

6. Communities and their MST Teams

In this chapter, the conditions of implementation in the four sites are described. When considering the outcome differences among the sites, it is important to take into account the different nature of referrals and the relative operational strengths and struggles experienced by the four teams.

Topics reviewed are...

Site Selection

Early Implementation

Overall Implementation

- On-Going MST Training
 - Developing Internal Capacity in Ontario
- Therapist Attrition
- MST Adherence

Simcoe Co.

- Referral Stream
- Referred Youth
 - Comparison with Other Sites
- Usual Services
- Agencies Delivering MST
 - MST Service Delivery
 - Struggles and Strengths
- MST Adherence
- Outcomes

London

- Referral Stream
- Referred Youth
 - Comparison with Other Sites
- Usual Services
- Agencies Delivering MST
 - MST Service Delivery
 - Struggles and Strengths
- MST Adherence
- Outcomes

Mississauga

- Referral Stream
- Referred Youth
 - Comparison with Other Sites
- Usual Services
- Associated Youth Services of Peel
 - MST Service Delivery
 - Struggles and Strengths
- MST Adherence

Outcomes

Ottawa

Referral Stream

Referred Youth

Comparison with Other Sites

Usual Services

Agencies Delivering MST

MST Service Delivery

Struggles and Strengths

MST Adherence

Outcomes

Summary and Conclusions

Endnotes

The Teams

The MST study was conducted in four parts of southern Ontario chosen because the communities expressed interest in participating but also to reflect a range of areas in which MST might be implemented in the province and across Canada. The communities varied demographically (see Table 6.1) and in terms of social service infrastructure. One area was selected specifically to represent a rural area with an Aboriginal community. The cooperation of four communities also enabled an examination of the effectiveness of MST under different conditions of implementation and it facilitated a larger sample than would otherwise have been the case. This section of the report provides the background for understanding the differences observed among the sites.

Over the four years, MST services were delivered through the collaboration of eight community agencies:

Simcoe County

- < Kinark Child and Family Services (Barrie)
- < New Path Child & Family Counselling Services of Simcoe County

London

- < Craigwood Youth Services (lead agency)
- < Madame Vanier Children's Services

Mississauga Area

- < Associated Youth Services of Peel

Ottawa

- < Crossroads Children's Centre
- < Eastern Ontario Young Offender Services (lead agency)
- < Youth Services Bureau

All are either children's mental health centres or agencies that provide counselling services to youth. None are government operated. They are private, non-profit agencies accepting government funds to provide services to children and/or adolescents. Some are unionized but most are not and all are governed by voluntary boards of directors. All were funded at the same level for the MST provision but for some agencies this was new money and for other agencies it was a redistribution within an existing budget.

MST services were delivered through the cooperation of eight community agencies in four parts of Ontario.

Table 6.1
Demographics of Four Communities, 1996 Census

	Simcoe Co.	London	Mississauga	Ottawa
Population	339,925	325,646	544,388	323,340
Growth 91 to 96	u/k	4.5%	17.5%	3.0%
Area	4,842km ²	438km ²	274 km ²	110km ²
Avg. Family Income (2 parents)	\$58,098	\$64,032	\$69,711	\$68,194
Avg. Family Income (1 parent family)	\$28,832	\$29,214	\$36,034	\$33,915
Immigrants	12%	21%	43%	25%
Home Ownership	74%	57%	66%	40%
Avg. Age of Pop.	35.3	35.4	33	37.9
No. Aboriginal People	5,565	3,905	1,425	3,465
Pop. Under 15	23%	21%	22%	16%

Site Selection

The first stage of the MST project had been to find four communities interested in and capable of delivering MST services for four years. Also important was the commitment by four local area offices of the Ministry of Community and Social Services to support the delivery of MST, a commitment that collectively amounted to more than \$5 million over four years. None was new money and it was found from within existing budgets in one of two ways. In some areas, the money was re-allocated from other budget lines and in some areas agencies were permitted to re-deploy existing staff to MST teams, recognizing that the total number of youth served would be reduced.

MST teams were ideally to be comprised of three full-time workers. Each team was to have an experienced and well-trained supervisor at a position in the agency hierarchy where he or she had credible authority over the team and the ability to advocate for program needs. Supervisors were required to devote at least 25% of their time to the MST team (with 50% or more preferable). Other expectations made clear to agencies during this start-up period were:

- g** an MST worker's case load is normally to be comprised of three or four families, but not to exceed six families¹
- g** the expected duration of MST involvement is four to six months²
- g** MST workers are to complete weekly summaries of each case for team supervision meetings
- g** teams will participate in weekly telephone consultations with a psychologist from MST Services Inc. about each active case

- g MST therapists will be available at times which are convenient to the families including evenings and weekends
- g agencies should accommodate flexible work hours and provide appropriate compensation for the extra demands of the role
- g MST therapists work in the family home and other community venues such as the school
- g in times of family crisis, the MST team must be available for a quick response
- g a system is to be initiated whereby team members and the supervisor rotate through periods of 24/7 on-call
- g to gauge worker fidelity to the MST approach, the families complete a MST adherence survey – the TAM – at three point during the course of treatment
- g workers who leave are to be replaced by others who have access to the necessary training before being assigned cases

These factors were referred to as MAPS (Minimally Acceptable Procedures and Standards) in 1997. Today, they are called Go/No-Go conditions, already listed in Table 5.2.

Each agency that signed on to participate in the MST project agreed to the minimally acceptable procedures and standards outlined by MST Service Inc.

Early in 1997, a representative from MST Services Inc. toured the four communities to make presentations about MST and to ensure the requisite resources and personnel were in place. A key goal of that trip had been to ensure the community service system was “on board,” that everyone was in agreement about the target population, and that referral volume would be sufficient to make a program viable.

Early Implementation

Four clinical supervisors and 13 workers joined the MST project early in 1997 and began the training process with an intensive one-week session in mid-April near Orillia. This was followed by a pilot period during which each worker was assigned a small caseload and procedures for supervision and consultation were put into place. Issues sorted out in these early days included compensation for over-time hours, rotating coverage of the 24/7 requirement, and arrangement for pagers and/or cell phones. It was also necessary to finalize the referral process and harmonize it with the research protocol.

In part because the funding was drawn from different budget lines in different communities, the referral streams were negotiated in each area to match local contingencies (see Table 6.2). In two areas (Simcoe County and Mississauga), referrals were accepted only from probation officers. In London and Ottawa, referrals were open. Ottawa was unique in that it accepted referrals for youth 10 and 11 years old. In all sites, referrals had to meet the inclusionary criteria for MST, spelled out in Appendix A. In short, cases had to have a history of criminal behaviour, a high-risk for future criminal behaviour, be suitable for a family preservation technique (e.g., no child protection issues), have at least one adult who was willing to act in a parental role, and not meet any of the exclusionary criteria (risk for sexual offending, active psychoses, risk of injury to a worker).

