



Multisystemic Therapy for Emerging Adults (MST-EA) Goals and Guidelines:

**Program Goals, Case-Specific Treatment Goals,
Case Discharge Criteria, and Outcomes**

Baltimore County

***MD MST-EA
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Table of Contents

Table of Contents	3
Executive Summary	4
Program-Level Information	7
Target Population to Receive MST-EA Services.....	7
Inclusion Criteria (appropriate referrals)	7
Geographic Service Delivery Area	7
Priority Criteria (cases that will be prioritized).....	7
Exclusion Criteria (inappropriate referrals)	8
Program Capacity	8
Referral Procedures	8
Primary MST-EA Referral Contact Person(s).....	9
Eligible Referral Source(s)	9
Referral Process.....	9
Guidelines for the Initiation of New Referrals	10
MST-EA Program Guidelines	11
The Primary Goals of MST-EA Treatment	11
Overarching Case-Specific Goals for Treatment	11
An Overarching Goal.....	11
Length of Treatment	11
Extending MST-EA Treatment	11
Discharge Criteria	12
Evaluating Case Status at Discharge	12
Identifying the Reason for Case Closure.....	12
Program Goals for Target Population	13
Process Goals	13
Outcome Goals Desired by Stakeholders/Funders	15
Ultimate Outcomes.....	15
Instrumental Outcomes	17
Communicating Outcomes to Stakeholders	18
Outcome Reporting Requirements.....	18
Reporting Case Outcomes to the Referral Source	18
Sharing Program-Level Reviews with Key Stakeholders.....	18

Executive Summary

Aim of This MST-EA Program

The overarching purpose of this program is to implement and evaluate a promising clinical intervention (*Multisystemic Therapy for Emerging Adults [MST-EA]*) for an extraordinarily high-risk and costly population of young adults in Baltimore County. This work is a collaborative effort between _____, Science to Practice Group, LLC (S2PG), and both Baltimore County LMB and DSS.

Target Population

MST-EA is designed to meet the needs of transition age youth and young adults, aged 17-24, with a serious, diagnosed behavioral health disorder (e.g., mood, anxiety, trauma, psychotic and/or substance use disorder) and extensive system involvement. This includes youth and young adults involved with the juvenile and/or adult justice system and/or the social services system (e.g., youth aging out of foster care). To be eligible, clients must reside within Baltimore County. Clients that are placed in nearby counties will be eligible on a case by case basis to ensure successful service delivery.

Program Description

MST-EA is an adaptation of standard MST, an evidence-based treatment with decades of research supporting its effectiveness with juvenile justice populations. MST-EA addresses factors that are the most likely causes of behavioral, mental health, and substance abuse problems in young adults. Further:

- MST-EA directly supports the developmentally appropriate life goals (e.g., housing, education, employment) of EAs and helps them build an effective social network, while retaining the underlying principles, processes, and service delivery model of standard MST.
- Has the EA as the focus of MST-EA; therefore, involvement from informal and formal supports is not essential, however their inclusion is strongly encouraged.
- EAs will collaborate with their MST-EA *therapist* in designing the treatment plan that will be carried out over approximately 7-8 months (services generally range 4 to 12 months depending on client needs).
- Contact with the therapists will occur in the community multiple times per week.
- EAs will be an active participant in each stage of treatment and planning for post-treatment success.
- Therapists will be available 24/7 to EAs and their social network to address emergencies and remove barriers to treatment.
- The MST-EA team will consist of 2-4 *therapists* plus a *clinical supervisor*, all of whom will be full-time employees solely assigned to the MST-EA program.
- Each therapist will maintain a caseload of 3-4 EAs at any given time.
- Therapists will be allowed the scheduling flexibility necessary for implementing a community-based model of service delivery.
- The supervisor will conduct weekly team supervision and separate bi-weekly individual supervisions with each MST-EA therapist.
- Therapists and their supervisor will receive weekly clinical consultation from MST-EA experts at S2PG.
- The program also will employ several paraprofessional *coaches* who will assist

EAs in building life skills as well as engage them in prosocial activities.

