

MULTISYSTEMIC THERAPY FOR EMERGING ADULTS (MST-EA) IMPLEMENTATION IN COOK COUNTY, IL

Final Technical Report

Submitted to the Office of Juvenile Justice and Delinquency Prevention (OJJDP) on
behalf of the Illinois Department of Juvenile Justice (IDJJ)

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PROJECT OVERVIEW

- **Purpose:** Implement and assess the promising clinical intervention, Multisystemic Therapy for Emerging Adults [MST-EA], in a high-risk population of young adults in Cook County, IL
- **Participants:** Emerging adults aged 17-19 with justice involvement and behavioral health conditions. To be eligible, youth must reside in or be released into Cook County.
- **Study period:** Participants enrolled in MST-EA 9/2020 – 12/2022

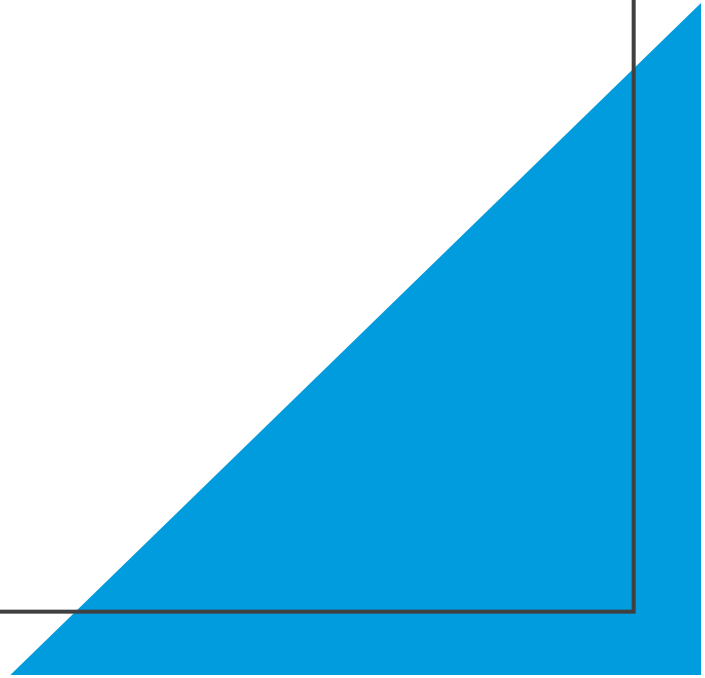


GUIDING QUESTIONS






1. How reliably can MST-EA be provided to a population of EAs exiting state secure care?
2. How reliably can MST-EA be provided to EAs in a flexibly delivered model of face-to-face, phone, and video interactions due to COVID-19?
3. What are the preliminary outcomes of the intervention in this setting and context?



PROJECT PARTNERS



DATA SOURCES

 Data Type	Data Source
 Intake & case management records	Youth Outreach Services
 MST-EA program & discharge records	FIDO, Science 2 Practice Group
 Virtual engagement survey	Youth Outreach Services therapists at discharge
 Recidivism records	LEADS data provided by the Illinois Department of Juvenile Justice