Table 6.2

Referral Arrangements Negotiated in 1997, Four Sites

	Simcoe Co.	London	Mississauga	Ottawa
Referral Sources	Probation Only	Open	Probation Only	Open
Catchment Area	Simcoe County	Middlesex Co.	Peel Region	Ottawa / Carleton
Target Clients	Phase I Probationers	Youth aged 12 to 16	Phase I Probationers	Youth aged 10 to 16

Unique referrals paths were negotiated in each area to match local contingencies and the nature of the funding.

Risk for future offending was determined with the Risk Need Assessment used by the Ministry of Community and Social Services as described in a previous section of this report. Youths qualified for MST if they fell into one of two categories: high (scores of 27 to 34); or, very high (35 to 42). When insufficient numbers of these cases were available, referrals could be accepted for “high moderates” (scoring 21 to 26). In addition, some youths who scored under 27 had been overridden into a higher category by the assessor. They also qualified for MST.

Teams began intake of cases in May and weekly consultations with the MST consultant in South Carolina began in early June of 1997. Depending upon the rate of referrals, which was slow at first, each therapist had three or four cases in the pilot phase. In all, there were 16 pilot cases in London, six in Mississauga, nine in Ottawa and nine in Simcoe County. The research protocol was suspended for these early cases. Pilot cases were not tracked.

Overall Implementation

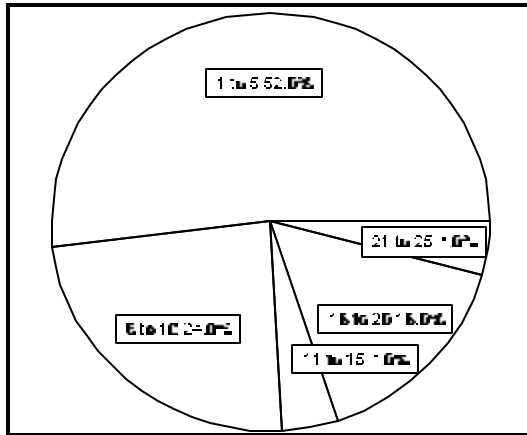
During the study, 211 youth were assigned to the MST condition: 49 in Simcoe County, 63 in London, 50 in Mississauga and 49 in Ottawa. All but 19% of cases were closed after the youths and their families received a complete “dose” of MST, an average of 50 sessions over six months. Cases closed early for these reasons: consent for MST withdrawn by family, youth and/or family moved from jurisdiction, the youth entered custody for more than 30 days, the youth’s whereabouts were unknown, or the youth entered the care of the Children’s Aid Society. One case was terminated because the youth needed a psychiatric placement and one case was terminated because the worker’s safety was jeopardized in the family’s home.

On-Going Training

The learning curve for MST is longer than is the case for most interventions. It can take one year for even a highly skilled therapist to develop a proficiency with the MST method. After the initial five-day orientation conducted in Orillia, on-going training took the form of weekly telephone consultations and monitoring of cases; and, quarterly booster training sessions. Dr. Christine Hamel was the MST consultant initially assigned to the Ontario project and it was she who conducted the telephone consultations and travelled to Canada for the booster training sessions.

Figure 6.1

Total Number of MST Cases per Therapist,
All Sites



consultations with the teams, organize half the booster sessions and undertake MST program implementation reviews of all the teams. The position was funded by the Ministry of Correctional Services in an arrangement that saw the opening of referrals to young offenders from that Ministry, the so-called Phase II system, for the last year of the project. The new MST consultant, Dr. Dan Edwards, travelled to Canada to conduct half of the quarterly booster sessions. He was also available as needed to consult with the Ontario System Supervisor.

Therapist Attrition

Over the course of the project, a total of 25 individuals delivered MST services, including three who were eventually elevated to the position of clinical supervisor and one clinical supervisor who carried a small case load. An additional two therapists dropped out of the project in the pilot phase and therefore completed no cases. Because of a fairly high rate of attrition, the average number of cases served by each therapist was eight, with a low of one case and a high of 25 cases. The breakdown can be found in Figure 6.1.

The job of an MST therapist requires many evening and weekend hours, on-call time, intensive work with small numbers of clients, travel among family homes, and requires a high level of paper work and documentation. The community-based nature of the work can be isolating, even with the team meetings, consultations and peer supervision. Every aspect of a therapist's work is scrutinized and they are, on a weekly basis, given constructive but frank feedback on case formulations and intervention strategies in group meetings.

Eight therapists stayed with the project from the beginning but there was generally a high rate of attrition, a situation that parallels that of U.S. MST teams. Whatever the cause, the high rate of attrition was a problem for team stability and, probably, effectiveness. Each new team member had to undergo the five-day training, with the cost absorbed by the agency, and spent usually a year before an adequate degree of treatment fidelity was achieved.

MST Adherence

Adherence to the MST approach was tracked using the Therapist Adherence Measure (TAM) described previously. The site breakdown of adherence scores is presented in Table 6.3. There were differences among the sites, with Mississauga demonstrating the highest levels of adherence and Simcoe County the

Developing Internal Capacity in Ontario

This system continued for two years after which it was necessary to develop independence from MST Services Inc. in South Carolina. Cost was the key factor in this decision. Well over \$200,000 had been paid for training and consultation, more than twice the amount originally agreed upon. The government stopped the payments to MST Services Inc. and the teams managed with peer supervision for about a year.

During this time, there was much discussion about how to foster the capacity of the Ontario supervisors to adopt much of the role played previously by the MST consultant. This direction led to the elevation of one clinical supervisor to the position of System Supervisor in April of 2000. With training from MST Services Inc., a cost covered by the government, she began to do case

lowest. To understand the reasons, the implementation at each site will now be described. Also important in understanding the different outcomes across sites are the different characteristics of the youths referred to MST (Table 6.4).

When examining outcome differences among the sites, it is important to consider the different types of referrals and the different contexts of implementation.

Table 6.3
Average Adherence Scores by Site

	Simcoe Co.	London	Mississauga	Ottawa
Non-productive Sessions	.09	-.10	-.24	-.18
Therapist/Family Problem Solving Effort [†]	-.11	.24	.09	.02
Therapist Attempt to Change Interactions	.29	.28	.22	.23
Lack of Direction [†]	.07	.01	-.26	.09
Family/Therapist Consensus [†]	.02	-.08	-.06	-.08
Total Adherence	-.03	.25	.38	.32

† Not validated.