Program Evidence

MST-EA has been tested thus far with young adults with justice involvement and co-occurring mental health and/or substance use disorders.

Aside from the extensive data supporting standard MST for youth with antisocial behavior, support for MST-EA comes from an open trial conducted by the model developers and clinical data collected by a community-based program delivering MST-EA in the United States. Outcomes are summarized in two peer-reviewed publications^{1,2} and demonstrate:

- Significant reductions in criminal charges and mental health symptoms
- Significant reductions in deviant peer involvement
- Reduced substance use
- Reduced placement in out-of-home settings
- Improved rates of employment

¹Davis, M., Sheidow, A. J., & McCart, M. R. (2015). Reducing recidivism and symptoms in emerging adults with serious mental health conditions and justice system involvement. *Journal of Behavioral Health and Services Research, 42*, 172-190.

²Sheidow, A. J., McCart, M. R., & Davis, M. (2016). Multisystemic therapy for emerging adults (MST-EA) with serious mental illness and justice involvement. *Cognitive and Behavioral Practice, 23*, 356-367.

Program Goals and Outcomes

Discharge suitability is determined according to outcomes, rather than the duration of treatment, and assessed based on evidence obtained from multiple perspectives. The *Ultimate Outcomes* of MST-EA are that the treated population will be (1) living in the community in stable housing, (2) demonstrate improved mental health and reduced substance use, and (3) be out of trouble with the law at time of discharge. The *Instrumental Outcomes* of treatment are that the EAs will be (1) in school and/or employed and (2) show improved interpersonal competence (reduced relationship conflict). All ultimate and instrumental outcomes will be measured at program entry and discharge. The program outcomes and data sources are outlined in the following table.

Ultimate Outcomes

Outcome	Aims	Data Sources
Living in the Community & Stable Housing	80% of clients will be living in the community at discharge	Therapist evaluation & client self report
	95% will not be homeless at discharge	Therapist evaluation & client self report
Improved Mental Health & Reduced Substance Use	65% will demonstrate no or a clear reduction in mental health symptoms at discharge	Therapist evaluation, client self report, psychiatric evaluation, other provider reports, & placement due to mental health concerns
	70% will demonstrate abstinence or a clear reduction of alcohol & drug (excluding THC) use in the last 30 days of treatment	Therapist evaluation (including drug screens), client self report, other provider reports, & placement due to substance abuse

	60% will demonstrate abstinence or a clear reduction of THC use in the last 30 days of treatment	Therapist evaluation (including drug screens), client self report, other provider reports, & placement due to substance abuse
Out of Trouble with Law	75% will have no new legal charges in the last 2 months of treatment for offenses committed during that time	Reports from justice officials & client self report
	85% will have no new drug-related charges in the last 2 months of treatment for offenses committed during that time	Reports from justice officials & client self report

Instrumental Outcomes

Outcome	Aims	Data Sources
In School (or vocational program) &/or Employed	60% will be actively enrolled in school during school year &/or employed (at least part-time) at discharge	School &/or work attendance records & client self report
Improved Interpersonal Competence	70% will evidence improved communication & reduced conflict with family, friends, partners, & community members at discharge	Therapist evaluation & client self report

Outcomes Reporting

The MST-EA team will communicate case- and program-level outcomes with key stakeholders in order to promote active engagement in program support and problem solving. The MST-EA program will be reviewed every 6 months for quality assurance purposes and to identify and address needs for improvement. *A Program Implementation Review* will be completed annually in collaboration between the supervisor (and relevant staff) and the assigned *MST-EA expert* for the purposes of providing information to stakeholders.

Program-Level Information

Target Population to Receive MST-EA Services

MST-EA is designed to meet the needs of transition age youth and young adults, aged 17-24, with a serious, diagnosed behavioral health disorder (e.g., mood, anxiety, trauma, psychotic and/or substance use disorder) and extensive system involvement. This includes youth and young adults involved with the juvenile and/or adult justice system and/or the social services system (e.g., youth aging out of foster care).