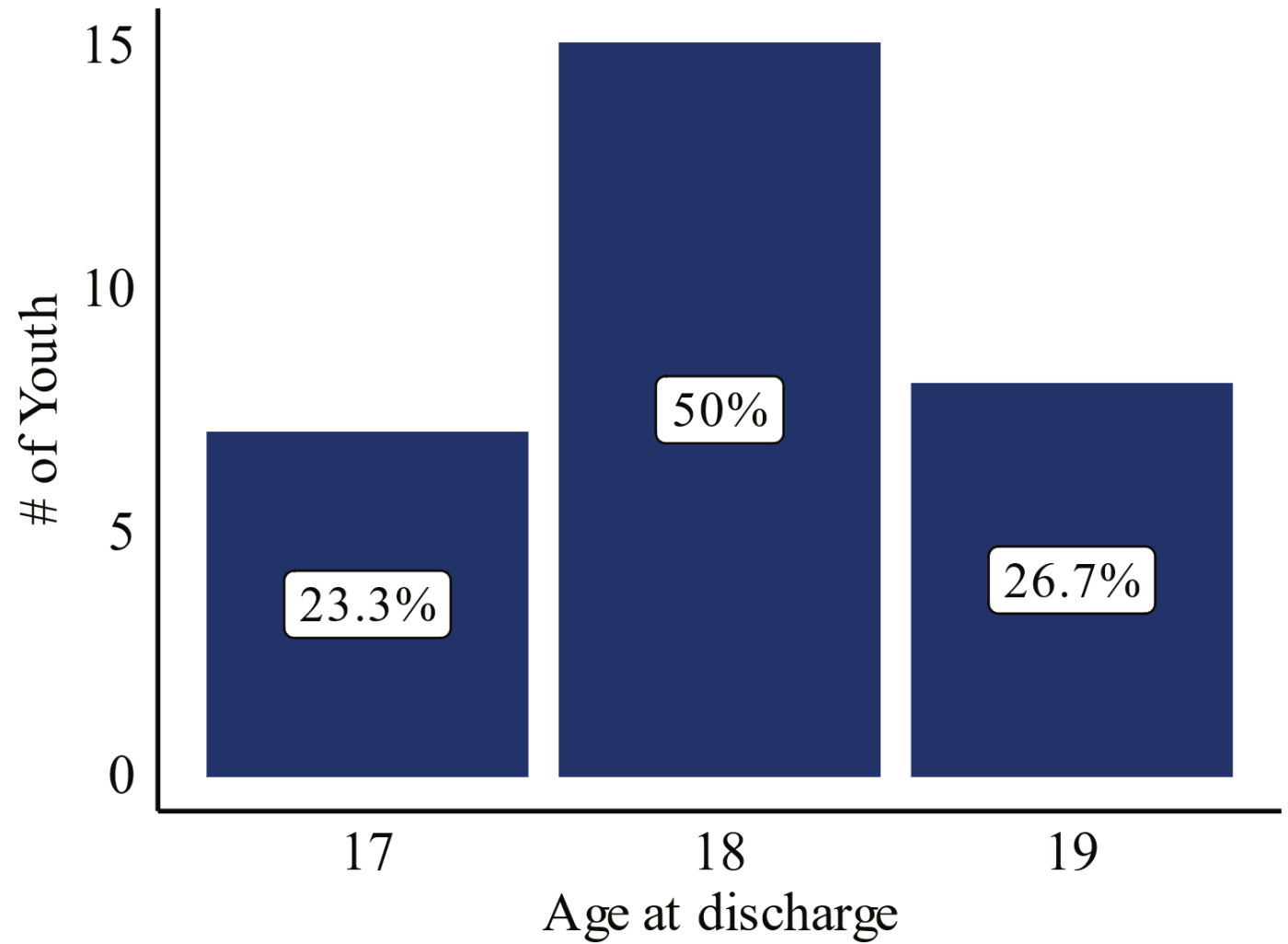
PARTICIPANT CHARACTERISTICS



MST-EA PARTICIPANTS

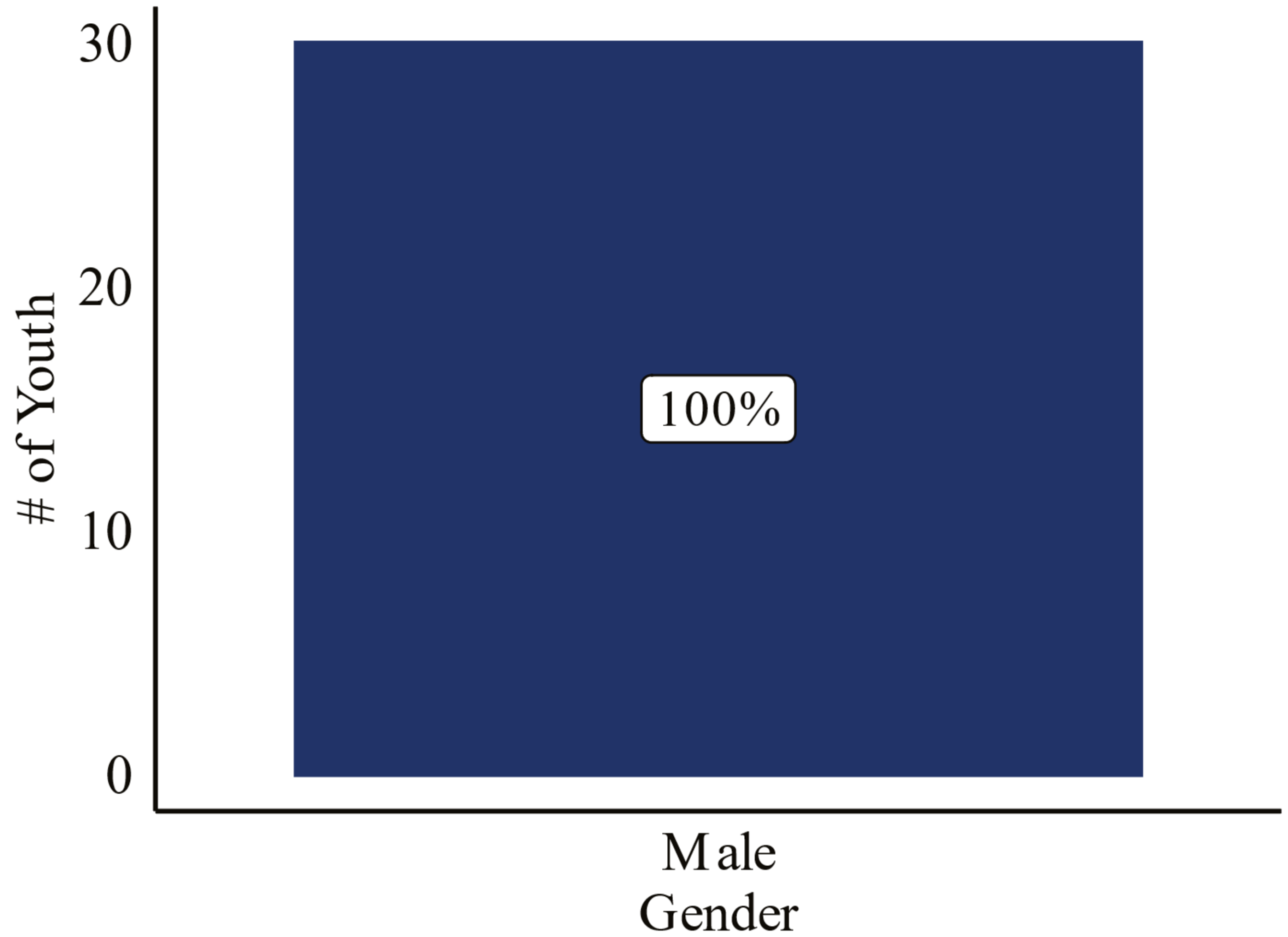
- MST-EA eligibility: 17-21 years old, in an institution due to justice involvement, have behavioral health conditions, have at least 6 months of Aftercare time following institutional release
- Jurisdiction: reside in or be released into Cook County, IL
- Characteristics and program outcomes for n=27
- Recidivism outcomes (6 months post-discharge) for n=24

**FIGURE 1. MOST
YOUTH WERE 18
YEARS OLD AT
DISCHARGE**



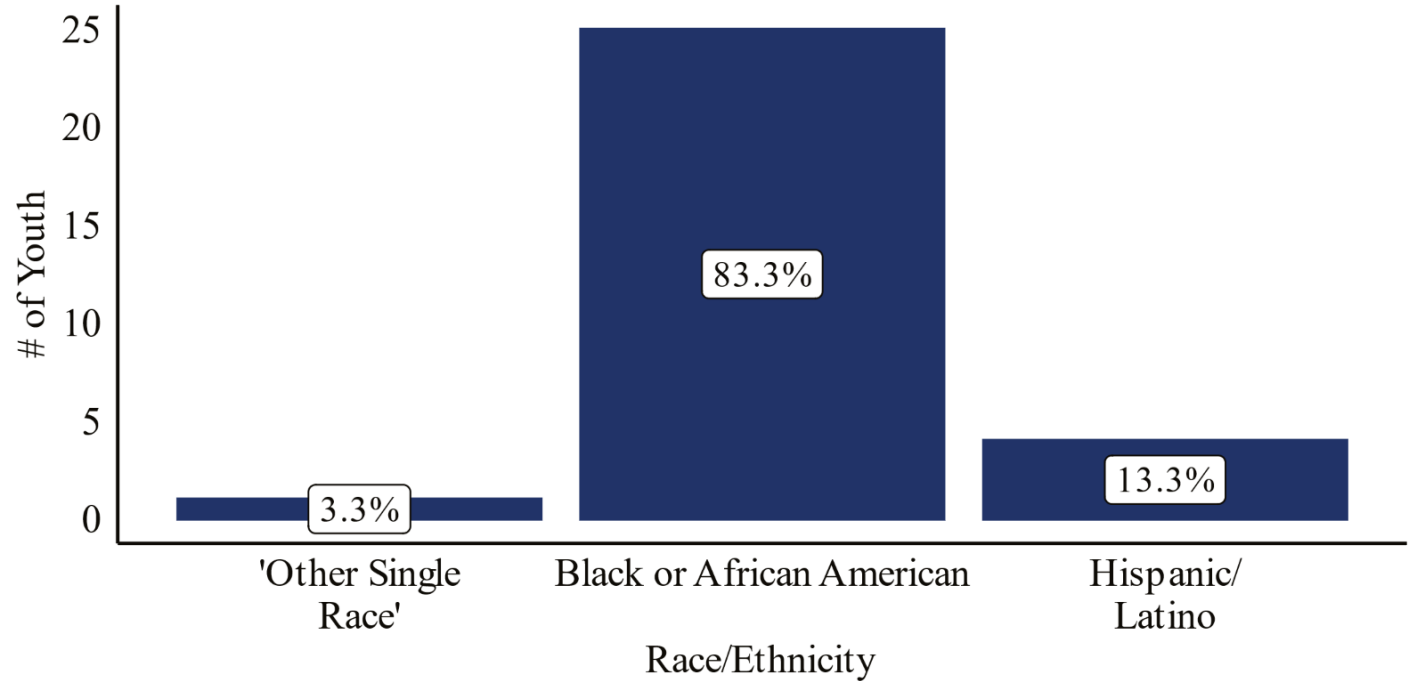
Note: Distribution of participants' ages at discharge in years. Percentage annotations are rounded to nearest tenth.

FIGURE 2. ALL PARTICIPATING YOUTH IDENTIFIED AS MALE



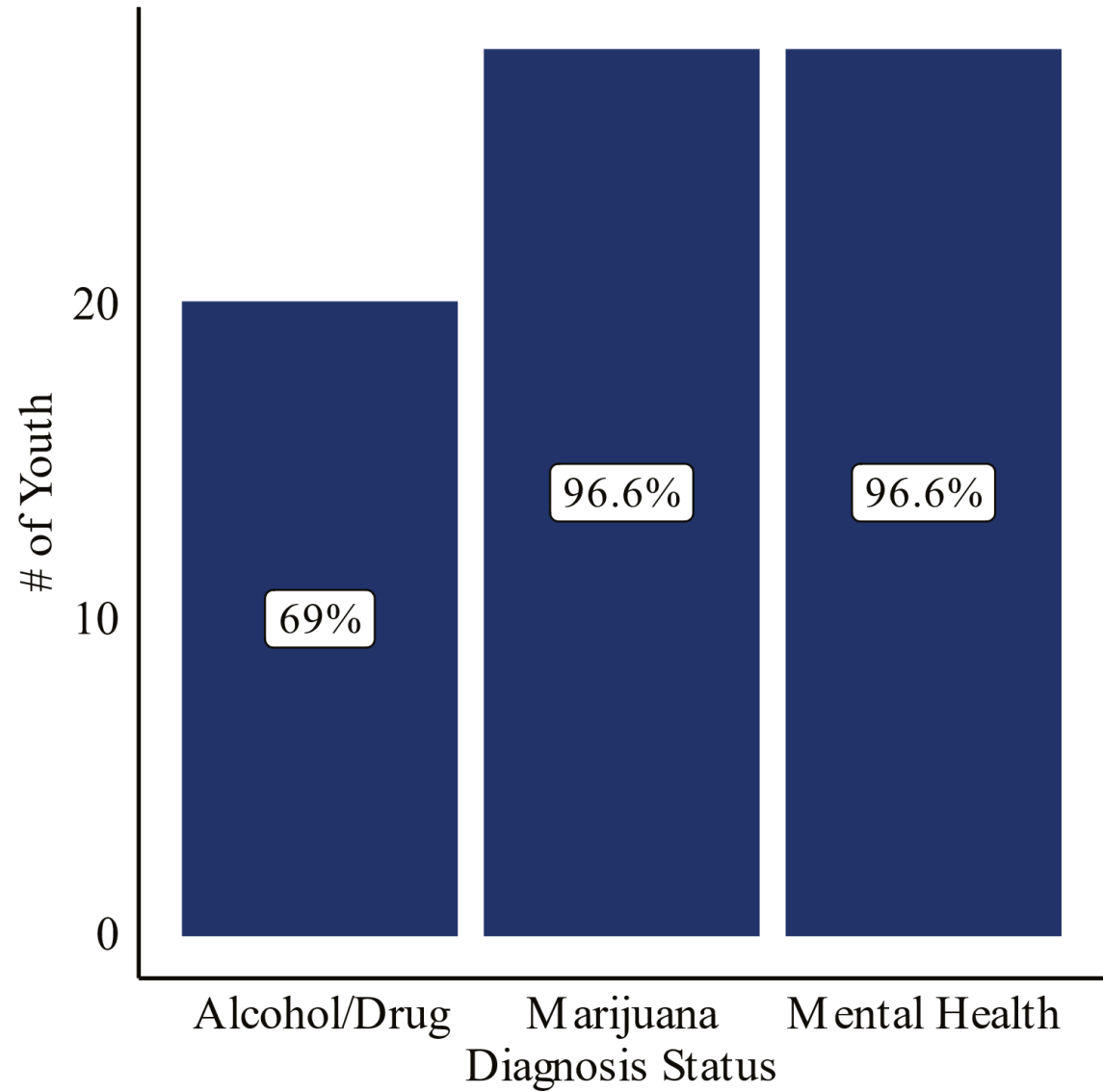
Note: Distribution of participants' genders. Percentage annotations are rounded to nearest tenth. Use of term "Gender" reflects variable label in service provider data.

