



AAEBP Savannah Regional Conference

How Florida Saved Thousand of Kids & Millions of Dollars

Presented by:

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Moderator: Nicole Janer



FLORIDA FAST FACTS

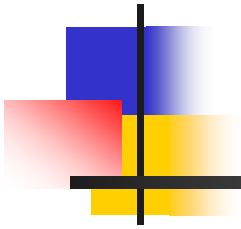
- In 10/2004 Redirection Project began
- Authorized by the Florida Legislature
- Target population diverting youth with non-law violations of probation from commitment programs
- Uses MST, FFT & BSFT
- Currently in 18 of 20 Circuits across FL
- 2007 Prudential Financial *Davis Productivity Award*
- 2008 SAMHSA *Science to Service Award Finalist*



Florida Fast Fact's con't.

| | Fiscal Year | Youth Served | Costs Avoided (Cumulative) |
|------|-------------|--------------|-------------------------------|
| Yr 1 | '04-'05 | 218 | \$2.3 Million |
| Yr 2 | '05-'06 | 630 | \$11.9 Million |
| Yr 3 | '06-'07 | 1437 | \$27 Million |
| Yr 4 | '07-08 | 2357 | \$44.6 Million |

Institute for Child & Family Health (ICFH)
MST Redirection



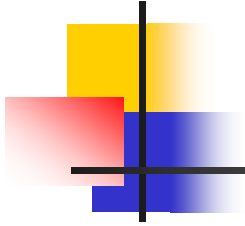
Susan L. Ofstein, LMFT
Redirection Coordinator
Miami, FL





Who is ICFH?

- We began as a small non-profit as part of a hospital in 1945.
- The agency has been constantly growing---going from a few staff in the beginning to over 400 staff currently.
- In 2007, our name was changed from Children's Psychiatric Center to our current name the Institute for Child and Family Health.
- This name change reflects the evolution of our services: we offer a wide array of services to our community, not just limited to children's mental health services.
- ICFH serves over 25,000 children, adolescents and families per year throughout Miami-Dade County.



Our Mission

The Institute for Child and Family Health is committed to empowering the children, youth & families of our community to enhance their emotional, physical, and educational well-being.



Why use Evidence Based Practices (EBP)?

- Our seven core values include Accountability, Community needs, Excellence, Integrity, Professionalism, Respect and Teamwork.
- These values guide our daily practice at our agency.
- While all of our values play into why we use evidence based practice, Accountability, Community Needs, Excellence and Teamwork will be focused on.

Accountability

“We value the public’s trust and encourage responsibility in the provision of service”

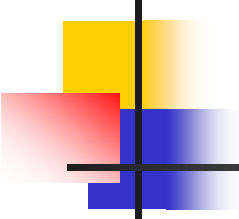
- As a provider of MST, we are held accountable on many levels.
 - Administration is held accountable for abiding by our contract by our funding source (Evidence-Based Associates) and our community stakeholders.
 - Supervisors are closely supervised by consultants and are monitored by Supervisor Adherence Measures (SAMS), a survey of supervisory skills completed by clinicians.
 - Clinicians are held accountable for their cases by their supervisor, consultant, community stakeholders and the Therapist Adherence Measures (TAM-R) which is completed monthly by their families. The TAM-R is collected by an outside call center.

Community Needs

“We are dedicated to meeting the needs of the children, youth and families of our community. Together, we will strive to make South Florida a healthier and happier place.”

- Our community is diverse. We needed a program that could work with all families. MST is designed to work with families of all sizes, ages, and cultures.
- Gangs and crimes committed by youth in our community is a growing problem. We utilize EBP and MST to give our youth and families a chance to avoid residential commitments and even jail in the future.
- Keeping youth at home and helping parents provide the supervision and monitoring that they need helps make our community a healthier and happier place.
- Our community stakeholders recognized that there needs to be alternatives to “locking youth up, and throwing away the key.” We help take down the barriers in the entire ecology of the family, not just with the youth.