Inclusion Criteria (appropriate referrals)

Youth *must* have:

- Diagnosed behavioral health disorder and extensive system involvement
- Stable housing or plan to achieve stable housing
- Residency in Baltimore County

Youth *also can* have:

- Physical aggression
- School problems: truancy, suspensions, and/or expulsions
- A trauma/abuse history
- Eligibility for adult mental health services
- May include:
 - Aging out of foster care populations
 - Prison re-entry populations
 - Individuals in supported housing programs
 - Individuals living on their own, with family or friends, in foster care, or in group homes

Geographic Service Delivery Area

The MST-EA team will service all of Baltimore County. Although Baltimore County is a large geographic area, a therapist is able to service the county in its entirety while maintaining the 24/7 response to client crises. Maximum travel time from one end of the coverage area to the other should be no more than 90 minutes under normal daytime or evening conditions. This team will attempt to assign cases geographically and create “jurisdictions” for each therapist to ensure quick access to clients.

Clients under Baltimore County custody, but placed outside of the county will be assessed on a case by case basis to ensure successful service delivery.

Priority Criteria (cases that will be prioritized)

- Priority age range (17-24)
- Diagnosed behavioral health disorder and extensive system involvement
- Aging out of foster care
- Prison re-entry
- In supported housing program
- Priority referral source(s)
- Location of residence
- Seriousness of offending (e.g., violent vs. nonviolent)
- Frequency of offending (multiple separate offenses)

- Duration of offending (e.g., time from first arrest)
- Risk assessment score
- Court status (e.g., diversion, adjudicated, on probation)
- Immediate placement risk
- Funding availability
- First come, first served
- The funder may request additional priorities on a case-by-case basis

Exclusion Criteria (inappropriate referrals)

- CANNOT be actively suicidal, homicidal, or psychotic at the time of referral; that is, those who pose an urgent risk and need hospitalization/inpatient treatment prior to safely living in the community. These referrals can be re-considered when release/discharge from hospitalization/inpatient treatment is approaching.
- NO EVIDENCE of stable housing or plan for stable housing in the community; group homes, foster home, and supervised living can be accepted; cannot currently be homeless, in a shelter, or couch surfing without a primary address; or in a hospital, locked residential unit, or in detention except that MST-EA services may begin within these facilities approximately 2-6 weeks prior to release
- CANNOT have a significant history or a pattern of problem sexual behaviors.
- CANNOT have Autism, Pervasive Developmental Disorders, or Intellectual Disability that would prevent or limit the effect of psycho-therapeutic treatments.
- CANNOT have pending charges at referral that are likely to require incarceration that would interfere with treatment completion. These referrals can be re-considered when release/discharge from incarceration is approaching.

Program Capacity

Number of Therapists: 2-4 therapists

Caseload slots range: 3-4 clients per therapist

Caseload slots average: 3.5 clients per therapist

Supervisors do not carry cases. However, Supervisors can provide short-term coverage for cases during staff vacation times and/or in the event of staff turnover.

Targeted average length of treatment: 7-8 months

Treatment slots available (average caseloads x number of therapists): 2 therapists = 8; 4 therapists = 16

Estimated annual program capacity (cases served at some point in the year): 2 therapists = 15; 4 therapists = 30

Referral Procedures

The purpose of this section is to detail the referral process so that all MST-EA staff and key stakeholders and referral agents understand how the process should work. Such understanding will assist staff to better serve the referring agencies.

Primary MST-EA Referral Contact Person(s)

Name:
Agency:
Email:
Phone:

Eligible Referral Source(s): Baltimore County DSS, Baltimore County DJS, Baltimore County Detention Center, Baltimore County Office of the Public Defender, and Prologue, Inc.