FIGURE 3. MOST PARTICIPANTS WERE BLACK/AFRICAN AMERICAN



Note: Distribution of participants' races/ethnicities. Percentage annotations are rounded to nearest tenth. Use of term "Other Single Race" reflects value label in service provider data.

FIGURE 4. AT INTAKE, MOST PARTICIPATING YOUTH HAD MARIJUANA AND MENTAL HEALTH CONCERNS

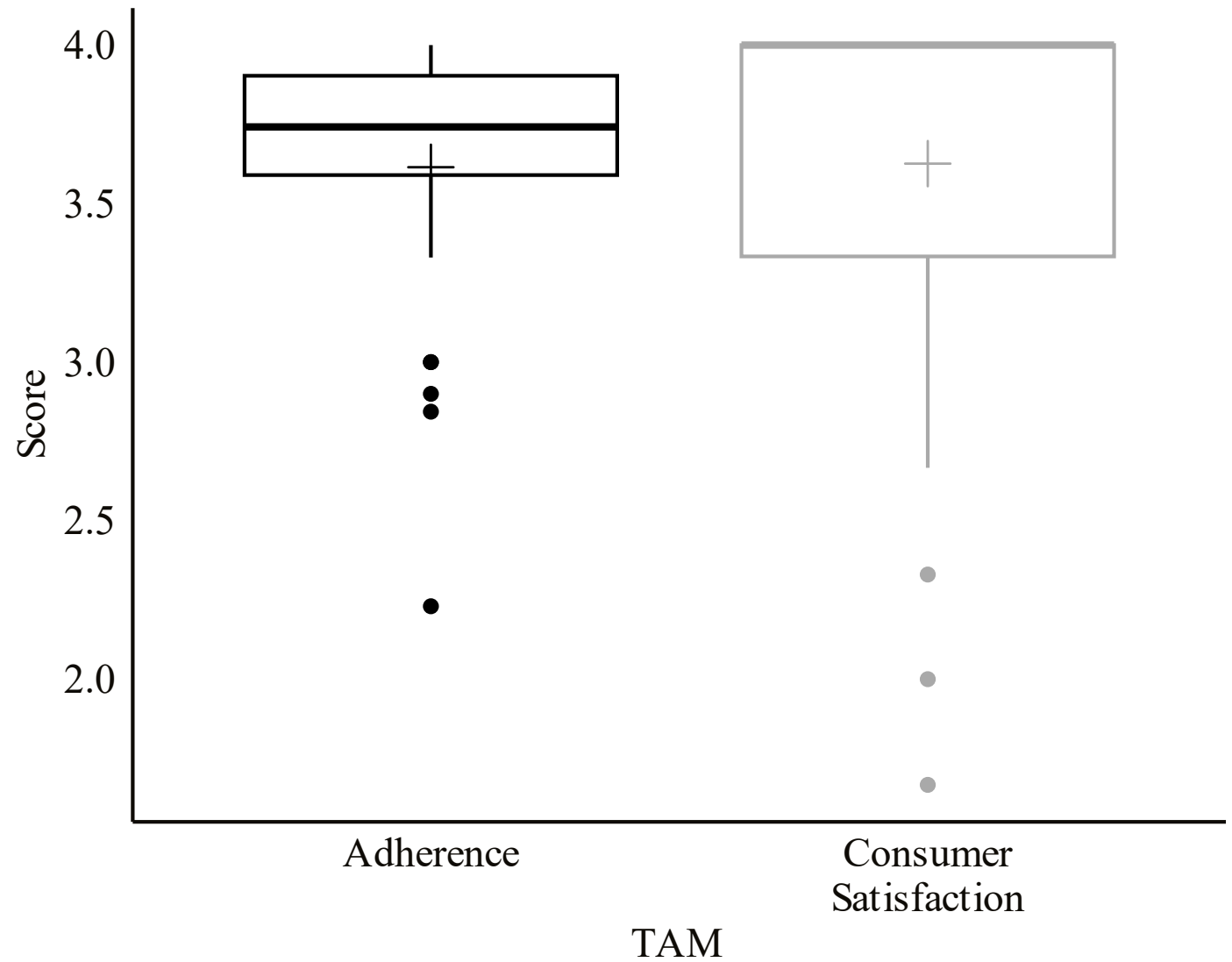


Note: Presence of different diagnostic concerns at time of MST-EA program intake. Percentage annotations are rounded to nearest tenth.



