



# Henrico County VJCCA Outcomes FY 2006 – 2007

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Overview

## 1. Introduction

The Institute for Family Centered Services, Inc. (IFCS) provides Family Centered Treatment (FCT®), a proprietary model of intensive home-based services, to juveniles and families who are served by the 14<sup>th</sup> District Court Service Unit (14<sup>th</sup> CSU) in Henrico County, VA. Services are funded with appropriations through the Virginia Juvenile Corrections Community Crime Control Act. This program provides services to adjudicated youth who are on active probation/parole supervision, and who are identified by the 14<sup>th</sup> CSU as being at risk of immediate residential placement or incarceration. The program also serves juveniles from dysfunctional family environments that require immediate intervention.

During the fiscal year 2006-2007, IFCS worked with 15 youth and their families referred and funded by the Henrico Court Services Unit. The referrals ranged in age from 14 to 18 and there were 9 females and 6 males. The average length of treatment was 108 days.

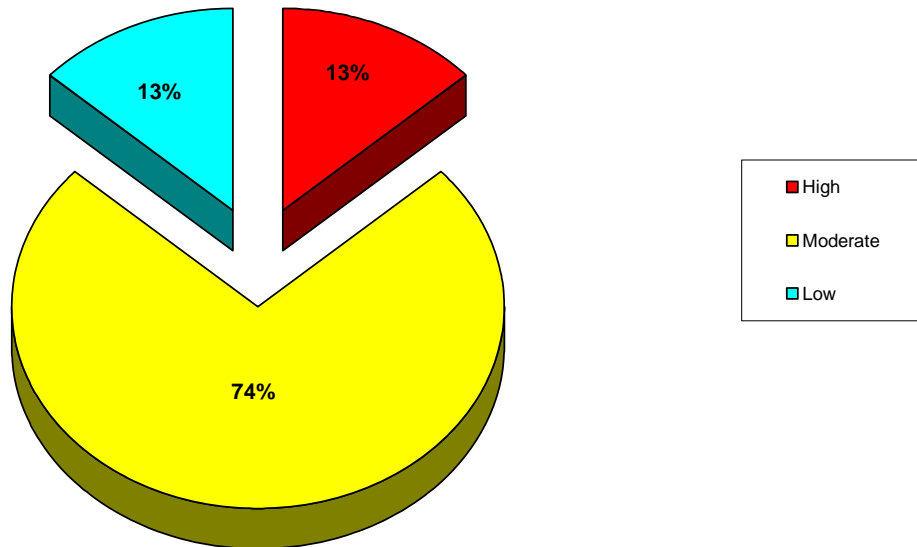
## 2. Risk Assessment

IFCS conducts a risk assessment for each juvenile based on information from the probation officer and an initial assessment by the family's Family Centered Specialist, the FCT practitioner. The risk assessment is based on the health of the family and family relationships, the quality of the juvenile's home life, the youth's mental health, the youth's history of treatment and response to treatment, the current criminal charge, the youth's current age, age at first juvenile offense, and criminal history, and any previous progress made toward rehabilitation.

The distribution of assessed risk level at intake across juveniles served is as follows:

| <b><u>Risk Level at Intake</u></b> | <b><u># referrals</u></b> | <b><u>Proportion of total referrals</u></b> |
|------------------------------------|---------------------------|---|
| <b>High</b>                        | <b>2</b>                  | <b>13%</b>                                  |
| <b>Moderate</b>                    | <b>11</b>                 | <b>74%</b>                                  |
| <b>Low</b>                         | <b>2</b>                  | <b>13%</b>                                  |

### Risk Level at Intake



### 3. Outcomes

Treatment outcomes include success at discharge and recidivism rates. Success at discharge indicates whether the client successfully completed treatment, and is determined collaboratively by the 14<sup>th</sup> CSU, the family, and IFCS. Recidivism is measured simply as post-treatment reoffending behavior.

#### *3.a Successful discharges by risk level*

A discharge is determined to be successful if there has been progress made on the clinical issues identified during intake, if a more intensive alternative has been avoided (i.e., detention, group home, or any other supervised, restricted out of home placement), if the Probation Officer believes that the youth has made progress, and if the family agrees with that assessment. Occasionally this final component may require some advocacy when parents think that treatment has not been helpful yet the youth has not re-offended or been removed from the home.