Simcoe County

Simcoe County is a jurisdiction that lies due north of Toronto, about a two-hour drive from downtown. It was originally known as a farming district and as the gateway to the vast vacation area of Muskoka. Today, the largest city of Barrie is one of the fastest growing municipalities in Canada, its expansion fuelled by the increasing number of Toronto-bound commuters and retired people moving from the city to enjoy the lakes and slower pace.



www.county.simcoe.on.ca/

This site was chosen to test the viability of an MST team in a rural area with wide geographical dispersion. The presence of a large Aboriginal community in Simcoe County – the Rama reserve – was also a factor. The catchment area for the Simcoe team was all of Simcoe County including the cities of Barrie, Midland, Cookstown and Orillia. Selection of team members was governed in part by the desire to have therapists spread across the jurisdiction accepting referrals not just in the largest city of Barrie but in the smaller communities as well. Team members met weekly in Barrie for consultations and supervision. This site was distinguished operationally by the dual management of two (initially three) agencies which contributed therapists to the team and by a co-supervision system with two clinical supervisors sharing responsibilities.

Table 6.4

Demographic Characteristics and Criminal History of Referred Youth in Four Communities

	Simcoe Co. (n=94)	London (n=122)	Mississauga (n=100)	Ottawa (n=93)
Demographics				
Males	80%	69%	67%	81%
Average Age	15.2	14.3	15.3	13.9
Under 12	0	0	0	29%
Aboriginal	18%	15%	11%	14%
Born Outside Canada	0	5%	9%	9%
Not Attending School at Referral	26%	18%	30%	12%
In Elementary School	16%	35%	3%	25%
Ever Repeated a Grade	38%	22%	48%	39%
Prior Record of Criminal Offences at Referral				
Prior Convictions	93%	52%	89%	33%
At Least 1 Violent Offence	36%	30%	55%	24%
Age at First Conviction	14.1	14.0	14.5	14.9
Prior Custody	36%	23%	51%	12%
Prior custody > 3 weeks	32%	18%	39%	12%
Referral Source and Characteristics				
Probation Referred	100%	29%	100%	33%
Phase II Youth	3	3	2	3
Avg. RNA Score Before Override	21	23	25	26
Use of Override	12%	49%	46%	39%
High or Very-high Risk	35%	71%	82%	79%

Referral Stream

All referrals to the Simcoe County team came from probation officers, 91 from the Phase I system and three from the Phase II system (during the last year of the project). All of the Risk Need Assessments used to screen MST referrals from the Phase I system were completed by probation officers. The average score of 21 was the same for males and females. After the override was applied, true of 12% of cases, the Risk Need Assessment placed most of the youths in the moderate risk category (65%) with 32% in the high risk and 2% in the very high risk categories.

Referred Youth

A total of 94 youth were referred to and accepted as candidates for the MST intervention. Most (80%) were males and their average age was 15.2. Almost all (93%) had prior records and had been convicted an average of 1.6 times prior to the referral. The others were before the courts on their first charges or had been convicted of a provincial (non-criminal) offence. They had been an average of 14 years old when convicted of their first offences and 36% had previously served a custody sentence, mostly open custody. About one third of the families were supported by welfare and one fifth lived in subsidized housing. A fairly large group (41%) had family incomes under \$20,000.

Comparison with Other Sites

Compared with the other sites, the Simcoe youth were rated as lower risk to offend, probably a fact related to the smaller population of the area, but they were more likely to have a prior conviction. Along with Mississauga, the other probation-only referral site, the youths tended to be older than the referred youth in London and Ottawa. Almost one in five youths was described by their caregivers as Aboriginal, a higher rate than at any other site. On the other hand, none of the youths was born outside Canada, consistent with the fact that this area had the lowest rate of new Canadian residents among the four sites. The demographic characteristics (tabled in Appendix C), show that the Simcoe Co. referrals were neither the least nor most economically advantaged of the four groups.

Usual Services

The youths who were assigned to the “usual services” condition carried on with the intervention plan devised by the probation officer. If a mental health intervention had been dictated, this could have included referrals to a children’s mental health centre such as Kinark Child and Family Services or New Path Youth and Family Counselling.

Agencies Delivering MST

MST services were available to referred probationers across Simcoe County through the cooperation of two agencies: Kinark Child and Family Services and New Path Youth and Family Counselling Services of Simcoe County. Both are children’s mental health centres that offer a complete spectrum of community-based and residential services to families and youth.

Kinark Child and Family Services

Kinark is one of the province’s largest children’s mental health centres, with ten locations in southern Ontario. Among the many programs they operate are child, family and group counselling, parent-to-parent support groups, mental health assessments, youth crisis intervention, a family preservation program called “Families First,” a therapeutic outdoor program, therapeutic foster care, supervised access, and programs for autistic children. Their residential programs include respite relief and residential treatment. Kinark operates the Syl Apps Youth Centre, a co-educational secure custody/detention and secure treatment program in Oakville. That facility has 52 secure custody/detention beds for Phase I young offenders and 20

secure treatment beds. In Simcoe County, Kinark has two locations: Barrie and Midland.



www.kinark.on.ca

New Path Youth and Family Counselling

When the project began in 1997, there were two other involved agencies: the Orillia office of Catulpa Tamarac Child and Family Services, and Robert Thompson Youth and Family Centre near Cookstown. During the course of the project, these two agencies amalgamated, the result being a new agency called New Path Youth and Family Counselling. New Path is a children's mental health centre that offers community based and residential programming. Accordingly, the ecology of the Simcoe County team was affected by merger discussions and subsequently by the growing pains of creating one agency out of two.



www.newpath.ca

MST Service Delivery

Eight people delivered MST including one person who was elevated to the position of co-supervisor when the original supervisor left the agency. Four therapists did more cases than the project average of eight, but the team average was six cases per therapist. Each case received an average of 34 sessions, over an average of 4.9 months. About three quarters of MST cases (74%) received a full dose of MST, while 27% were classified as drop outs. The most common reason for case closure was that the youth was sentenced to a custody term. Three families withdrew consent and three families moved away. Parenting and family issues were identified most frequently as an area that needed to be addressed during the MST intervention.

Struggles and Strengths

This team struggled with high staff turnover and trained ten therapists – including two who left the team in the first month and completed no cases. Only one therapist remained for the entire four years. An MST program implementation review by MST Services Inc. identified as problems the dual agency program management, low referrals/caseloads, not having therapists dedicated to MST full time, the co-supervisory model, and the low time allocation of the supervisors. The adherence scores for Simcoe suggested that this was the team with the greatest struggles.