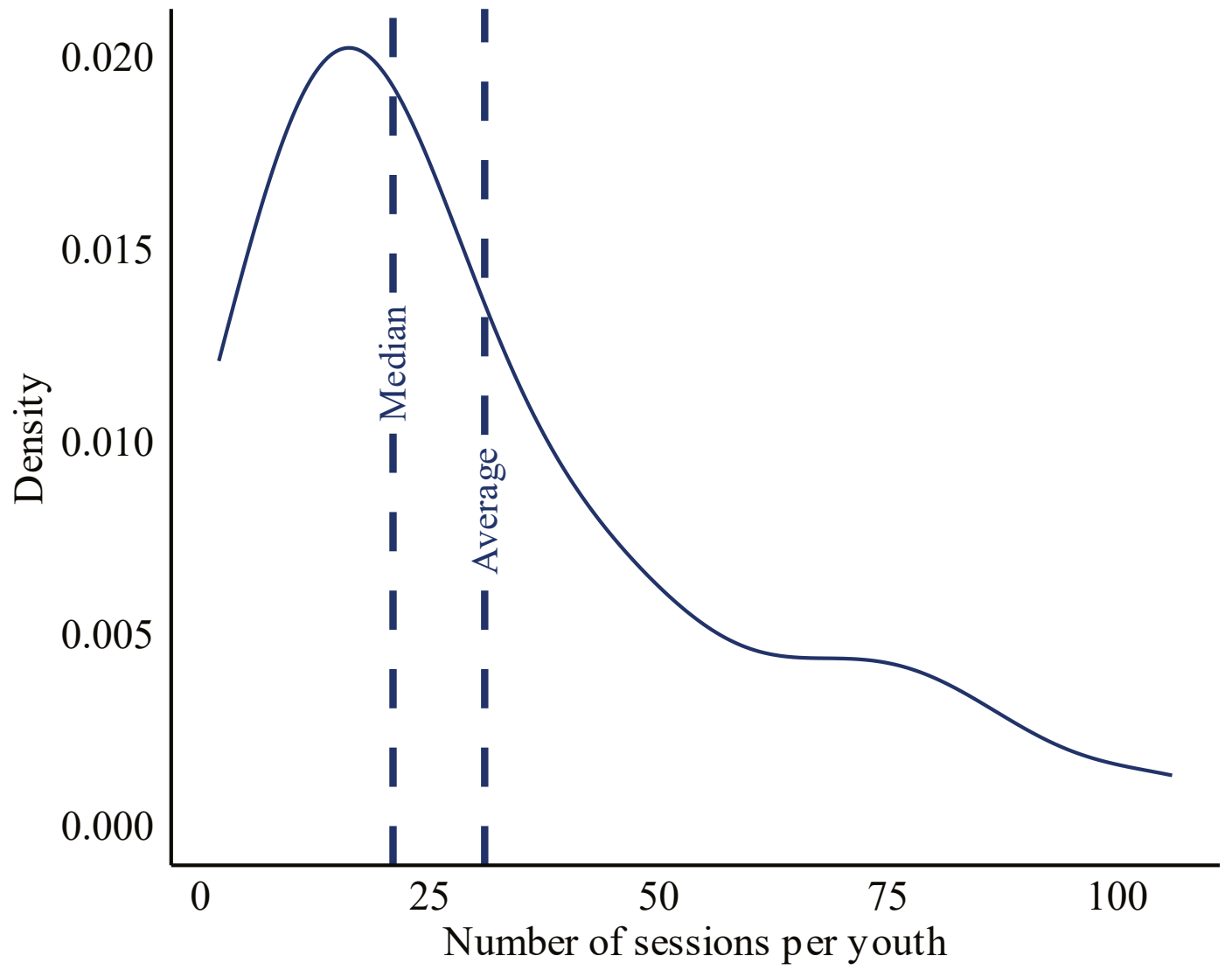
PROGRAM FIDELITY & ENGAGEMENT

**FIGURE 5.
THERAPIST
ADHERENCE
MEASURE (TAM)
SCORES INDICATE
HIGH ADHERENCE
TO PROGRAM
MODEL
EXPECTATIONS**



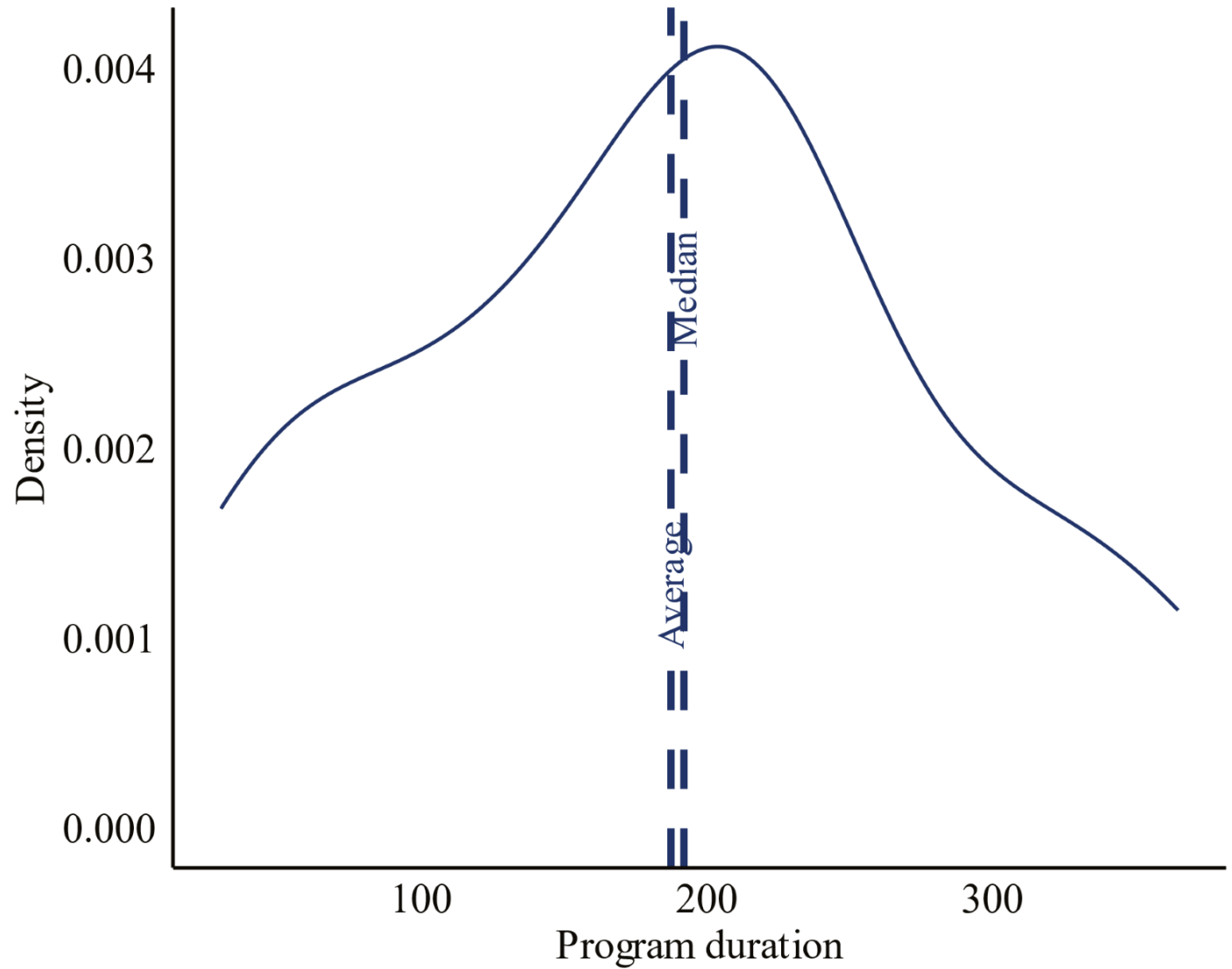
Note: TAM scores, by instrument. Averages annotated with “plus” signs. Median scores indicated by thick horizontal lines.

**FIGURE 6. ON
AVERAGE,
PARTICIPATING
YOUTH
ATTENDED
MORE THAN 25
SESSIONS**



Note: Median and average numbers of sessions attended annotated with vertical lines.

**FIGURE 7. ON
AVERAGE, MST-
EA PROGRAM
DURATION WAS
JUST UNDER 200
DAYS**

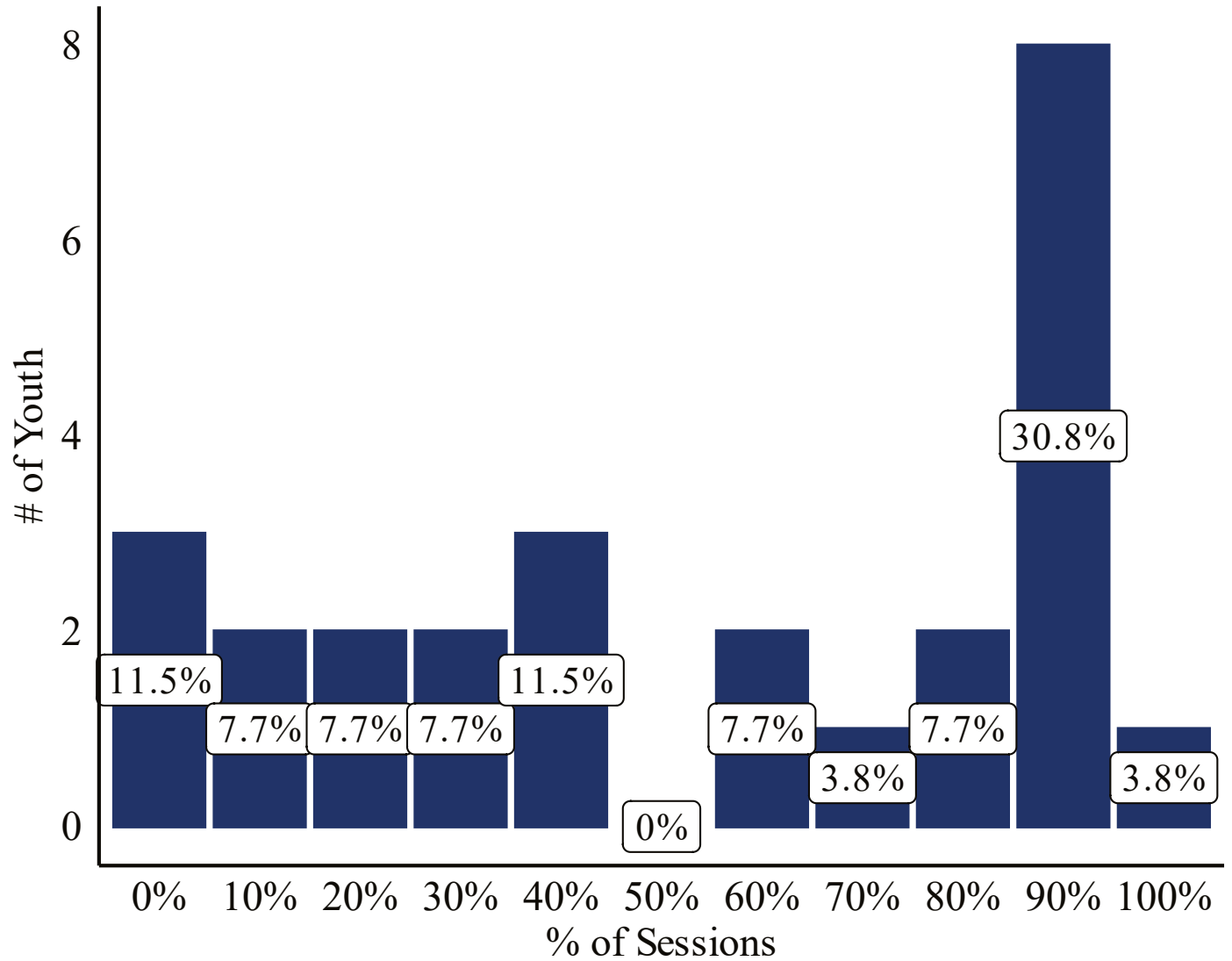


Note: Program duration in days for discharged participants. Median and average program length annotated with vertical lines.