Of the 15 cases discharged during the fiscal year, 12 were determined to be successful, yielding a success rate of 80%. The following table shows the success rate for each level of risk:

| <u>Risk Level</u>    | <u>Proportion of Successful Outcomes</u> |            |
|----------------------|--|------------|
| High                 | 1 out of 2 cases                         | 50%        |
| Moderate             | 9 out of 11 cases                        | 82%        |
| Low                  | 2 out of 2 cases                         | 100%       |
| <b>Program total</b> | <b>12 out of 15 cases</b>                | <b>80%</b> |

### *3.b Recidivism:*

Recidivism is defined simply as the commitment of an offense after discharge from IFCS services. Offense data was provided by the County of Henrico and is assumed to be current as of January 15, 2009.

Four youths, identified upon intake as Moderate risk, re-offended after treatment. One youth re-offended nine months after services ended. The other three individuals re-offended 14 to 16 months after services ended. Therefore, 94% of youths served by IFCS did not re-offend in the 12 months immediately following the cessation of treatment, and 73% of youth did not reoffend between the end of treatment and Jan 15, 2009. The average length of time post treatment to re-offense for this group was 13 months and 2 weeks. The following tables summarize the time between discharge to re-offense, and the recidivism rate by risk level.

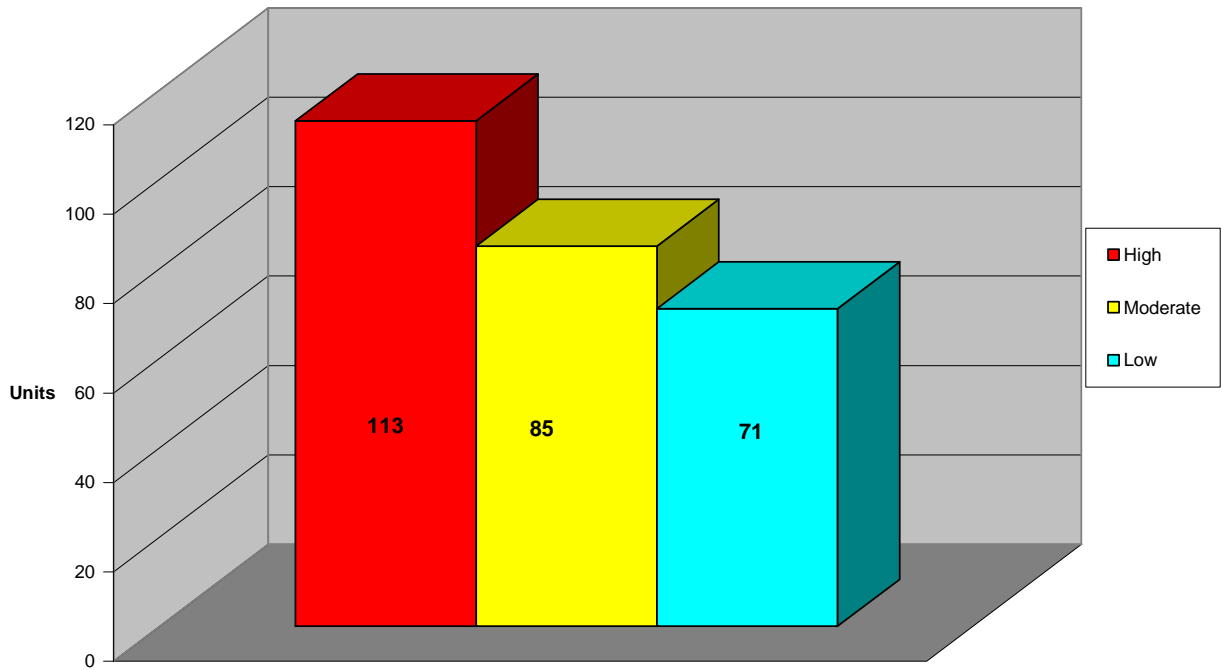
| <u>Time from discharge to re-offense</u> | <u># of youth</u> | <u>proportion of referrals</u> |
|--|-------------------|--------------------------------|
| 0 to 6 months                            | 0                 | 0%                             |
| 6 to 12 months                           | 1                 | 6.7%                           |
| More than 12 months                      | 3                 | 20%                            |

| <u>Recidivism by Risk Level</u> | <u># of youth</u> | <u>proportion of referrals</u> |
|---------------------------------|-------------------|--------------------------------|
| High                            | 0                 | 0%                             |
| Moderate                        | 4                 | 26.7%                          |
| Low                             | 0                 | 0%                             |

## 4. Costs

Costs are calculated as the hourly rate by billable units. Using the number of billable units eliminates the nuances associated with family participation (cancellations, vacations, etc.) that might cause variations in any aggregated measure of costs. The following tables show total billable units, total costs, as well as billable units and costs by risk level.