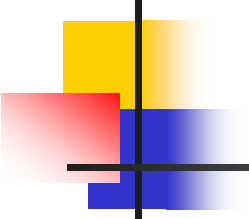
Excellence



“We strive to increase our knowledge and skills to achieve and maintain high standards of service that are recognized as benchmarks in the community by our partners in health.”

- By adopting evidence based practices, we continue to evolved as an agency.
- Providing treatment that is grounded in years of research helps us maintain that standard of excellence.

Teamwork



“We will work together to solve problems, both within our organization, and with our partners.”

- In developing the MST Redirection Program at ICFH, it took tremendous teamwork amongst agency administration and the following stakeholders:
 - Evidence Based Associates (EBA)
 - Department of Juvenile Justice, Circuit 11
 - MST Services
 - State Attorney’s Office
 - Public Defender’s Office
- Without this value of teamwork, we would not have been able to accomplish the success with the program.
- Our teamwork continues to happen within the agency and outside of our agency with our stakeholders.



Teamwork within the Agency

- One of the drivers for our success has been the flexibility of our Administration at ICFH.
- It is important for the agency to do “Whatever It Takes” when it comes to administering the MST Redirection Program.
- ICFH has been supportive of:
 - Higher Salaries for MST Therapists
 - Following the Salary guidelines given by MST/EBA
 - Flexible work hours for the therapists and supervisor
 - Proper budgeting to support Flex Funds for our families
 - Support in the financial department to distribute flex funds to therapists and reimburse for expenses
 - Providing Redirection with our own office space and giving us our own dedicated fax line.
 - Allowing the therapists to have their offices in their homes.



Teamwork Outside the Agency

- We work closely with our stakeholders outside of our agency.
- We take the MST “Whatever it Takes” stand when it comes to engaging our stakeholders.
- From the Coordinator to the Therapists, we all take part in engaging our stakeholders.



Engaging our Stakeholders

- The MST Team has constant contact with our Juvenile Probation Officers (JPO).
 - We send emails to JPOs on a weekly basis to update them on their cases.
 - We provide the same 24/7 phone availability to the JPO's that they provide to their families.
 - We assist the JPO's by monitoring the youth's progress on probation, ensuring constant communication between the family and Department of Juvenile Justice.



Engaging our Stakeholders

- We are creative in how we engage our stakeholders.
 - For holidays, we distributed over 40 pans of brownies to our stakeholders, including: Judges, Probation, Commitment Officers, Day treatment schools, the State Attorney's Office and the Office of the Public Defender.
 - For Juvenile Justice Week, we distributed M&M's to every JPO, JPO supervisor, ACPO, CPO, Judge, Public Defenders and State Attorneys in Miami Dade County.
 - Along with the "treats," we provide a thank-you from the teams and current referral forms and flyers.



Our Referral Process

- Our great engagement with stakeholders has impacted the number of referrals that we receive.
- On average, we receive 3-5 referrals per week. Some weeks we receive more, some less, but we are NEVER short of referrals for our program.
- Our program has a history of running at and above capacity.



Our Referral Process con't.

- When JPO decides to make a referral to our program, he or she is free to call the Coordinator to discuss the referral at any time of the day—All stakeholders have the cell phone numbers of all team members.
- If the referral is made, it is faxed to our dedicated Redirection fax line. This reduces the chance of the referral getting lost.
- Within 24 hours of receipt of the referral, the coordinator sends an email to the JPO/referral source to notify them that it was received, if the case is accepted or not, if we need further information, and the anticipated date of assignment and therapist.



Our Referral Process con't.

- Referrals are only handled by the coordinator, who assigns the case to the therapist. After the case is assigned, the therapist must immediately make an attempt to contact the family and must contact the JPO within 24 hours.
- The coordinator sends a slot notification report to the JPO, JPO supervisors and Probation administration to notify them of slots available and the outcomes and progress of current referrals.



Strategies for Sustainability

- It is important to maintain the relationships with stakeholders. If a therapist or member of the team makes an error, be sure to repair that relationship.
- Always remind the referral sources that you are there...send emails, monthly reports and other correspondence to remind them of your program.
- Keep your staff happy! I regularly have a supervision day at my house where I provide a home-cooked meal. Also provide extra incentives like gift cards, candy, warm fuzzies, and general praise.
- Make sure the staff takes care of themselves...without them, there would not be a program. Making sure that go on vacation with full case and call coverage is crucial.