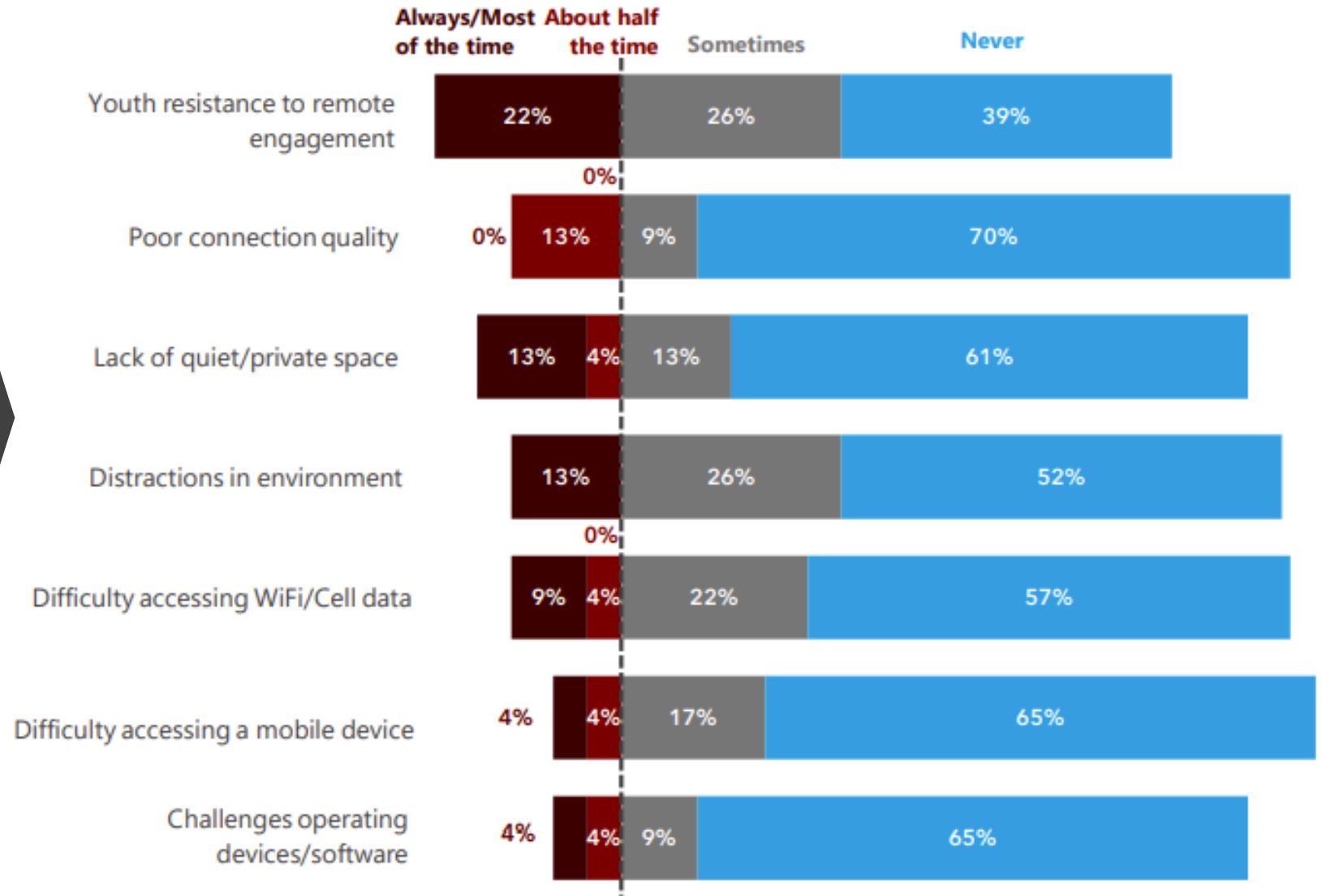
VIRTUAL SERVICE PROVISION

**FIGURE 8. MOST
MST-EA
SESSIONS WERE
CONDUCTED
VIRTUALLY**



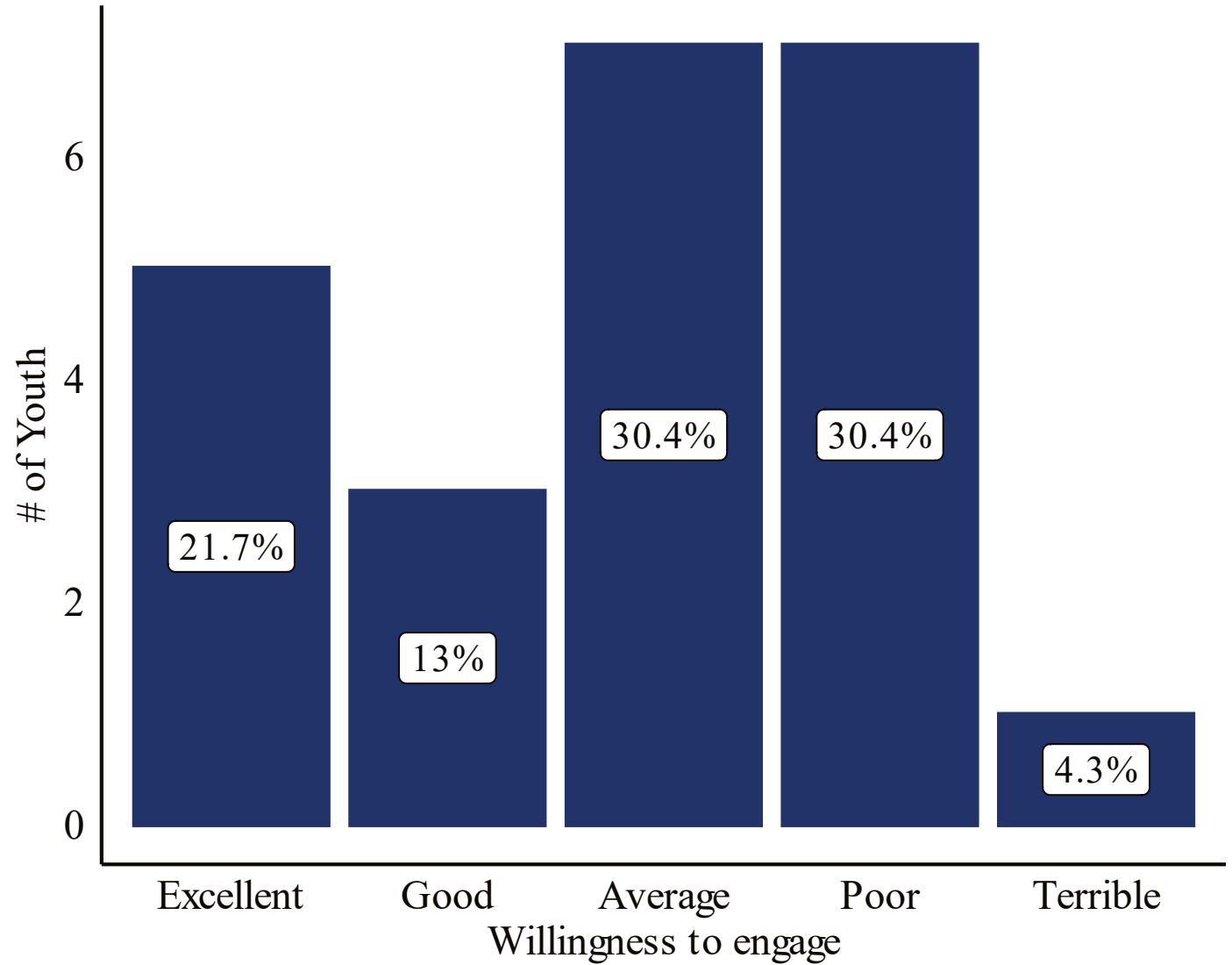
Note: Therapist report of proportion of sessions that were conducted virtually via phone, video, or other technology. Response based on survey item asking "About how often did sessions occur remotely through phone, virtual, or other technology?" [0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%].