Estimated annual number of referrals: 15

Referral Process

- 1. Notification of Openings:**
 - a. The MST-EA Referral Contact Person will maintain an updated list of potential openings (see Guidelines below).
 - b. The MST-EA Referral Contact Person will inform Eligible Referral Source(s) weekly of existing openings and anticipated openings (i.e., availability for referrals).
- 2. Inquiries:** Any person interested in making a referral may call the MST-EA Referral Contact Person to informally discuss whether a potential referral would be appropriate for MST-EA and to determine the appropriate method for initiating and managing a formal referral.
- 3. Referrals:** At the time of referral, following discussion with the EA (and legal guardian when necessary for treatment consent) and obtaining consent to make the referral, the referring agent will complete the referral form and send to the MST-EA Referral Contact Person (see Client Info/Referral Form).
- 4. Determine appropriateness:**
 - a. When either an inquiry or a formal referral is relayed to the MST-EA Referral Contact Person, case information will be reviewed to determine that the EA meets the inclusion criteria, and there are no known reasons for exclusion.
 - b. The MST-EA Referral Contact Person will (if necessary) consider priority categories to determine order of intakes.
 - c. If the MST-EA Referral Contact Person is not the MST-EA Supervisor, the Contact Person will confirm with the MST-EA Supervisor that the EA is appropriate for MST-EA prior to accepting the EA into treatment.
 - d. For EAs not eligible for MST-EA for any reason, the MST-EA Referral Contact Person will offer assistance in finding other resources.
- 5. Determine program availability:**
 - a. The MST-EA Referral Contact Person will notify the referring agent if the program is immediately available, or will project the time of program availability.
 - b. If MST-EA is not immediately available, the MST-EA Referral Contact Person will offer assistance in finding other resources for the EA referred.
- 6. Funding availability:**
 - a. At the time of initial referral discussions, either the referring agent or the MST-EA worker will determine if the EA in question is appropriate and qualified for the available MST-EA funding.
 - b. If not, the MST-EA worker may assist the referral agent in either seeking the funding or locating another service.

- 7. EA Engagement/Suitability:**
 - a. The referring agent will have already contacted the EA first to assure that the planned referral is acceptable.
 - b. In most cases, the referring agent will coordinate the first contact with MST-EA.
 - c. The MST-EA worker will make first contact with the EA within 72 hours of the acceptance of the referral, or, otherwise, the referring agent will be notified of the delay.
 - d. If requested, a joint meeting between the referring agent, the EA, and the MST-EA Referral Contact Person can be arranged to gain engagement with MST-EA.
- 8. Screening:** The MST-EA worker will complete standardized assessment measures with the EAs to ensure they fully meet MST-EA criteria.
- 9. Consent for Treatment:**
 - a. Upon initial contact, the MST-EA worker will explain the details of the program and seek consent for treatment from the EA and, when needed (e.g., for youth under age 18), legal guardian.
 - b. If an EA is reluctant to consent for treatment, the MST-EA worker will collaborate with the referring agent to engage the EA.
 - c. In such situations, the MST-EA worker will collaborate with the referring agent to engage the EA.
 - d. Only when all efforts by the MST-EA worker to engage the EA have been exhausted and the EA still refuses treatment, will the case not be opened for treatment.
- 10. Treatment Initiation:**
 - a. Upon completion of the consent for treatment, the EA will be assigned a MST-EA therapist, and treatment will be initiated.
 - b. The MST-EA Referral Contact Person will notify the referring agent that treatment has been initiated.
 - c. The MST-EA Referral Contact Person will enter the EA into the MST-EA Data Collection database within 7 days so that the quality assurance process is initiated.

Guidelines for the Initiation of New Referrals

To give the referral process adequate advance notice, the MST-EA Supervisor will look at the following indicators on a weekly basis to plan for new referrals and upcoming openings:

- Cases where the majority of overarching goals are met.
- Cases with chronic engagement challenges or are reaching a point of diminishing returns.
- Cases that have been open for 6 months.
- Cases that are approaching 12 months of treatment duration will need to be brought to a close, unless there is a rare, special exception with clear rationale that is agreed upon by the MST-EA consultant and the funder.