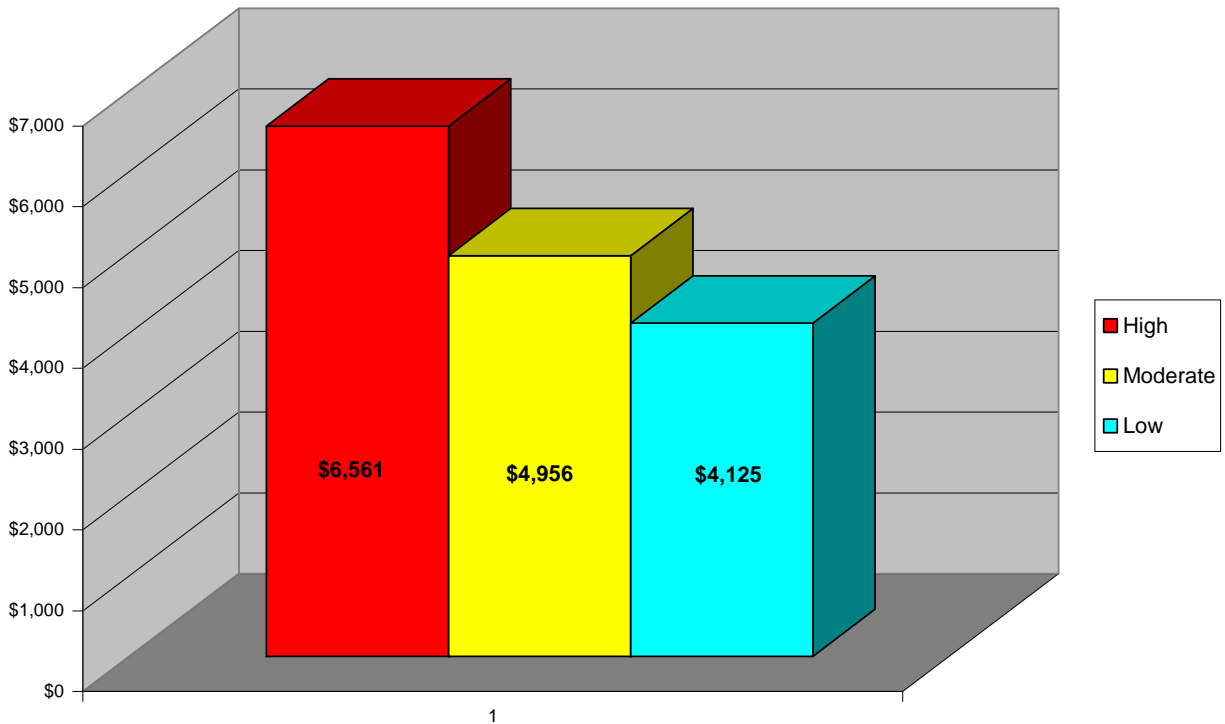
**Average Billable Units by Risk Level**



**Billable Units by Risk Level**

|                 | <u>Total Units</u> | <u>Ave per Youth</u> |
|-----------------|--------------------|----------------------|
| <b>High</b>     | <b>226.25</b>      | <b>113.13</b>        |
| <b>Moderate</b> | <b>940</b>         | <b>85.46</b>         |
| <b>Low</b>      | <b>142.25</b>      | <b>71.13</b>         |
| <b>Totals</b>   | <b>1308.5</b>      | <b>87.25</b>         |

### Average Costs per Risk Level



### Costs of Service by Risk Level

|                 | <u>Cost</u>     | <u>Ave per Youth</u> |
|-----------------|-----------------|----------------------|
| <b>High</b>     | <b>\$13,122</b> | <b>\$6,561</b>       |
| <b>Moderate</b> | <b>\$54,520</b> | <b>\$4,956</b>       |
| <b>Low</b>      | <b>\$48,250</b> | <b>\$4,125</b>       |
| <b>Totals</b>   | <b>\$75,893</b> | <b>\$5,060</b>       |

As illustrated, there exists a direct correlation between the assessed risk level at intake and the number of hours and costs associated with treatment. There was a 20% increase in hours worked between low and moderate risk youth, and a 33% increase in hours worked between moderate and high risk youth. Moreover, costs per unsuccessful outcome are substantially lower for the Moderate Risk group.

## **5. Assigned Cases by FCS**

|                  |   |
|------------------|---|
| Martina George:  | 7 |
| Cat Elliot:      | 1 |
| Onzie Luke       | 1 |
| Jeramin Cordor:  | 2 |
| Jawarren Cowles: | 4 |