The intention at this site was to foster inter-agency cooperation to extend the availability of MST across this geographically large area. Management responsibility was, therefore, vested in three (eventually two) agencies which had three intake and record keeping requirements, three pay scales, and three agency cultures. When therapists left the team, new workers had to be hired from within the same agency. The crafting of a cohesive team was difficult, especially against the backdrop of high therapist attrition and limited opportunities for team members to meet outside weekly consultations. Only one worker was assigned to the team full-time while the remainder split their MST role with other duties at their agencies. This was also true of the supervisors, who had demanding roles in other programs at their agencies.

The team was certainly not without its strengths. The members were all highly skilled and experienced therapists. Their caseloads were in the appropriate range in terms of size. The team was able to operationalize the 24/7 requirement, drawing from experience with Kinark's Families First family-preservation program. Of no little importance, one therapist remained with the team for the entire four

years, bringing continuity. In addition, the local area office of MCSS was extremely supportive.

MST Adherence

The average overall adherence score, as presented above in Table 6.4, showed that Simcoe County had lower rates of adherence than the other sites and generally failed to reach the targets set by MST Services Inc. for those sub-scales that have been validated. Only 36% of cases had mean adherence scores that fell above the cut-off recommended by MST Services Inc.

Outcomes

The Simcoe County survival curves presented in Appendix B (Figure B.1 to B.3) demonstrate that no trend is apparent in patterns of conviction over time. Excluding the drop outs did not change the survival trend and the 13 drop outs were less likely to be convicted than either of the two groups (Figure 2.22). A different picture emerges when the cross-sectional indicators are examined. In Simcoe County, the NNT for rate of conviction overall was 14 with a percentage difference of 12.8%, the greatest difference among the sites but not enough to be significant or, arguably, policy relevant (see Table 2.1). The MST group on average were convicted sooner (Table B.5) and were somewhat less likely to be convicted of an administrative offence (Table B.4). The total number of offences of conviction was the same as was the total number of times the youths had entries on CPIC. Excluding drop outs from the analysis, the rate of conviction for MST completers was 22.6% lower than the similar rate for the usual services with a respectable NNT of 8 (Table 2.7).

Rate of custody admission for the MST group was 17.9% lower, an NNT of 12 (Table 2.3).³ As with the group as a whole, the MST group was more likely to receive open custody terms rather than secure custody terms (Table 2.4). Total custody sentences tended to be longer for the MST group, but the same pattern was evident for open and secure custody (Table B.6). The MST group had longer average sentences for open custody and shorter average sentences for secure custody. Days to custody admission were essentially the same. In addition, as discussed in the third section of the report, there is no evidence that the money spent on MST in Simcoe County will be recouped by a reduction of custody costs. However, the trend indicates that the youth served in the last half of the project are showing better outcomes. Accordingly, it is wise to wait for additional data before making any firm conclusions about Simcoe County.

The MST group in Simcoe County performed marginally better than the usual services on cross-sectional indicators but the differences are not great enough to conclude that MST was effective in Simcoe County. On many of these cross-sectional measures, however, the group differences were greater in Simcoe County than in any other site. This observation is interesting in light of the struggles experienced by the Simcoe team and the lower rates of adherence as measured by the TAMs. Two notes of caution. First, because of the trends toward improvement in outcomes, one should reserve judgment on the effectiveness of MST in Simcoe County. Second, almost 64% of the group as a whole had been re-convicted after two years, a figure that rises to 81% by three years. In other words, despite the lower risk profile that characterized the Simcoe County referrals, the group members were re-convicted at the same rate as the youth in the sample as a whole.

London

London is a city of over 300,000 population nestled in the middle of the expansive agricultural district of southwestern Ontario. It is a two-hour drive west of Toronto and one hour from the Michigan border in the east. It is a low-density city, its population sparsely distributed over a wide area of sprawling suburbs. London is home to the University of Western Ontario and Fanshawe College and is relatively well resourced

with medical and social service agencies.



www.city.london.on.ca

In London, the team that started the project remained intact. The average scores were in the target range for two of the three validated sub-scales of the TAM and 56% of cases had mean TAM scores above the recommended cut-off. Paradoxically, however, these strength factors have not translated into better outcomes, probably in great measure for two reasons:

- MST workers in London placed considerable emphasis on communication between parents and probation officers, increasing the likelihood that some offences/breaches would be responded to formally with charges when otherwise they would have remained undiscovered
- the usual services, with few exceptions, involved interventions with therapeutic components

For whatever reason, the London MST group evidence higher rates of conviction than members of the usual services group, but not enough of a difference to conclude the MST did not work in London. As in the other sites, differences are too small to conclude anything except that the groups are the same.

Referral Stream

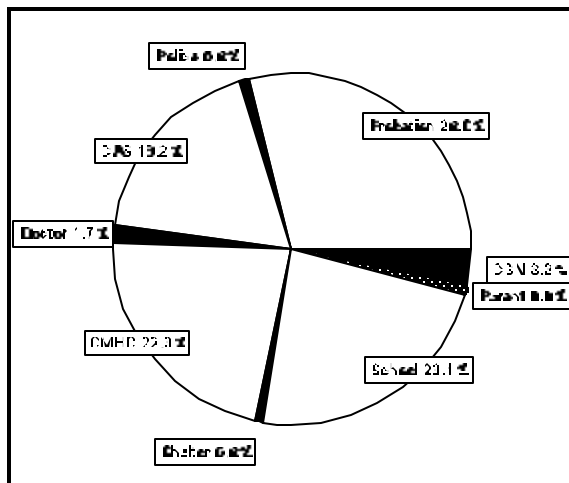
In London, MST was one of a range of services available through the Safer Community Program (SCP), a partnership between Craigwood Youth Services, the St. Leonard's Society of London and Madame Vanier Children's Services. Families referred themselves to the program, usually with the guidance of a community

professional from, for example, a children's mental health centre (CMHC) or the Children's Aid Society (CAS) (see Figure 6.2). Families participated in a thorough intake assessment at Craigwood to select the most appropriate of the SCP programs. To qualify for the MST program, the youth must have engaged in criminal behaviour but many of them were not on probation and some had never even been charged. The youth were assessed using the same Risk Need Assessment instrument used with the probationers.