**FIGURE 9.
YOUTH
RESISTANCE
WAS THE
GREATEST
BARRIER TO
REMOTE
ENGAGEMENT**



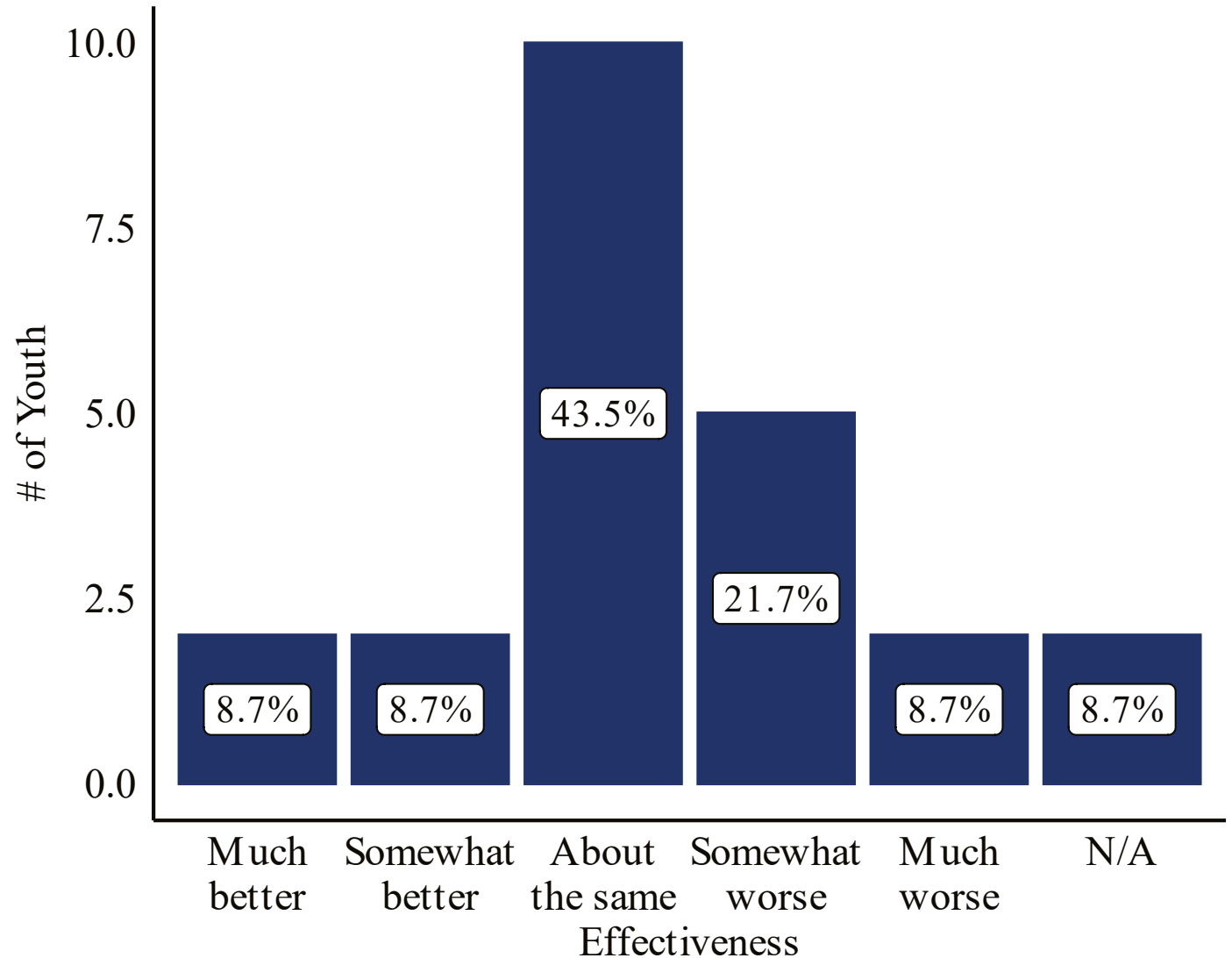
Note: Therapist reported barriers to engagement virtually via phone, video, or other technology. Response based on survey item asking "Among phone and virtual sessions only, please indicate about how often the following issues presented barriers to youth or family engagement:" [Always, Most of the time, About half the time, Sometimes, Never]

**FIGURE 10.
PARTICIPANTS
DISPLAYED A
RANGE OF
WILLINGNESS
TO ENGAGE IN
VIRTUAL
TREATMENT
SESSIONS**



Note: Therapist perception of participants willingness to engage in virtual treatment sessions. Response based on survey item asking "Overall, how would you characterize the youth's willingness to engage in phone or virtual sessions?"

FIGURE 11. THE EFFECTIVENESS OF VIRTUAL TREATMENT WAS ABOUT THE SAME OR BETTER THAN IN-PERSON TREATMENT FOR MOST PARTICIPANTS

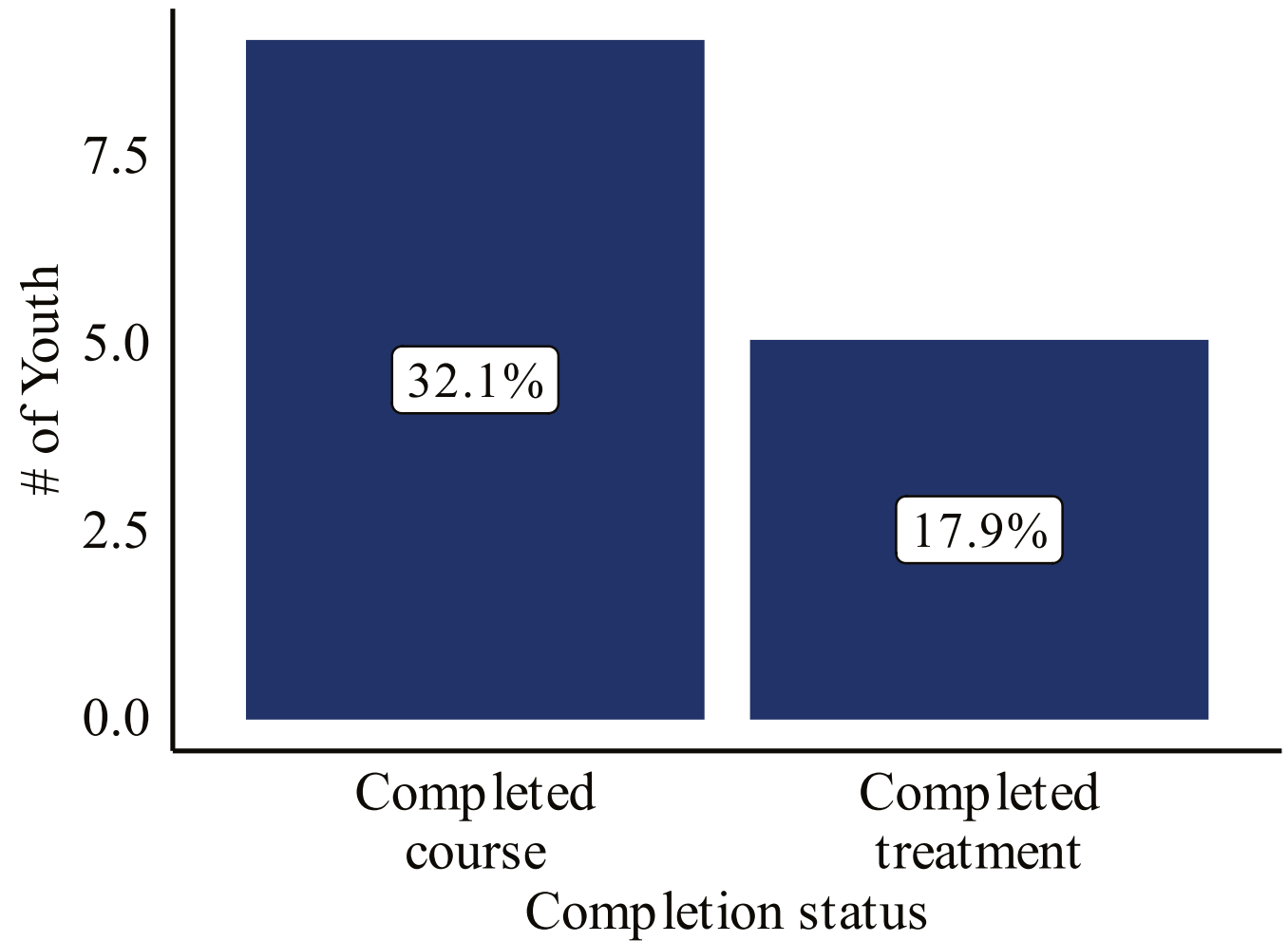


Note: Therapist perceptions of the effectiveness of virtual treatment (relative to in person) with transition age youth. Response based on survey item asking "In comparison to any face-to-face sessions with this youth, how would you rate the effectiveness of phone or virtual sessions?" "N/A" indicates participants without any in-person sessions to which virtual sessions could be compared.



