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 funds\(^1\) 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 database
- 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
COMST ← MST Institute; web-based data collection and reporting system & requirements at national level
- Participating Agencies; survey development, data collection
**Privacy Protections**

- **Family**
  - HIPAA Privacy Statement

- **Agency**
  - Business Associate Agreements
  - COMST Institute

- **COMST**
  - Business Associate Agreement
  - Evaluator

**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)**

**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

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.

Example: Domain - Parenting Skills

<table>
<thead>
<tr>
<th>Scale Score</th>
<th>Parenting</th>
<th>Family Relationships</th>
<th>Networks</th>
<th>Edu./Voc.</th>
<th>Pro-social</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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

When the text mentioned that "Ultimate Outcomes at Discharge for Youth who Completed MST (n=31)

- At Home: 96.8%
- In School: 77.2%
- No Arrest During TX: 87.1%

MST Institute

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