MST-EA Program Guidelines

The Primary Goals of MST-EA Treatment

- Eliminate or significantly reduce the frequency and severity of EAs' behavioral health symptoms and offending behavior by directly targeting the known risk factors for those problems;
- Support the developmentally appropriate life goals (e.g., housing, education, employment) of EAs and also help them build an effective social network.

Overarching Case-Specific Goals for Treatment

MST-EA defines the primary case-specific treatment goals as "Overarching Goals."

An Overarching Goal

- refers directly to the referral/target behavior,
- incorporates the desired outcomes of EA and other key participants, and
- is written objectively, so an outside observer can easily determine whether or not the goal has been met.

Assuring that case-specific Overarching Goals are always consistent with program goals is the responsibility of each MST-EA therapist and supervisor. To accomplish this objective, each therapist must be aware of both the goals and the referral criteria for the MST-EA program. Therapists should fully engage the referral staff to ensure that the goals of their agency or department are reflected in the Overarching Goals of each case.

Length of Treatment

Typical duration of MST-EA treatment is 4 to 12 months, and the MST-EA Coach may continue services for 2-4 months beyond treatment (maximum of 14 months). From the first meeting the therapist is planning for discharge by establishing Overarching Goals with clear criteria for success and by facilitating interventions that are carried out, as much as possible, by the EA and key participants in the EA's social network.

The therapist needs to gauge decisions about discharge based upon achievement of Overarching Goals. The therapist needs to end treatment when:

- there is evidence ***at any point in the treatment*** that Overarching Goals have been sustained over a period of 3-4 weeks and Long-Term Maintenance Planning is completed for all Overarching Goals, or
- Overarching Goals have not been met and treatment has reached a point of diminishing returns.

Extending MST-EA Treatment

Factors affecting the decision to extend treatment beyond 8 months

- What are the identified needs of this specific EA and social network, and how do these needs weigh against the needs of EAs yet to be served (input from the referral agency will be required)?

- To what extent has the EA been engaged and what other specific strategies can be used to improve engagement?
- What additional investment of time/energy will be needed by the therapist to move the case forward?
- What are the projected outcomes of extended treatment time?
- What are the funding-related requirements?

Discharge Criteria

The determination to discharge an EA from MST-EA is based upon evidence of intervention effectiveness as evaluated from multiple perspectives (e.g. EA, social network members, school, probation officer) indicating that:

- a majority of the Overarching Goals for the case have been met and sustained;
- the EA has few significant behavioral health and justice-related problems;
- the EA can effectively manage any recurring problems and functions reasonably well for at least 3 to 4 weeks;
- the EA is making reasonable educational/vocational efforts;
- the EA is involved with prosocial peers and is not involved with, or is minimally involved with problem peers; and
- the therapist and supervisor feel the EA has the knowledge, skills, resources, and support needed to handle subsequent problems.

Discharge from MST-EA may also occur when few of the Overarching Goals have been met, but despite consistent and repeated efforts by the therapist and supervisor to overcome the barriers to further success, the treatment has reached a point of diminishing returns for the additional time invested.

Evaluating Case Status at Discharge

At discharge, the following guidelines are followed to input data for case closure into the MST-EA Data Collection system. The lead therapist of a client drafts a discharge form for each client. The therapist, supervisor, and clinical team review the discharge form and revise based on their knowledge of the case and data gathered from the referral source, other involved agencies/institutions, and the client's social network. After revisions are made, the supervisor and the MST-EA expert complete a final quality assurance check of the discharge form to ensure responses are accurate. The supervisor enters the final data into the MST-EA Data Collection system.

Identifying the Reason for Case Closure

One reason only is selected:

- 1. Treatment Completed based on positive outcome:** The client was discharged based on the mutual agreement of the team and client due to positive outcomes.
- 2. Administrative removal/withdrawal:** Young adult was removed from the program by the MST-EA program administration due to administrative issues or decisions unrelated to the progress of the case.

