not start treatment in each of the last two quarters.
3. Of the 25 youth who did not start MST, 17 (76%) were ineligible for services; of these, 6 did not start because they were described as having “no severe behavioral problems.”
4. The percentage of youth completing treatment declined from 81% last quarter to 77% this quarter, below the 85% target for completion.
5. Youth who were placed on the waitlist took 6 weekdays longer to enter treatment than those who were not waitlisted.

¹ MST provides services for the entire family unit, but for the sake of brevity this report only references “youth.”

² “No severe behavioral problems” was indicated by providers in the “other” reason for not starting services.

³ All fidelity reporting for TAM-eligible youth includes TAM-R forms completed during their entire course of treatment, and not just those collected during the quarter. The fidelity data for TAM-eligible youth in the previous three quarters have also been calculated to include all TAM-R forms completed while they were in treatment.

⁴ Youth who discharged with the opportunity for the full course of treatment include those who completed treatment, were discharged due to lack of engagement, or were placed for an event during treatment.