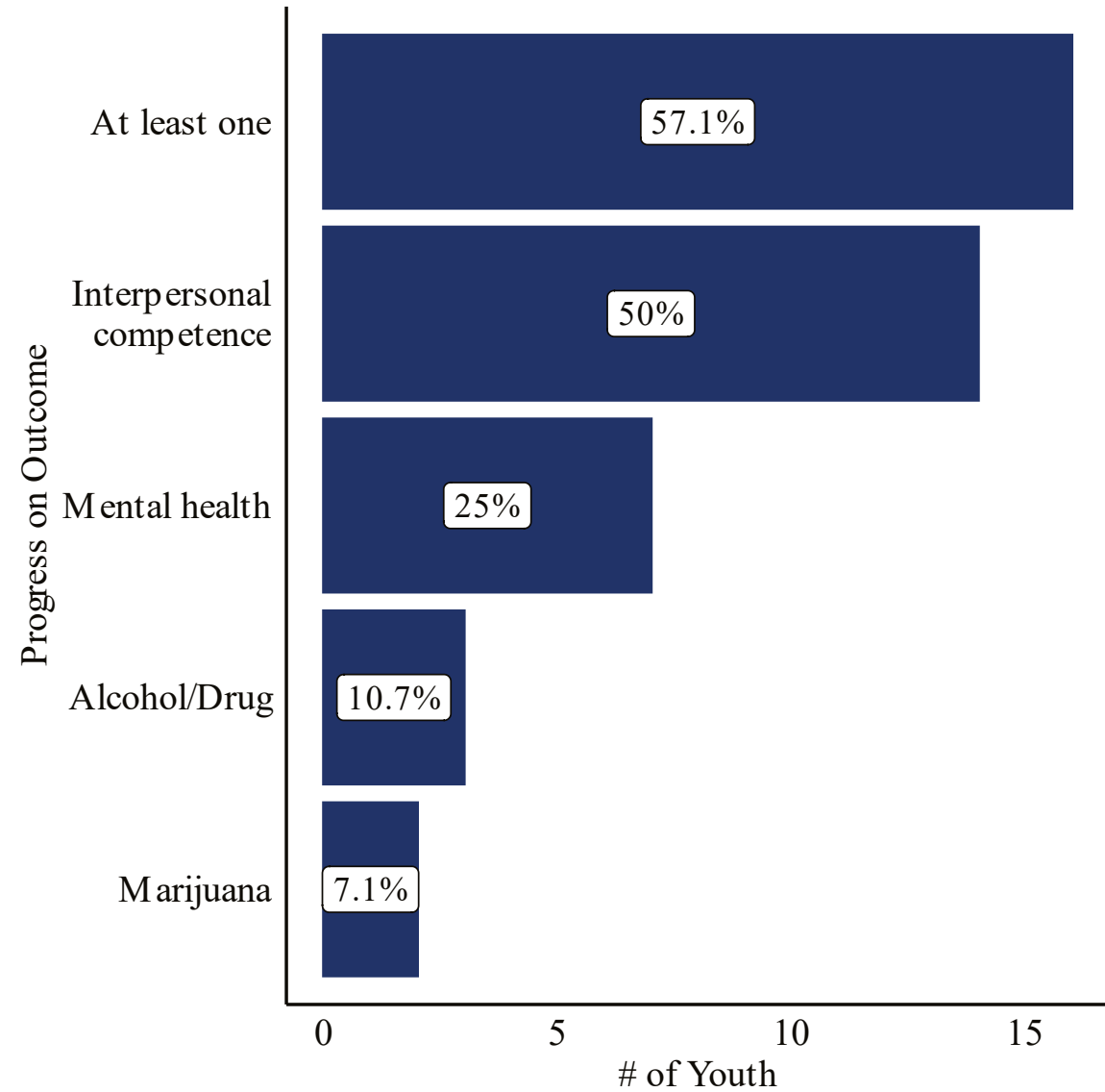
PROGRAM OUTCOMES

FIGURE 12. LESS THAN ONE-THIRD OF MST-EA YOUTH COMPLETED ALL COMPONENTS OF THE PROGRAM



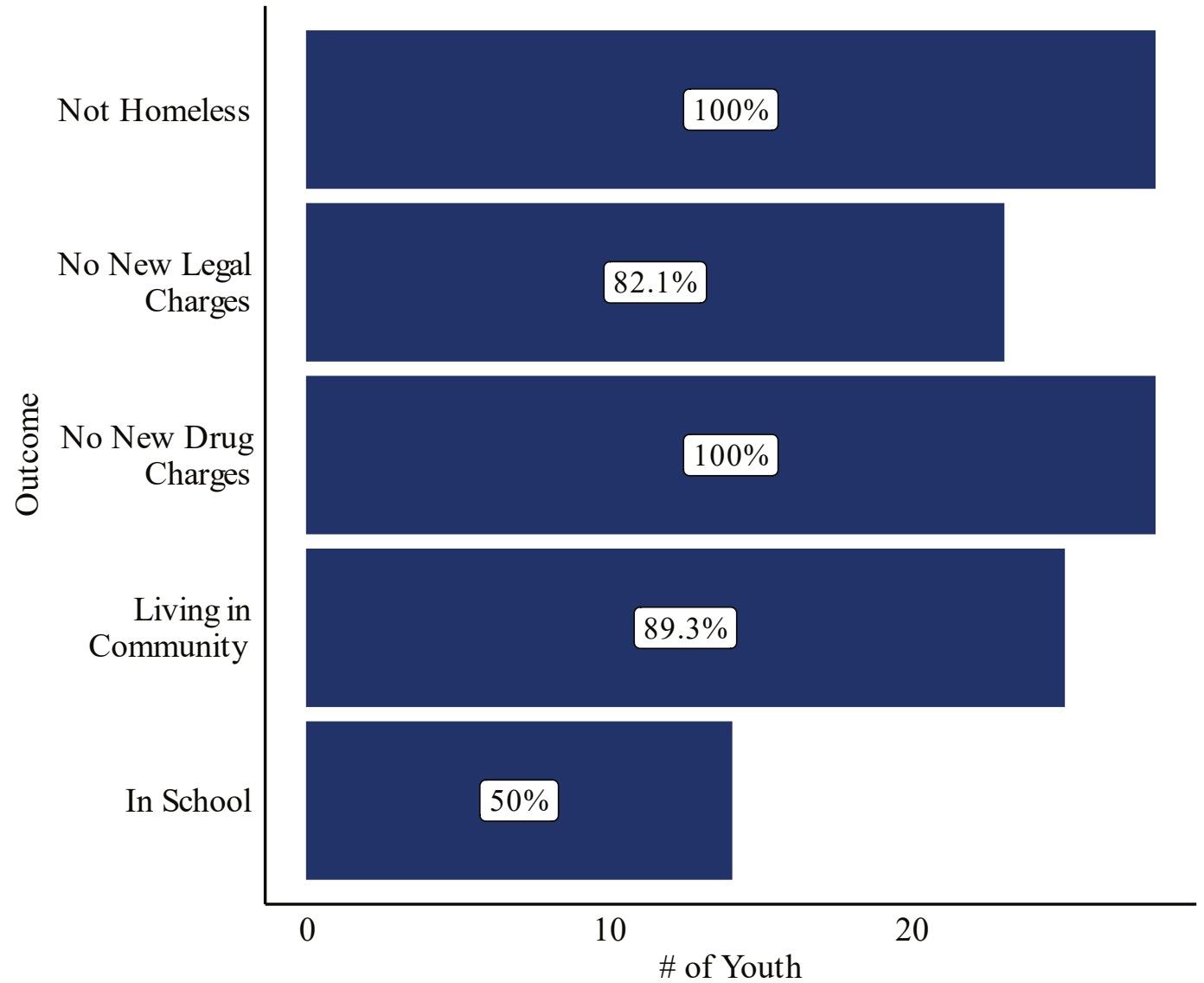
Note: Distinction between course and treatment completion made by MST-EA therapists. Completion outcomes are reported at program discharge .