Strategies for Sustainability

- As the Redirection Coordinator and the Supervisor for MST, I have a close relationship with all of my clinicians.
- It is important for the administration to take interest in the program and the clinicians.

Lee Mental Health, Inc.
Vista and Ruth Cooper Center



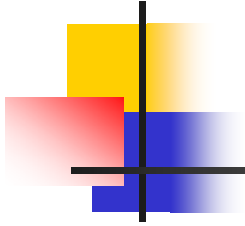
Functional Family Therapy

Nancy H. Kelly, Psy.D
Assistant Vice President
FFT Program Administrator
Fort Myers, FL



Lee Mental Health

- Received Charter in 1969
- Non profit Mental Health and Substance Abuse Treatment
- Size: Approximately 250 employees
- Serve 6500 clients
- Lee, Collier, Charlotte counties
- Ratio of Services: Adults 60% Child 40%
- Two campuses – Vista and Ruth Cooper Center



Mission

To provide mental health advocacy
and quality services for our
community



Services Provided

- Crisis Stabilization – Vista Campus
- Residential Treatment – Mental Health
- Residential Treatment – Substance Abuse
- Outpatient Treatment – Psychiatric Services
- Outpatient Therapy
- United Way House/Family Life Center



Services Provided

Community Based Programs

- Specialized Therapeutic Foster Care
- Therapeutic Behavioral On-Site Services
- Children/Adult Targeted Case Management
- Children/Adult Comprehensive Community Service Teams
- Diversion Program



Services Provided

Community Based Programs con't.

- Supported Employment
- Shelter Plus Care
- School-Based Programs
- Functional Family Therapy



Traditional Community Mental Health Agency?

- Historically
 - Medicaid Model of Care
 - Consistent Funding of Services
 - Annual audits
 - Longer term care
 - High caseloads
 - Strict guidelines for services
 - “Sprinkling” of Evidenced Based Practices



Traditional community Mental Health Agency con't.?

- More Recently
 - Medicaid Capitation
 - Managed Care
 - “Bundled Services”
 - Changes in accreditation
 - Data Driven



Why/How of FFT?

- Satisfy an identified need in the community
- Partnered with DJJ in the past
- Offer more services for children
- Past experience as an MST provider
- Funding available for program
- Right place/right time



FFT Demographics

- Program began in 2007
- Team of 4 therapists
- Supervisor chosen from within the team
- Team Capacity:
 - 33 at any point in time
 - 112 successful families annually



FFT Demographics con't.

- Serves youth between 12-18
- Lee and Collier Counties
- District 20
- Three year plan of development
- Partnership with EBA and FFT for implementation



And So it begins.....

- Phase I: The Honeymoon Phase



And So it begins.....

- Phase I: The Honeymoon Phase
 - A new resource for the community



And So it begins.....

- Phase I: The Honeymoon Phase
 - A new resource for the community
 - A new source of revenue for the agency



And So it begins.....

- Phase I: The Honeymoon Phase
 - A new resource for the community
 - A new source of revenue for the agency
 - A chance to incorporate formalized EBP



And So it begins.....

- Phase II: Reality seeps in...
 - At the agency level:



Moving Along.....

- Phase II: Reality seeps in...
 - At the agency level:
 - **You Want to pay them what???**



Moving along.....

- Phase II: Reality seeps in...
 - At the agency level:
 - **You Want to pay them what???**
 - **They need to go where???**



Moving along.....

- Phase II: Reality seeps in...
 - At the agency level:
 - **You Want to pay them what???**
 - **They need to go where???**
 - **What do you mean you can't increase their caseloads???**



Moving along.....

- Phase II: Reality seeps in...
 - At the therapist level:
 - **Transition from 1st year to 2nd**



Moving along.....

- Phase II: Reality seeps in...
 - At the therapist level:
 - **Transition from 1st year to 2nd**
 - **Recognizing the level of accountability**



Moving along.....