- 3. Restrictive Placement:** The young adult was placed in a restrictive setting (detention center, residential placement) [due to an event or offense that occurred *during* treatment] and placement lasted for a duration of time that precluded further MST-EA involvement.
- 4. Restrictive Placement, prior event:** The young adult was placed in a restrictive setting (detention center, residential placement) [due to an event or offense that occurred *prior to* the beginning of MST-EA treatment] and placement lasted for a duration of time that precluded further MST-EA involvement.
- 5. Funding/referral source administrative removal/withdrawal:** Young adult was removed from the program by the funding or referral source due to administrative issues or decisions unrelated to the progress of the case.
- 6. Moved:** The young adult moved out of the program's service area.
- 7. Client explicit ending:** Team decision to discharge due to client *stated* desire to end or *stated* lack of willingness to continue, even though outcomes were not positive.
- 8. Client indirect ending:** Even though outcomes were not positive, decision to discharge client because team was not able to engage the client in treatment, despite persistence on the therapist's part to engage and align with the client.
- 9. Team directed ending:** Team decision to discharge the client for reasons other than #8 (requires explanation).
- 10. Mutually initiated ending:** Team and client mutually agreed that further progress was unlikely at this point and treatment would end though not all treatment goals were met or are not all sustainable ("diminishing returns").

The MST-EA team may wish to establish target benchmarks for case closure for the purpose of internal program monitoring and reporting to stakeholders:

- 70% of all EAs in the program will maintain engagement for a minimum of 4 months (mutually initiated ending by client and therapist) as measured by clinical evaluation.
- 60% of all EAs in the program will complete treatment with the majority of goals fully met and sustainable as measured by goals completed on the EA's treatment plan.
- The average % of Overarching Goals achieved by all EAs in the program (including those who fail to complete a full course of treatment) will be $\geq 50\%$.

Program Goals for Target Population

Process Goals

Measurement	Aims
MST-EA Program Practices and Characteristics (see below) are met	100%
MST-EA team staffing	Fully staffed
MST-EA initial MST-EA trainings	100%
MST-EA team attendance at MST-EA trainings	100%
MST-EA team attendance at clinical supervision & consults	>80%
Average caseloads range	3-4 per therapist

Therapist Adherence Measure (TAM-EA) rate of collection from clients	>70% of those due are collected
EAs with at least one TAM-EA and satisfaction report	100%
Average client satisfaction scores (client reported)	>3 (on a 1-4 scale)
EAs reporting client satisfaction above threshold (>3)	>80%
Average TAM-EA scores (client reported)	>3 (on a 1-4 scale)
EAs reporting therapist adherence above threshold (>3)	>80%
Length of treatment – Target range: 4-12 months	7-8 months
Clients with detailed long-term maintenance plans at closure	>70%

MST-EA Program Practices and Characteristics Goals	
1.	MST-EA Therapists are full-time employees assigned to the MST-EA program solely.
2.	MST-EA Therapists do not have any non-MST-EA program responsibilities in the agency, do not carry any additional non-MST-EA cases, and do not have other part-time jobs outside of the agency.
3.	MST-EA staff are allowed to work a flexible schedule as needed to meet the needs of the families they are serving.
4.	MST-EA staff are allowed to use their personal vehicles to transport clients.
5.	MST-EA staff have mobile phones provided so that clients can contact them quickly and conveniently.
6.	MST-EA Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the Clinical Supervisor) and use a home-based model of service delivery.
7.	MST-EA Clinical Supervisor is assigned to the MST-EA program 100% time per MST-EA Team.
8.	MST-EA Clinical Supervisor conducts weekly team clinical supervision and weekly individual clinical supervision for MST-EA, facilitates the weekly MST-EA telephone consultation, and is available for individual clinical supervision for crisis cases.
9.	MST-EA caseloads do not exceed 4 clients per therapists and the normal range is 3 to 4 clients per therapist after initial training is completed.
10.	Overall duration of treatment is 4 to 14 months (including Coaching), with an average no higher than 8 months.
11.	Each MST-EA Therapist tracks progress and outcomes on each case by completing MST-EA case paperwork and participating in team clinical supervision and MST-EA consultation weekly.
12.	The MST-EA program has a 24 hours / 7 days a week on-call system to provide coverage when MST-EA Therapists are on vacation or taking personal time. This system is staffed by members of the MST-EA team.
13.	With the buy-in of other organizations and agencies, MST-EA is able to take the lead for clinical decision making on each case. Stakeholders in the overall MST-EA program have responsibility for initiating these collaborative relationships with other organizations and agencies while MST-EA staff sustain them through ongoing, case-specific collaboration.
14.	The MST-EA program includes and excludes clients based on the correct criteria of MST-EA.