Families deemed eligible for MST after the intake were brought forward to the Youth Access Committee (YAC). On this committee sit representatives from the St. Leonard Society, the Children's Aid Society, the local probation office and, when required, a school board representative. The intake worker and the manager of the Safer Community Program (who is also the clinical supervisor of the MST team), also sit on YAC. The YAC members ratify or

Figure 6.2

Referral Sources in London



reject the intake recommendation for MST and, when the random assignment was in force, they also developed a contingency plan should the case draw the "usual services" option. Typically, that contingency option was selected from one of the other SCP services. The YAC itself performed the random assignment of cases.



www.craigwood.on.ca

www.vanier.com

www.stleonards-london.on.ca/

Referred Youth

There were 122 youths referred to and accepted into the MST program, the highest number of any of the sites. Most (69%) were boys and only 29% of the referrals came from probation officers. Only half had prior records of conviction at referral and only 23% had been sentenced to custody before. The average age of 14.3 was not as low as the mean in Ottawa but fully 35% of the referrals were still in elementary school at referral making them a young group overall. Half of the referred youth lived with a lone parent

Comparison with Other Sites

Overall, the London sample was young and had a relatively low rate of formal involvement with the justice system, especially when compared with the two probation-only sites. The average youth in London was one year younger than those in Mississauga and Simcoe County. Next to Simcoe County, the highest rate of Aboriginal youth was in the London sample (15%). The referred families in London were the most socio-economically disadvantaged on average. One half were supported by welfare benefits. More than half had family incomes below \$20,000. Almost half of the primary caregiver parents had not finished high school, one fifth could not work because of a medical condition, and 29% described themselves as unemployed (see Table C.16 and C.17).

Usual Services

Because of the unique referral stream in London, all but 15 members of the “usual services” group received services from at least one of the non-MST interventions associated with the Safer Community Program. All referrals to the SCP were assessed by an intake worker and brought forward to the Youth Access Committee with a program placement recommendation. When that recommendation was MST, the worker also recommend the most appropriate alternative from among the SCP program options, used when the cases were randomly assigned to usual services.

The list of alternate programs included an on-site school placement at Craigwood Youth Services or a range of treatment groups including Choices (eight sessions), enhanced Choices (28 sessions), anger management, victim awareness, substance abuse treatment, child witness to woman abuse group, a wilderness program, and two parent groups, one at Craigwood and one at St. Leonard’s. Fourteen of the families randomly assigned to “usual services” chose not to avail themselves of the SCP option chosen by the YAC as an alternative to MST and one youth was referred to a local resource for the developmentally delayed. Those who declined a SCP program were referred to one of the many social service agencies in the London area, including Madame Vanier Children’s Services, London Interfaith Counselling Centre, Family Service London or Maplewood Counselling.

Agency Delivering MST

In London, MST services were delivered through Craigwood Youth Services, a children's mental health centre that provides both community-based and residential services to youth, many of whom are in conflict with the law. CYS is a non-profit organization, incorporated in 1983. Besides the community-based programs that make up the Safer Community Program, CYS has five residential programs for youths between 12 and 19: an eight-bed co-ed treatment program (St. Georges), a 12-bed, co-ed open custody

facility for young offenders (Midway), a ten-bed residential treatment program serving a co-ed population from the ages of 14 to 17 years (Bridgeway), a 12-bed, co-ed medium secure custody facility for youth (Woodview), and a five-bed program serving the highest risk male youth between 14 and 16 (Riverview).

MST Service Delivery

In total, 63 youths received MST in London. The clinical supervisor of the London site was seconded from Madame Vanier Children's Services. There was a brief maternity leave during which a new therapist provided services to two families. Except for these cases, the three therapists of the London team provided all the MST services, an average of about 20 cases each. About three quarters of the cases ended with a full dose of MST. The most common reasons for early case closure were the family and/or youth moving from the area or that the whereabouts of the youth was unknown.

Team Struggles and Strengths

This team had the benefit of a supportive and skilled clinical supervisor and experienced no therapist attrition. The three therapists delivered MST full time and the supervisor was able to devote 50% of his time to the MST program. The team operationalized all the minimally acceptable program standards including the 24/7 availability and adequate team size and they worked hard in the community to gain the buy-in of other agencies and potential referral agents. The key problem was low referrals which meant that the team operated under capacity much of the time.

MST Adherence

More than half (56%) of mean adherence scores per case were above the cut-off recommended by MST Services Inc. Unlike the sample as a whole, there was a correlation between mean adherence score and one measure of case outcome. Specifically, the higher the adherence score on a case, the lower the number of offences of conviction in the follow-up ($r = -.37$). This means that adherence may explain part of the variation within the MST group (about 14% of the variance) but this factor alone is not enough to explain the outcome differences between the MST and usual services groups.

Outcomes

In terms of conviction, the usual services group had lower rates when measured as a survival curve (Figure B.4 to B.6) or cross-sectionally. MST drop outs had higher rates of conviction and excluding the 14 drop outs made the two groups more similar (Figure 2.23). However, the usual services group still had a lower rate of conviction (Table 2.7). There were some promising differences in terms of number of charges of conviction (Table B.4). The MST group were convicted of 2.07 offences on average compared with 2.68 for the usual services group. The MST group had fewer mean convictions for both administrative and non-administrative offences. In total, the MST group had 1.16 entries in CPIC compared with 1.3 among the usual services.

While the MST group is more likely to be sentenced to custody (Table 2.3), the MST group was less likely to be sentenced to secure custody, true of only 16% (Table 2.4). Excluding the drop outs, the MST completers in London had a 1.8% lower rate in custody admission (Table 2.9). The MST group tended to be sentenced to custody sooner (Table B.5) and the length of custody terms were marginally lower (Table B.6) for total sentence and open custody sentences.

Generally, the differences were too small to make the conclusion that MST was not effective in London. The conclusion at this point is that the two groups are the same. As in the other sites, there is a high rate of conviction associated with both interventions. By two years, 78% of the London sample has been convicted, a figure that rises to 82% at three years.

Mississauga

Mississauga is a sprawling urban area on the western edge of the Greater Toronto Area (GTA) that is highly urbanized, fast growing, and ethnically diverse. It is the largest city (64% of the population) in the Region of Peel, along with Brampton and Caledon. The population of half a million is spread over 275 square kilometres of sprawling suburbs, high-rise apartments, offices, and retail areas. One of the fastest growing communities in Canada, the 2001 Census is expected to document a population greater than 710,000. A relatively large percentage of residents have immigrated to Canada (43%), the largest groups being comprised of south Asians (principally from India), Blacks (many from the Caribbean), Chinese, Filipinos, and Arabs. It is an affluent area where many people own homes and commute to neighbouring Toronto.



www.city.mississauga.on.ca

Referral Stream

All referrals made to the Mississauga MST team came from probation officers. What was called the Mississauga Area Office Team accepted referrals initially from the region of Peel but eventually expanded the catchment area to neighbouring Halton, to attract a greater number of referrals.

Referred Youth

A total of 100 youth were referred to MST in Mississauga. One third were young women and one in ten had been born outside of Canada. Mississauga is the most ethnically diverse area among the four sites. Most referred youth already had registered a conviction (89%) and half of them had served custody sentences. Almost all of them (82%) were rated as high-risk. They were older than those at the other sites (an average of 15.3). By the time the follow-up started, one third were already over 16 years of age. Almost one third of them were no longer in school.