- Phase II: Reality seeps in...
 - At the therapist level:
 - **Transition from 1st year to 2nd**
 - **Recognizing the level of accountability**
 - **Developing time management skills**



Moving along.....

- Phase II: Reality seeps in...
 - At the stakeholder level:
 - **Overcoming a family's understanding of "therapy"**



Moving along.....

- Phase II: Reality seeps in...
 - At the stakeholder level:
 - **Overcoming a family's understanding of "therapy"**
 - **Entering the world of DJJ**



Moving along.....

- Phase II: Reality seeps in...
 - At the stakeholder level:
 - **Overcoming a family's understanding of "therapy"**
 - **Entering the world of DJJ**
 - **Reversing historical trends**



Moving along.....

- Phase II: Reality seeps in...
 - At the stakeholder level:
 - **Overcoming a family's understanding of "therapy"**
 - **Entering the world of DJJ**
 - **Reversing historical trends**
 - **Blending of the two cultures**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the agency level:
 - **A recognition of the potential for sustainability**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the agency level:
 - **A recognition of the potential for sustainability**
 - **A growing commitment to EBP**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the agency level:
 - **A recognition of the potential for sustainability**
 - **A growing commitment to EBP**
 - **A proven stream of revenue with effective support**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the therapist level:
 - **An appreciation of the training received**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the therapist level:
 - An appreciation of the training received
 - An understanding of the skills needed for successful outcomes



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the therapist level:
 - An appreciation of the training received
 - An understanding of the skills needed for successful outcomes
 - A commitment to a team approach



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the stakeholder level:
 - **A resource for community partners**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the stakeholder level:
 - **A resource for community partners**
 - **An alternative solution to commitment**



Moving along.....

- Phase III: Stabilization visible on the horizon...
 - At the stakeholder level:
 - **A resource for community partners**
 - **An alternative solution to commitment**
 - **Access to organized care responsive to their needs**



Where is the Fit??

- Functional Family Therapy



Where's the Fit??

- Functional Family Therapy
- Phase I: Engagement/Motivation
 - Use lots of reframing



Where is the Fit??

- Functional Family Therapy
 - Phase I: Engagement/Motivation
 - Use lots of reframing
 - Build hope



Where is the Fit??

- Functional Family Therapy
 - Phase I: Engagement/Motivation
 - Use lots of reframing
 - Build hope
 - Find the “noble intent” in what is said



Where is the Fit??

- Functional Family Therapy
 - Phase II: Implement Behavior Change
 - **Teach coping skills for the new environment**



Where's the Fit??

- Functional Family Therapy
- Phase II: Implement Behavior Change
 - **Teach coping skills for the new environment**
 - **Learn how to communicate the benefits of EBP**



Where's the Fit??

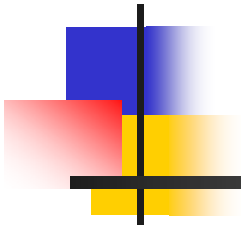
- Functional Family Therapy
- Phase II: Implement Behavior Change
 - **Teach coping skills for the new environment**
 - **Learn how to communicate the benefits of EBP**
 - **Engage in problem-solving strategies to ensure the fit**



Where's the Fit??

- Functional Family Therapy
 - Phase III: Generalization
 - **Share, share, share....to spread the message outside of your team**

Program and Cost Effectiveness Evaluation



Kristin Parsons Winokur, Ph.D.

Justice Research Center

Tallahassee, FL

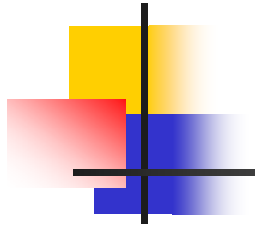


Why Evaluate?

We have an evidence-based program model, why do we need to evaluate?