15. Referrals to non-MST-EA compatible programs (e.g. any form of mandated group treatment, day treatment programs) are not made while clients are in MST-EA, especially on a standard or routine basis.
16. MST-EA program discharge criteria are outcome-based rather than duration-focused.
17. Referrals for additional services after clients are discharged from the MST-EA program are carefully planned and limited to those that can accomplish specific, well-defined goals.
18. All MST-EA staff who have been working for more than 1 month participated in MST-EA start-up training.

Outcome Goals Desired by Stakeholders/Funders

Ultimate Outcomes

The operational definition of each of the following should be made clear for each MST-EA program and documented in the Goals and Guidelines document. The following items are scored as “yes” or “no” at the point of a case discharge and, as desired, follow-up time points:

- ***Living in the community (not in restricted placement) and stable housing***

MST-EA Data Collection Definition: EA demonstration of successfully living in the community and stability in housing at the time of discharge as measured by therapist evaluation, client self report, and housing reports (when available). Housing will be defined as residing in a safe and sustainable community-based location. Examples include a parent’s home, home of a relative or friend, home of a significant other, the EA’s own house/apartment, university dormitory, and community group home (that allows community access). EAs who are living in shelters, on the streets, in detention, in prison, in restrictive residential or inpatient treatment (that excludes community access), or are “bunking” or “couch surfing” would NOT receive a “yes” for this item.

MST-EA Aims are:

- 80% of all clients in the program will be living in the community (see definition) at the time of discharge as measured by therapist evaluation, client self report, and housing reports (when available)
- 95% of all clients will not be homeless at the time of discharge as measured by therapist evaluation and client self report

Frequency of data collection:
 Discharge (required)

Post-treatment follow-up (recommended):
 6-months 12-months 18-months

Person identified to collect follow-up data: NA

- ***Improved behavioral health***

MST-EA Data Collection Definition: Clear reduction in mental health symptoms and substance abuse at discharge as measured by therapist evaluation (including mental health and any available drug screens), client self report, psychiatric evaluation when available, other providers' reports, and out-of-home placement due to mental health and substance abuse concerns.

MST-EA Aims are:

- 65% of all clients will demonstrate no or a clear reduction in mental health symptoms at discharge as measured by therapist evaluation, client self report, psychiatric evaluation when available, other providers' reports, and out-of-home placement (not including supported housing) due to mental health concerns
- 70% of all clients will demonstrate abstinence or a clear reduction of alcohol and drug (excluding THC) use in the last 30 days of treatment as measured by therapist evaluation (including any available drug screens), client self report, other providers' reports, and out-of-home placement due to substance abuse concerns
- 60% of all clients will demonstrate abstinence or a clear reduction of THC use in the last 30 days of treatment as measured by therapist evaluation (including any available drug screens), client self report, other providers' reports, and out-of-home placement due to substance abuse concerns

Frequency of data collection:
 Discharge (required)

Post-treatment follow-up (recommended):
 6-months 12-months 18-months

Person identified to collect follow-up data: NA

• **Out of trouble with the law**

MST-EA Data Collection Definition: EA has not received legal charges in the last two months of MST-EA treatment for an offense committed during that time period as measured by reports from justice officials or client self report.