Comparison with Other Sites

Compared with the other sites (see Table 6.4), the youth referred in Mississauga were older, had more serious prior records, were higher risk, and were more likely to have served a custody sentence. Also, they were more likely to have been convicted of at least one interpersonal offence. They group was more ethnically diverse. The families were notably more affluent as a group than the families at the other sites, with a low welfare rate, unemployment, and use of subsidized housing. Median incomes were higher, and more than one quarter of the families had incomes greater than \$60,000 (see table C.16 and C.17).

Usual Services

Referred youth who did not receive MST carried on with the case management plan devised by their probation officers. If an outside referral was felt necessary by the probation officer, the list of possible services available in Mississauga is lengthy and diverse. In the Peel area alone, there are Brampton Multicultural Center & Catholic Cross-Cultural Services, Catholic Family Services of Peel, Family Education Center, Family Services of Peel, Nexus (for individual and family counseling of youth over 16 years of age), Our Place Peel (hostel and long-term preparation for independence services, Credit Valley, Trillium and Peel Memorial Hospital (child and adolescent clinics and adolescent psychiatric unit at Peel Memorial), Peel Children's Center, Peel Collaborative Sexual Abuse Treatment Program, Peel Substance Abuse Program, Project Dare, Rapport House (office-based individual and family counseling), Salvation Army, St. Vincent DePaul Services, Whitby Crisis Unit, Wrap Around Services, YMCA and Youthdale Crisis Unit. There are also the full range of services typically available in Ontario communities including child psychiatrists, cultural

specific services (i.e. Dixie-Bloor Drop in, Malton Neighborhood Service), children's aid societies, and social workers available through the schools.

Agency Delivering MST

MST services in Mississauga were provided through Associated Youth Services of Peel. This agency provides a range of community-based interventions to families and youth, including both group and individual interventions. Programs include anger awareness, Family Connections (an intensive child and family preservation program) and the Challenges Program (for in-home behaviour management).



www.aysp.ca

MST Service Delivery

A total of 50 youth received MST during the study in Mississauga. Seven therapists delivered MST, for an average of seven cases each, a maximum of 19 cases and a minimum of two. This included the clinical supervisor of the site who maintained a half-time caseload in addition to half-time supervisory duties. The supervisor for the first three years was appointed to the position of System Supervisor in April 2000. To fill her position, one of the therapists was elevated to the position of clinical supervisor. Almost all of the cases were identified as requiring interventions aimed at family and parenting (97%) or school (93%). About three quarters of the cases (73%) ended after the youths received a full dose of MST. The most common reason for early case closure was that consent for the service was withdrawn by the family part way through the course of treatment or that the youth's whereabouts were unknown.

Struggles and Strengths

Strengths of this team were that the agency dedicated a full-time supervisor to the MST team (MST cases half time, supervision half time), the team had strong support of the agency, and the supervisor had the ability to make hiring decisions. Most therapists were full time. The team worked hard on a sustained basis to make linkages with the probation offices in their area and this paid off with appropriate referrals of high-risk youth. Especially in the later years, however, there was some turnover of therapists that resulted in periods where much energy was focused on training and supporting new team members.

Adherence

Data from the TAMs suggested that the Mississauga team generated the highest levels of adherence to the MST model. Indeed, 57% of cases had mean adherence scores above the cut off recommended by MST Services Inc. There was only one correlation of note between mean adherence scores and recidivism. The higher adherence scores were associated with longer periods to reconviction, when administration of justice offences were excluded from the analysis ($r = .56$).

Outcomes

The Mississauga survival curves presented in Appendix B (Figure B.7 to B.9) demonstrate that the MST group consistently evidences a lower rate of conviction by a small margin. Excluding the seven drop outs from the analysis brought the lines closer together (Figure 2.24). In terms of the cross-sectional indicators, the conclusions are mixed. For convictions, 10.2% fewer of the MST group are convicted when administrative offences are excluded, but the rate is virtually the same for all offences combined (Table 2.1). The MST group on average were convicted sooner by a small margin (Table B.5) and had fewer convictions on average during the follow-up (Table B.4). However, the average number of entries on the CPIC system were virtually identical. Excluding drop outs from the analysis, the rate of conviction for MST completers was 17.8% lower than the similar rate for the usual services with an NNT of 11, when administrative offences are excluded (Table 2.7). Again, there is no difference when all offences are combined.

Rate of custody admission for the MST group was only 1.2% lower, an NNT of 200 (Table 2.3). As with the group as a whole, the MST group was more likely to receive open custody terms rather than secure custody terms (Table 2.4). Total custody sentences were shorter for the MST group (Table B.6). The MST group had longer average sentences for open custody and shorter average sentences for secure custody. Days to custody admission were essentially the same (Table B.5). In addition, as discussed in the third section of the report, these preliminary figures suggest that the money spent on MST in Mississauga will be recouped by a reduction of custody costs. However, this is a tentative finding and it is wise to wait for additional data before making any firm conclusion.

In summary, the MST group in Mississauga performed marginally better than the usual services on most outcome measures but the differences are not great enough to conclude that MST was more effective. By two years, 74% of the Mississauga sample has been re-convicted, a figure that rises to 88% by three years. This is the highest rate of recidivism among the sample, consistent with the referral profile.

Ottawa

Ottawa is the capital of Canada and so is home to the Parliament of Canada and many federal government offices. The city of Ottawa, with a population of 323,000 sits in the capital regional district with a larger population of about one million. Ottawa is in eastern Ontario on the border with the province of Quebec, directly across the river from the Quebec city of Hull. It is an easily bilingual city, one of the few in Canada. Almost all workers are associated with service industries and it is known as a centre for the high-technology industry in Canada. It has a well-educated work force and a lower than average number of young people. The tourism industry is also a major employer. Despite its small size, Ottawa has a cosmopolitan feel, with an NHL hockey team, two universities, many fine restaurants, museums and cultural venues. In late 2000, amalgamation of Ottawa and several neighbouring communities created a mega city of over 700,000.



