



# Henrico County VJCCA Outcomes FY 2007 – 2008

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## 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 2007-2008, IFCS worked with 23 families referred and funded by the Henrico Court Services Unit. The referrals ranged in age from 9 to 16 and there were 14 females and 9 males. The average length of treatment over all cases was 99.7 days.

## 2. Risk Assessment

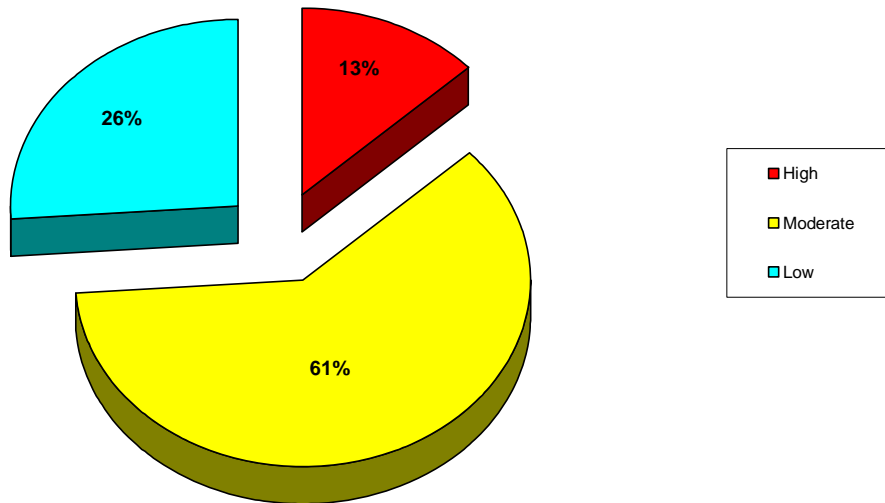
IFCS conducts a risk assessment for each juvenile based on information from the probation officer and an initial assessment by the family's Family Centered Specialist, the FCT practitioner. The risk assessment is based on the health of the family and family relationships, the quality of the juvenile's 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>3</b>	<b>13%</b>
<b>Moderate</b>	<b>14</b>	<b>65%</b>
<b>Low</b>	<b>6*</b>	<b>22%</b>

One client's risk level is documented as N/A; that client is included in the Low Risk group for the purposes of this report.

**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.

In 8 of the 23 cases discharged during the fiscal year, the 14<sup>th</sup> CSU terminated treatment for reasons not related to participation in the program. These youth were therefore eliminated from the analysis of successful outcomes. Of the remaining 15 cases, 14 were successfully discharged, giving a success rate of 93%. The following table shows the success rate for each level of risk.

<u>Risk level</u>	<u>Proportion of successful discharges</u>	
High	2 out of 3 cases	67%
Moderate	6 out of 6 cases	100%
Low	6 out of 6 cases	100%
<b>Program total</b>	<b>14 out of 15 cases*</b>	<b>93%</b>