FIGURE 13. MOST PARTICIPATING YOUTH REPORTED PROGRESS ON AT LEAST ONE PROGRAM OUTCOME AT DISCHARGE



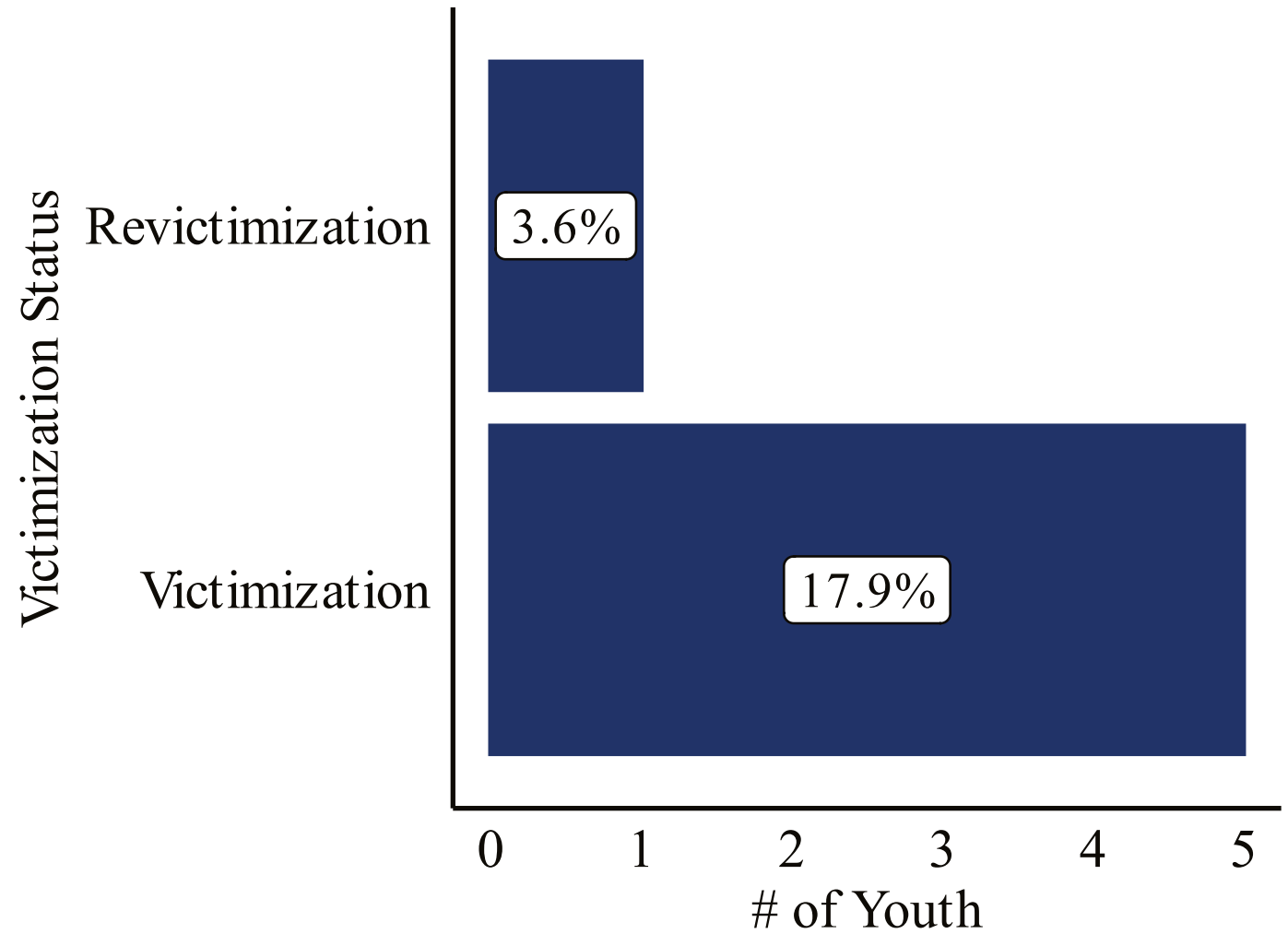
Note. Participant attainment of proximal program outcomes. "At least one" refers to achievement of any of four other program outcomes.

FIGURE 14. AT PROGRAM DISCHARGE, NO PARTICIPANTS WERE HOMELESS OR FACED NEW DRUG CHARGES



Note: Outcomes reported at discharge by MST-EA therapist.

**FIGURE 15.
VICTIMIZATION
OF
PARTICIPATING
YOUTH DURING
MST-EA
ENGAGEMENT
PERIOD**

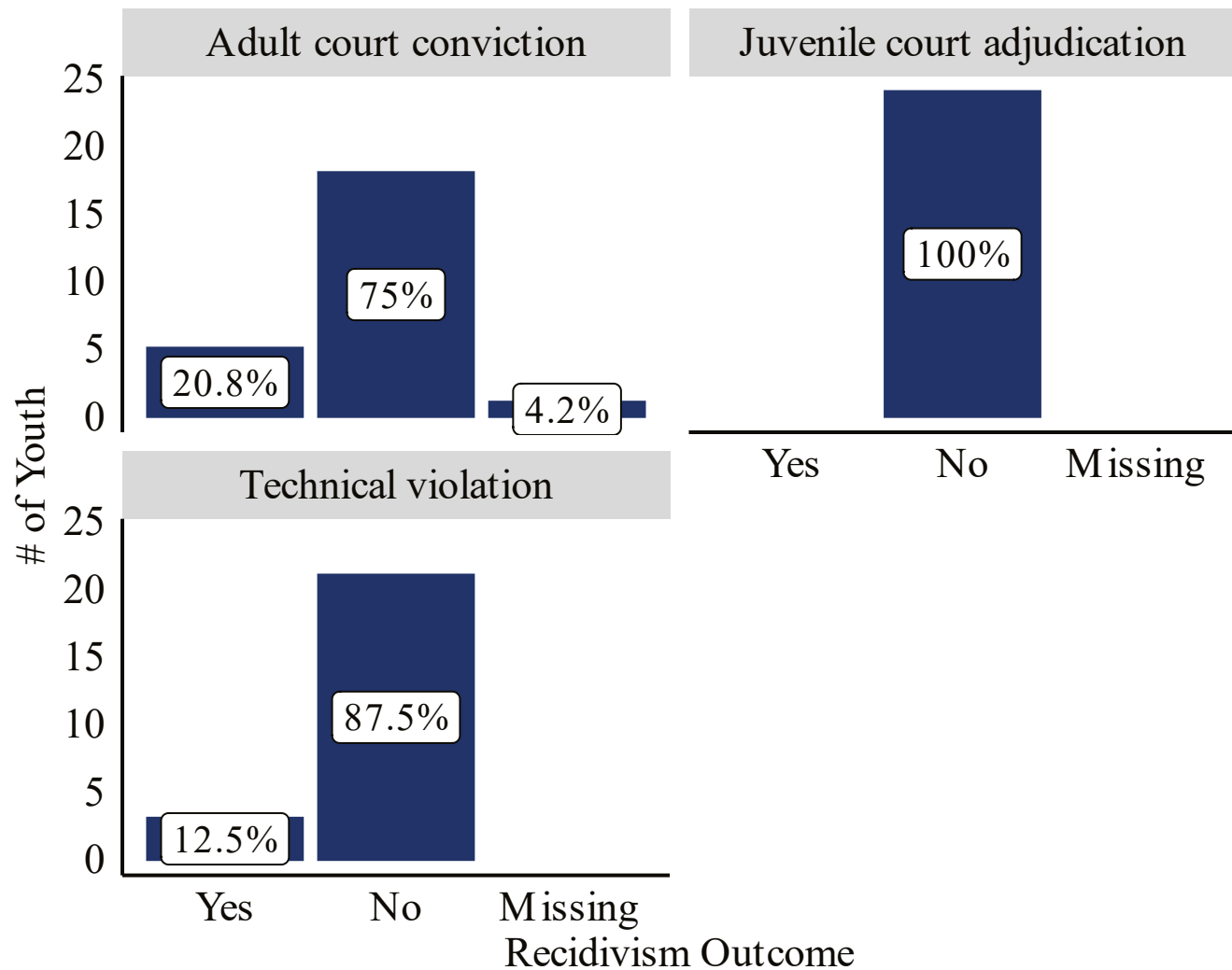


Note: Victimization statuses reported at discharge by MST-EA therapist.



RECIDIVISM OUTCOMES

**FIGURE 16.
MOST YOUTH
HAD NOT
RECIDIVATED 6
MONTHS AFTER
DISCHARGE**



Note: n = 24 Transition age youth represented in the recidivism outcomes. Recidivism reported for the period between MST-EA program intake and six months after program discharge.

Outcomes at Discharge

Completion rates: 32% finished MST-EA course, 57% showed progress, with mental health and substance use improvements

Recidivism Outcome

Limited recidivism: 13% technical violations, 21% new adult court convictions, no new juvenile court adjudications

Virtual Service Provision

Introduced due to COVID-19, maintaining program despite youth resistance and device access challenges

Program Fidelity and Engagement

Strong adherence to MST-EA model, averaging 200 days duration and 25 counseling sessions

Participant Characteristics

Diverse male youth, primarily Black or African American, with prevalent behavioral health issues

Considerations

Older youth with mental health/substance use disorders face reintegration challenges, highlighting program impact

Limitations

Lack of comparison group, small sample size, and COVID-19 timeframe affect findings' generalizability

Success and Future Plans

Successful implementation in Cook County, IL, with plans for continued Illinois expansion



FIGURE 17. OVERVIEW OF MST IMPLEMENTATION EVALUATION FINDINGS

FIND OUT MORE

Additional information about the MST-EA program implementation, virtual service provision, and a discussion of program outcomes is contained in the final report: <https://www.chapinhall.org/research/multisystemic-therapy-shows-promise-for-emerging-adults-exiting-illinois-juvenile-justice-centers/>

Brennen, J., Gjertson, L., & Cepuran, C. J. G. (2024). *Multisystemic Therapy for Emerging Adults (MST-EA) Implementation in Cook County, IL: Final Technical Report*. Chapin Hall at the University of Chicago.



ACKNOWLEDGEMENTS

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