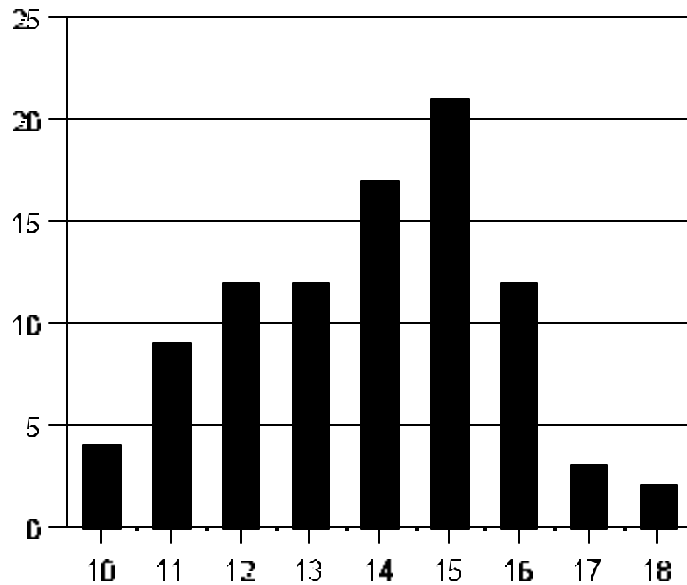
www.city.ottawa.on.ca

The Ottawa team was distinguished by its acceptance of under 12 referrals, a factor which may well have contributed to the relatively low recidivism rate in the follow-up period for both groups. Indeed, 14% of the youth were still under 12 years of age at the beginning of the follow-up period (see Figure 6.3). By six months, only 5.4% of the youths were still under 12. After two years of tracking, when all of the youth have passed their twelfth birthdays, 41% of the Ottawa sample has been convicted, a figure that rises to 57% at three years. The lower rate of recidivism overall means that it may be too early to assess the success of MST at this site. Because many of them are younger, we should follow the Ottawa sample for a longer period to understand their recidivism patterns.

Referral Stream

Referrals were accepted from a variety of sources that included the youth division of the Ottawa Carleton Regional Police Service (41%), Crossroads Children Centre (22%), the coordinated access body in Ottawa (4%), the probation office of the MCSS (30%), and, in the last year, the probation offices of the MCS (3%). Many youth referred by the police or Crossroads' were under 12 or had recently turned 12. In total, 27 youths under 12 were referred to the Ottawa MST team. While they had no official criminal record, all had evidenced criminal behaviour, qualifying them for MST.

Figure 6.3

Age Distribution of Ottawa Referrals when Follow-up Began (Time Zero)**Referred Youth**

In total, 93 referrals were received and accepted as appropriate by the Ottawa team, 18 females (19%) and 75 males. Because 29% of the referred youths were under the age of 12, the average age of the Ottawa referrals was low, only 13.9 years. One quarter were still in elementary school. Only one third had previously been convicted of a criminal offence and only 12% had ever been sentenced to custody. On the other hand, there were also older youths with prior records and 24% of the sample had been convicted of at least one interpersonal offence (see Table 6.4). When the follow-up began, 18% of the youth were already 16 or older.

Comparison with Other Sites

The Ottawa referrals were younger on average than the youth at the other sites, they were less likely to have a formal prior record, and the group over 12 years of age had the highest average risk/need score. Overall, they had far less experience with the criminal justice system and were least likely to have spent any time in custody before referral. They also shared with the London sample a profile that indicates a high level of socio-economic disadvantage (see Table C.16 and C.17). They also had the highest rate of lone-parent families (57%).

Usual Services

The Ottawa community has a rich selection of “usual services” available to the youth who were not assigned to MST. They include: the Youth Service Bureau (offering community-based counselling with individuals or families); the Community Support Team of Eastern Ontario Young Offender Services; the Adolescent Crisis Team or Family Support Workers of the local Children's Aid Society; wraparound services; Crossroads Children's Centre (offering home-based family interventions, school programs, parenting groups, or residential services); inpatient/outpatient services of the Children's Hospital of Eastern Ontario and Royal

Ottawa Hospital; John Howard Society; David Smith Centre (for substance use programs, individual counselling and a school-based program); the Roberts/Smart Centre (offering an adolescent substance abuse program); and, Rideauwood Addictions and Family Services (offering individual counselling, group therapy, recreational programs and family interventions).

Another important background piece is that the Ottawa community engages in vigorous diversion efforts. The Ottawa Police (formerly the Ottawa Carleton Police Services before the municipal amalgamation) is one of the few law enforcement agencies in Canada that has a youth bureau. Charges which end in either pre-charge or pre-adjudication diversion will not appear on a "CR" CPIC record. We needed to consider this factor when assessing recidivism during the follow-up and Eastern Ontario Young Offender Services sought a judicial order permitting access directly to the records of the Ottawa Police.

Agencies Delivering MST in Ottawa

In Ottawa, the MST services were delivered through Eastern Ontario Young Offender Services (EOYOS) with the cooperation of two other agencies that each seconded a staff member to the team: Crossroads Children's Centre and the William E. Hay Centre, a closed custody facility for Phase I young offenders. During the course of the project, as part of the government's privatization of Phase I custody facilities, the contract to operate William E. Hay was awarded to the Youth Services Bureau (YSB). At that point, YSB became the new MST partner.

EOYOS is a non-profit, transfer payment agency that has been in operation for over ten years. It is a small agency with two programs: MST and the Community Support Team, also a program for high-risk young offenders. The Youth Services Bureau operates several drop-in centres for street youth; the Livius Sherwood Observation and Detention Centre; three shelter programs; a wrap-around program; as well as the 24-bed William E. Hay Centre for youth detention and custody. Crossroad's Children's Centre is a children's mental health centre.



www.igs.net/~cst (Eastern Ontario Young Offender Services)

www.ysb.on.ca (Youth Services Bureau)

MST Service Delivery

The MST team housed at EOYOS had three full-time therapists and a clinical supervisor who devoted half time to the MST programs and half to EOYOS's seven-member Community Support Team (CST) for young offenders. Forty-nine youths and their families received MST services in Ottawa during this project. In total, six different people delivered MST, the most seasoned therapist having worked with 18 cases. The newest member of the team served two cases before the end of the research period. The worker average was eight cases, the same as the overall project average. The most common issue addressed during the course of treatment was school problems (88%), followed by parenting issues (80%), aggression (73%), and peer problems or the need for more pro-social activities (73%). Substance abuse was identified as an issue for 28%. The number of sessions averaged 53 over 5.4 months, with a range of three sessions (for a drop out) to 162 sessions. Cases closed with a full dose of MST in 79% of the cases. Reasons for early closure of cases were usually because of withdrawal of the consent of the family but one youth went into custody and one family moved from the jurisdiction.

Struggles and Strengths

The Ottawa team had two strong therapists who stayed for the entire project, one of whom was

elevated to the position of supervisor. Another strong therapist who was there for about three years of operation. The original clinical supervisor left very early in the project and one of the therapists moved up. Strengths of the team included full-time therapists, a half-time supervisor, relatively low turn-over of therapists, and an executive director who was highly knowledgeable about MST. Some recent staff changes had briefly resulted in only one experienced therapist working with two new therapists. In addition, referrals have been low despite a great deal of community liaison work.

MST Adherence

The Ottawa team average adherence scores exceeded the target range in two of the three validated subscales of the MST Therapist Adherence Measure. The overall adherence scores placed Ottawa as the second highest next to Mississauga. About half (48%) of cases had average adherence scores above the cut off recommended by MST Services Inc. There was not enough post-discharge convictions in this group to undertake correlations with adherence.