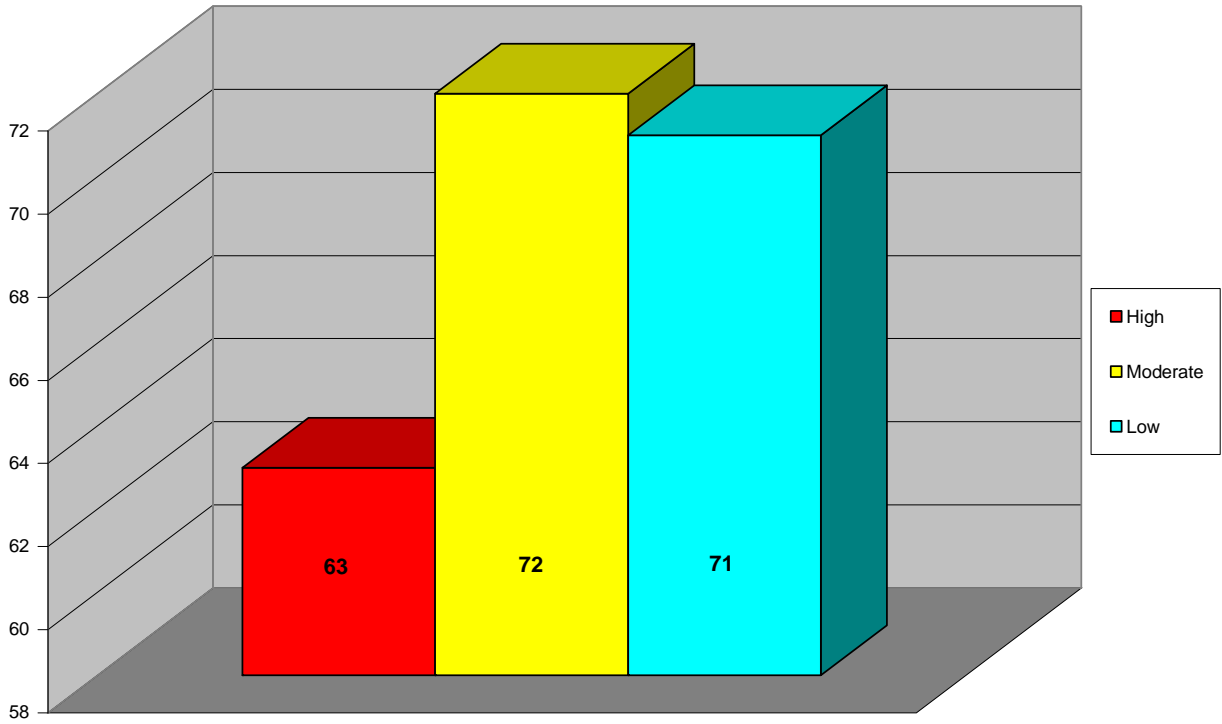
### ***3.b Recidivism:***

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. As of that date, none of the clients served during FY 2008 have re-offended. Fifteen of these clients have been discharged from treatment for at least 6 months (2 high risk, 0 moderate risk, and 4 low risk). Four of these clients have been discharged from treatment for at least 12 months (3 moderate risk, and 1 low risk). As noted in the report for fiscal year 2006 – 2007, the largest majority of youth who re-offended did so 12 months or more after treatment ended.

### **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.

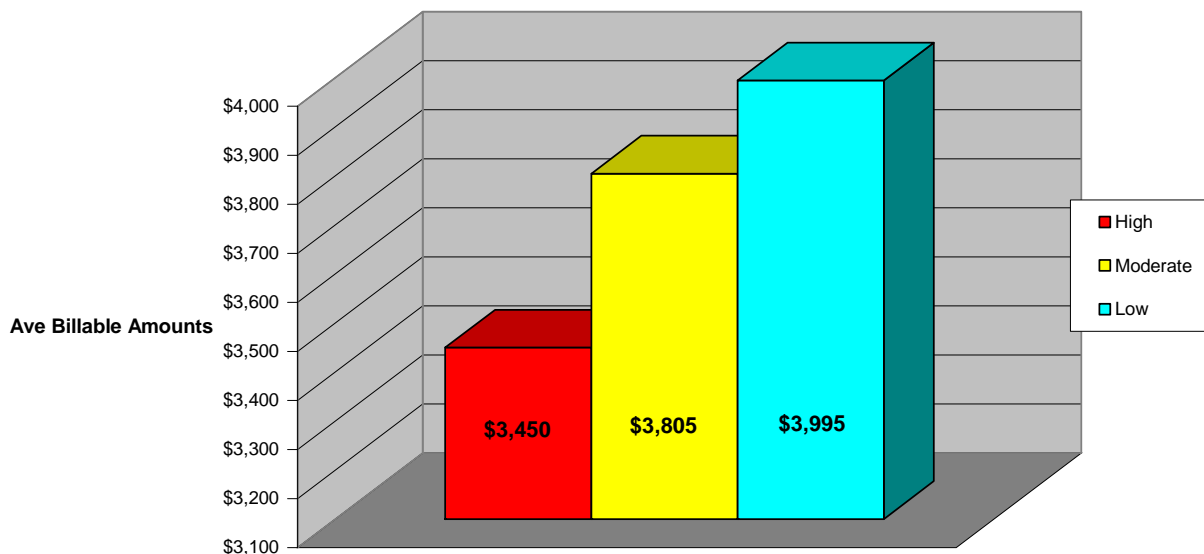
**Average Billable Units by Risk Level**



**Billable Units by Risk Level**

<u>Risk level</u>	<u>Total Units</u>	<u>Ave per Youth</u>
High	188.25	63
Moderate	1005.5	72
Low	427	71
<b>Totals</b>	<b>1620.75</b>	<b>70.5</b>

### Average Cost by Risk Levels



### Costs of Service by Risk Level

<u>Risk level</u>	<u>Total Cost</u>	<u>Avg cost per Youth</u>
High	\$10,350	\$3,450
Moderate	\$53,277	\$3,805
Low	\$23,972	\$3,995
<b>Totals</b>	<b>\$87,600</b>	<b>\$3,809</b>

Relative to costs for the previous year, average costs per youth have fallen across all risk levels. Unlike the previous year, average costs are not substantially different by risk level. The difference in average costs and billable units between the Moderate and Low risk groups is statistically insignificant. There remains, however, the comparatively low number of billable units and costs associated with the high risk group which included two successful outcomes out of the three referrals.

It should be noted that one low risk case had the second highest total of billable units and associated costs. In that case, custody of a child was transferred to a 22 year old brother at his request. A significant number of supports were put in place to allow him to adjust to having to parent his younger sister while continuing with his own responsibilities. If that case is eliminated from the analysis, costs and the number of billable units associated with Moderate and Low risk groups would appear more consistent with both last year's numbers and with

reasonable expectations of the variation in intensity of services necessitated by variation in risk levels.

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

Martina George:	8
Tiffany Moore:	4
Cat Elliot:	2
Chris Coleman:	1
Onzie Luke	1
Jeramin Corder:	1
Melissa Sullivan:	4
Brandi Mustain:	2