

DEVELOPING AND PILOTING A STATEWIDE OUTCOMES DATABASE FOR MST TEAMS IN COLORADO

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Abstract

Colorado MST Support Services (COMST) provides training, support, and consultation to MST Teams in Colorado and surrounding western states. In addition, COMST has a mission to disseminate Multisystemic Therapy throughout Colorado and the region. As such, COMST includes outcomes monitoring and access to outcome data among its responsibilities.

While the effectiveness of Multisystemic Therapy (MST) has been well documented, locally funded programs generally have few resources to devote to data collection or program evaluation/quality improvement activities that could be used to demonstrate local program outcomes. However, as the Mental Health field moves toward the adoption of Evidence-Based Practices there is a clear expectation from key community stakeholders that programs be able to demonstrate the effectiveness of their services and their adherence to treatment practices. In the spring of 2003, COMST began to explore ways to increase the availability of both descriptive and outcome information for MST programs throughout Colorado. COMST contracted with an independent program evaluator, Focus Research & Evaluation, to determine the feasibility of collecting a common set of data from Colorado's local MST teams.

Using the information collected in the feasibility study, COMST received funds¹ to develop and pilot a statewide database, The COMST Outcomes Tracking Project (COMST-OTP), to describe youth who receive MST in Colorado. The database was also designed to document changes that may occur between admission and discharge for these youth and their status at six and twelve months after discharge.

The program evaluator worked closely with local COMST management and staff, local MST sponsoring agencies and teams, and with the MST Institute to develop and pilot Enrollment, Discharge, and Follow-up Forms. In addition, substantial effort was made to ensure privacy for the families and for the participating agencies and teams.

The pilot was successful in identifying what worked and did not with regard to data collection methods, what was most valuable to whom with regard to reporting, and what modifications were needed before moving into long-term implementation. In addition to recommending changes in data elements (e.g., deletion and additions of questions and response choices) the most compelling finding was the absolute requirement to move the data collection and reporting to a web-based utility that was integrated with that of the MST Institute. This will allow MST therapists to enter Outcomes Tracking Project Data and MST Institute required information into the same file during the same online session.

As the one-year pilot draws to a close, we are working with the MST Institute to establish the web-based data entry utility, developing automated reports, and preparing materials for a full IRB review to ensure the protection of human subjects.

For more information, please contact Anita Saranga Coen at (303) 721-8736 or at focuseval@aol.com.

¹ COMST successfully applied for a Juvenile Accountability Incentive Block Grant (JAIBG) Program funds to develop this pilot.

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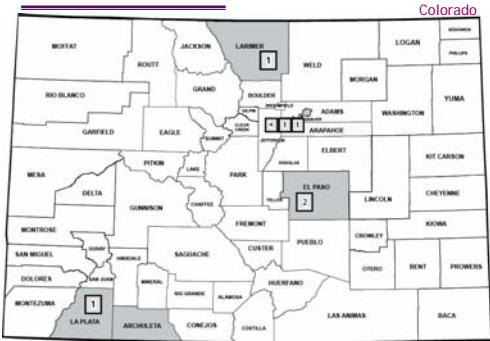
Purpose

Design and Pilot Colorado-based Outcomes Tracking System (OTP)

- Responsive to local needs
- Consistent data across teams
- Data stored in one data base
- Easy access for teams and management
- Coordinated with MST Institute requirements

Geography

Six Participating Agencies; 10 MST Teams



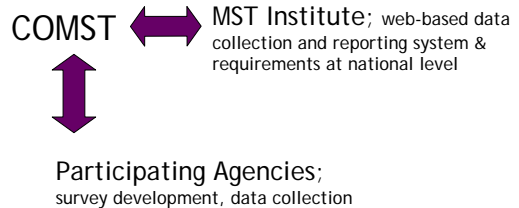
Feasibility & Needs Assessment

- Study conducted Spring - Summer 2003
- **Finding:** Inconsistency across agencies in:
 - Data elements; Data storage; Reporting
- **Finding:** No agency resources to enhance data collection, analysis, reporting
- **Finding:** Agencies need more information about youth served and outcomes for QI & reporting to clients
- **Finding:** Agencies willing to participate in pilot Outcomes Tracking Project