Outcomes

The most salient observation about the outcomes in Ottawa is that neither group – MST nor usual services – has been convicted at the same rate as the youth in the other three sites. However, the Ottawa survival curves presented in Appendix B (Figure B.10 to B.12) demonstrate that the MST group appears to have consistently lower levels of conviction over time. Excluding the seven drop outs did not change the trend dramatically (Figure 2.25). The MST group was 3.2% less likely to be convicted of an offence (NNT of 111) while there was a similar difference in favour of the usual services group when administrative offences were excluded from the analysis (Table 2.1). In a trend different from that in the other sites, the MST groups spent longer to conviction (Table B.5) and had lower average offences of conviction when administrative offences are excluded (Table B.4). The average number of times the youths had entries on CPIC was also lower. Excluding drop outs from the analysis, the rate of conviction for MST completers was 33% lower than the similar rate for the usual services with an NNT of 11 (Table 2.7).

Rate of custody admission for the MST group was higher (Table 2.3) and members of both groups were more likely to be sentenced to open rather than secure custody (Table 2.4). Total custody sentences tended to be longer for the MST group except for secure custody (Table B.6). Mean days to custody admission was longer for the MST group (Table B.5). In addition, as discussed in the third section of the report, it does not appear that the money spent on MST in Ottawa will be recouped by a reduction of custody costs alone.

Why the low recidivism? Several hypotheses can be advanced:

1. Because of their age and their status as first offenders, the criminal behaviour of this group is being handled informally (i.e., diverted) and so not appearing on police records as convictions
2. The usual services in Ottawa have ameliorated the problem behaviour equally well as the MST intervention and both have high levels of success
3. The youths as a group are still too young to have reached the age when their criminal propensities are most likely to have manifested
4. The children referred to the MST project were not at high-risk of criminal behaviour

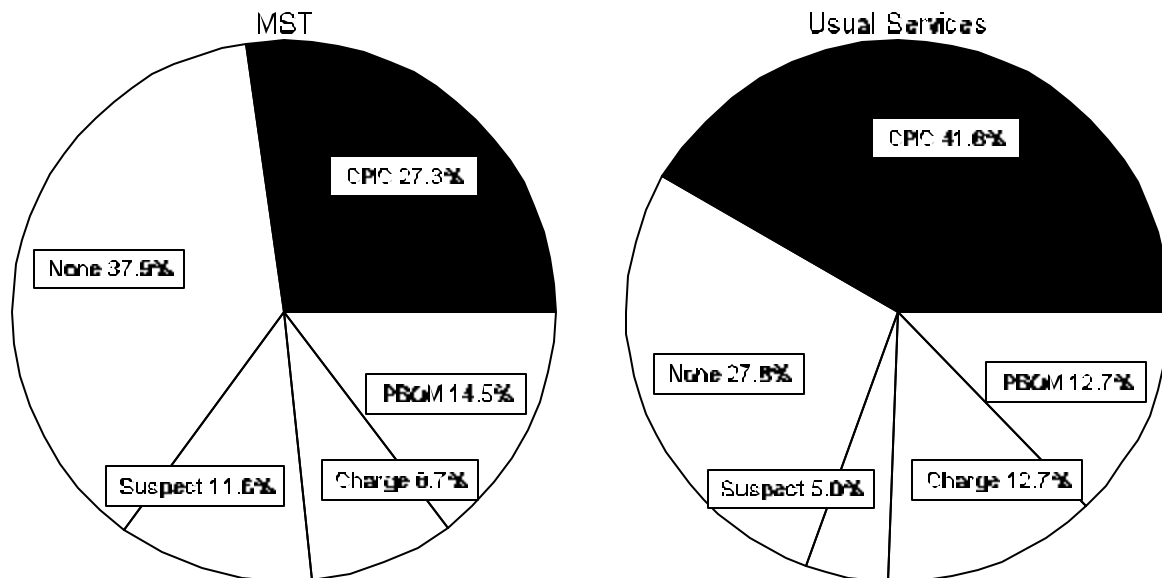
In an effort to explore the first hypothesis, permission to access the records of the Ottawa Police was obtained from the local youth court. In addition to the offences that were registered in CPIC, about one third of the youth had been a suspect in an offence with no arrest or charge, 27% had offences resolved by the police as PBOM (processed by other means such as referral to a program), 15% had offences for

which there was an arrest but no charge, and 27% had offences for which charges were laid but they did not appear in our CPIC searches.⁴ These latter cases were either still before the courts, terminated at some point in the court process, or registered on CPIC since our last CPIC check. In only four cases were convictions noted in police files that not reflected in the CPIC data above, the discrepancy probably explained by the time lag in our police checks (i.e., every year).

The most serious case disposition for each youth was registered and broken down by type of intervention in Figure 6.4. For 13% of the cases, there had been at least one offence resolved as PBOM as the most serious disposition. Eliminating these cases and those for which there were arrests and/or charges or for which a youth had been a suspect in an offence, yields an estimate of the proportion of youths who did not have contact with the police because of suspected criminal behaviour. This was true of 28% of the usual services compared with 38% among the MST group.

Figure 6.4

Most Serious Disposition of Offences Recorded by Ottawa Police, Two Groups



Summary and Conclusions

There were some variations in the nature and extent of recidivism among the samples at the four sites but they were largely related to the type of referred case. For example, in Ottawa, the youth were younger and had less experience with the formal criminal justice system. This site had the lowest rate of recidivism, 57% after three years. In contrast, 88% of the Mississauga sample had been convicted after three years, consistent with the fact that they were older and had more extensive prior records.

In Simcoe County, the two groups are the same in terms of the follow-up but no conclusion should be made yet because there is a trend toward improved outcomes among later cases. In London, the two groups were very close but the usual services group performed better on all indicators except those that

measured the number of offences in the follow-up and the number of custody days. The conclusion must be that the two groups are the same. In Mississauga and Ottawa, the MST group performs slightly better than the usual services on many outcome measures but the results are overall mixed and the differences not great enough to be able to conclude that MST was more effective. In Ottawa, police records were used to demonstrate that only 28% of the usual services group had no police contact compared with 38% among the MST group.

Endnotes

1. Because of the research burden of the therapists, who had to gain the consent of the families and administer the pre and post-testing in three of the four sites, this level was set at five for the duration of the study.
2. During the study, this figure was revised by MST Service Inc. to be three to five months.
3. The NNT need to re-coup custody costs in Simcoe County, where the average custody sentence was 84 days, is 3 assuming a per case cost of \$6,500 a per diem cost of \$231.
4. These numbers will not add to 100% because a case could fall into more than one category.