MST-EA Aims are:

- 75% of all clients will have no new legal charges in the last two months of MST-EA treatment for an offense committed during that time as measured by reports from justice officials or client self report
- 85% of all clients will have no new legal charges for drug related offenses in the last two months of MST-EA treatment for an offense committed during that time as measured by reports from justice officials or client self report

Frequency of data collection:
 Discharge (required)

Post-treatment follow-up (recommended):
 6-months 12-months 18-months

Person identified to collect follow-up data: NA

Instrumental Outcomes

The operational definition of each of the following should be made clear for each MST-EA program and documented in the Goals and Guidelines document. The following items are scored as “yes” or “no” at the point of a case discharge and, as desired, follow-up time points:

- ***In school and/or employed***

MST-EA Data Collection Definition: EA is attending school, a high school equivalency degree (GED) program, a vocational program, or is working at least part time at the time of discharge as measured by school/work attendance records and client self report. An EA in a correctional facility or treatment setting in which educational or vocational activities are provided, where the primary objective is treatment or correction, will NOT count as a "yes" for this item.

This is met if the EA is attending frequently enough to meet expectations set by the school system or court. If the discharge occurs during the summer when school is not in session, this is met so long as the EA was attending school at the end of the last school year, or is working in a job.

MST-EA Aims are:

- 60% of all clients in the program will be actively enrolled in school during the school year and/or employed in a job at the time of discharge as measured by school or work attendance records and client self report

Frequency of data collection:
 Discharge (required)

Post-treatment follow-up (recommended):
 6-months 12-months 18-months

Person identified to collect follow-up data: NA

- ***Improved interpersonal competence***

MST-EA Data Collection Definition: EA demonstration of improved communication skills and reduced interpersonal conflict with family members, friends, significant others, classmates, co-workers, and other community members at the time of discharge as measured by therapist evaluation and client self report.

MST-EA Aims are:

- 70% of all clients in the program will evidence improved communication skills and reduced conflict with family, friends, partners, and community

members at the time of discharge as measured by therapist evaluation and client self report

Frequency of data collection:

Discharge (required)

Post-treatment follow-up (recommended):

6-months

12-months

18-months

Person identified to collect follow-up data: NA

MST-EA programs should view the lack of a clear definition of the above as an 'opportunity' to revise, clarify, and improve their Goals & Guidelines document. This will entail drafting a working definition and then seeking input from key stakeholders in order to establish clear, specific, objective, and measurable definitions.

Communicating Outcomes to Stakeholders

Sharing key case-level and program level outcomes with the appropriate stakeholders promotes active stakeholder engagement for program support and ongoing problem-solving. When reporting to referral agencies, it is the burden of the MST-EA providers to translate outcomes from the clinical terminology used in case-specific evaluation to the terms being used for program goal setting and program evaluation. All case outcomes should be reported in ways that refer to the program goals listed earlier.

Outcome Reporting Requirements

Agency supervisors and administration, with assistance from the Science to Practice Group, LLC (i.e., Model Developers Sheidow & McCart) will report outcomes annually and as requested to stakeholders and funders.

Reporting Case Outcomes to the Referral Source

Agency supervisors and administration, with assistance from the lead therapist for each case, will provide feedback to the referral source at closure if the referral source is still involved with the case. The therapist with assistance from the team supervisor will provide feedback on case progress on a monthly basis if requested by the referral source or client.

Sharing Program-Level Reviews with Key Stakeholders

Every six months the MST-EA program will be reviewed for purposes of identifying status of adherence, program-level goals, strengths, identified barriers to program success, and interventions for ongoing program improvement. The **Program Implementation Review (PIR)** report is completed annually in collaboration between the MST-EA supervisor, potentially other provider agency staff, and the assigned MST-EA Expert. The format of this document may be difficult for non-program stakeholders to interpret, so often a summary report is developed for the purpose of stakeholder information and engagement.

Program Implementation Reviews will be sent to the following individuals:
LMB Administrator, Matthew Fonseca, Deidre Steed, and Susan Loysen