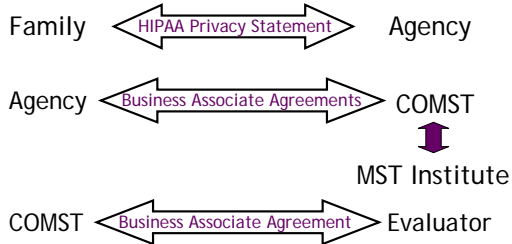
Local Needs

- Local data for stakeholders & policymakers
 - Socio demographic characteristics
 - Severity & Outcomes in key domains
 - Juvenile Justice, Education, Mental Health, Child Welfare, Substance Use
 - Outcomes in MST-targeted Instrumental Areas
- Quality Improvement
- Management
- Marketing

Ongoing Collaborations



☀ Privacy Protections



☀ Data Collection & Management

- Pilot data collection started March 2004
- Adm./Dis. paper surveys by therapist
- Mailed to evaluator
- Bi-monthly reports to teams (MS Access)
 - For "tracking only" - lists surveys received
- 6 & 12 Month Follow-up: Telephone interview by evaluator (\$10 gift certificate "thank you")

☀ Key Domains

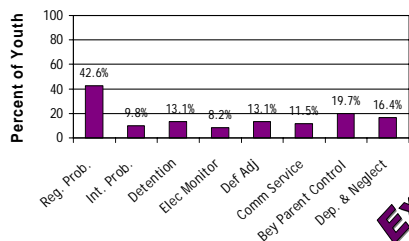
- MST Required Administrative
- Sociodemographic
- Out-of-home placement
- Juvenile Justice
- Mental Health
- Substance Use
- MST Instrumental Domains

☀ Socio-demographic Data

For a sample of Youth Admitted to MST (n=61)

- Mean Age: 15.5 years
- 75% Male
- Ethnicity
 - 57% White
 - 25% Hispanic/Latino
 - 18% Black/African American

Legal/Child Welfare Status of Youth at Admission All MST Teams: Mean % (n=61)



Example

Colorado MST OTP Instrumental Domains

- ☀ Measures following domains:
 - Parenting Skills
 - Family Relationships
 - Family Networks of Formal & Informal Supports
 - Educational Vocational
 - Youth Involvement with Pro-social Peers & Activities

The Enhanced Instrumental Domain Scales were developed by Focus Research and Evaluation and are based on descriptions contained in Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M. D. & Cunningham, P.B. (1998). *Multisystemic Treatment of Antisocial Behavior in Children and Adolescents*. New York: The Guilford Press.

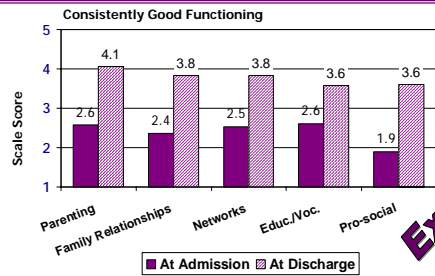
Colorado MST OTP Instrumental Domains

- Measured at Admission & Discharge
- Measured with 1-5 Scale

Example: Domain - Parenting Skills

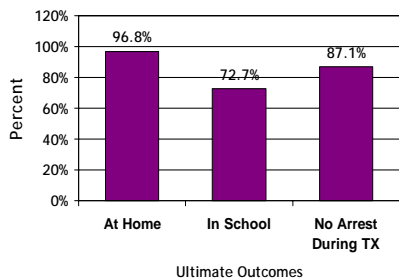
1	2	3	4	5
Caregivers consistently display poor parenting skills: inconsistent rules; punitive or authoritarian; neglectful; lack of knowledge about effective parenting; inappropriate expectations of youth	Caregivers often display poor parenting skills	Caregivers display about an equal mix of good and poor parenting skills	Caregivers often display good parenting skills	Caregivers consistently display good parenting skills: consistent rules, authoritative, warm; age appropriate expectations, good knowledge about effective parenting

Colorado Instrumental Domains: Mean at Admission & Discharge for a Sample of Youth who Completed MST Treatment* (n=31)



All comparisons are statistically significant: $p < .00$ for all paired t-test comparisons. Scale: 1 to 5 scale, with 1 indicating consistently poor, 5 indicating consistently good functioning. * Discharge was by mutual agreement of MST Team and Caregiver

MST Institute Ultimate Outcomes at Discharge for Youth who Completed MST (n=31)



From Pilot to Full Implementation (Target: April 2005)

- Finalized OTP elements based on pilot
- Merged National & Colorado MST elements
- Web-based data entry - all surveys
- One-Stop data entry for therapists
- Automated data management reports
- IRB Review