- Meet contract deliverables
- Demonstrate program effectiveness
- Document fidelity to original program model
- Provide performance feedback to staff
- Inform policy decisions with actual results
- Document cost savings
- Proactive oversight, rather than reactive

Evaluation Drives Implementation



**Program Model
Implementation**

**Treatment
Outcomes**



**Policy
Feedback**





Evaluation: Florida's Redirection Model

- Independent, objective assessment
- Process and outcome-oriented
- Continual – feedback loop
- Empirically strong – descriptive and inferential analyses
- Both internal and external evaluation needs are examined



Importance of Implementation

Program Implementation:
Amount of Service, Quality of Delivery

| Program Type Grouped by Rank | Low | Medium | High |
|---------------------------------|-----|--------|------|
| Group 1 (best) | 24% | 34% | 46% |
| Group 2 | 16% | 30% | 40% |
| Group 3 | 6% | 20% | 32% |
| Group 4 (poorest) | 0% | 12% | 24% |

Source: Lipsey (2005). *What Works With Juvenile Offenders: Transitioning Research into Practice*



External Evaluation Needs

- Contractually required outcomes
 - Effective service delivery
 - Cost effectiveness
- Independent, empirical review
- Site replication and expansion



Internal Evaluation Needs

- Program and cost effectiveness
- Fidelity to treatment model
- Prompt identification of inefficiencies
- Understand clients served
 - Who do we serve?
 - How do we serve clients?
- Understand service delivery
 - Barriers to implementation (external/internal)
 - How do we improve?



Florida Redirection Outcomes

- Who has been served?
- How have they been served?
- How have they performed after services?
- How do outcomes compared to other programs?
- Have cost savings resulted?

Florida Redirection Youth Served: Demographics (June 2008)

- Youth served by Redirection programs on average are 16 years of age at time of admission; 72% were male and 53% were white

| Provider, Service and Circuit | Youth Served Demographics | | | | | | Average Age at Admission |
|--|---------------------------|----------------|---------------|---------------|---------------|----------------------------|--------------------------|
| | Percent Male | Percent Female | Percent White | Percent Black | Percent Other | Percent Hispanic Ethnicity | |
| The White Foundation (MST- Circuit 1) | 66% | 34% | 32% | 68% | 0% | 0% | 15.7 |
| Eckerd Youth Alternatives (MST- Circuit 2) | 76% | 24% | 18% | 82% | 0% | 6% | 15.5 |
| The White Foundation (MST- Circuit 4) | 80% | 20% | 12% | 88% | 0% | 4% | 15.9 |
| Vision Quest (FFT- Circuit 4) | 68% | 32% | 41% | 59% | 0% | 0% | 16.0 |
| CSI (FFT- Circuit 5) | 50% | 50% | 67% | 33% | 0% | 0% | 16.5 |
| CSI (FFT- Circuit 7) | 75% | 25% | 70% | 30% | 0% | 10% | 16.8 |
| The White Foundation (MST- Circuit 8) | 53% | 47% | 80% | 20% | 0% | 0% | 15.3 |
| The White Foundation (MST- Circuit 14) | 64% | 36% | 82% | 18% | 0% | 0% | 15.7 |
| North Region | 69% | 31% | 42% | 58% | 0% | 2% | 15.9 |
| Vision Quest (FFT- Circuit 6) | 64% | 36% | 76% | 24% | 0% | 16% | 15.6 |
| CSI (FFT- Circuit 9) | 80% | 20% | 51% | 49% | 0% | 24% | 16.0 |
| CSI (MST- Circuit 10) | 64% | 36% | 64% | 32% | 4% | 20% | 15.3 |
| CSI (MST- Circuit 12) | 92% | 8% | 92% | 0% | 8% | 15% | 16.2 |
| Vision Quest (FFT- Circuit 13) | 81% | 19% | 54% | 46% | 0% | 16% | 16.0 |
| CSI (MST- Circuit 18) | 83% | 17% | 57% | 43% | 0% | 9% | 15.9 |
| CYS (BSFT- Circuit 18) | 75% | 25% | 71% | 29% | 0% | 7% | 16.1 |
| Central Region | 77% | 23% | 63% | 36% | 1% | 16% | 15.9 |
| ICFH (FFT- Circuit 11) | 73% | 28% | 43% | 58% | 0% | 40% | 16.9 |
| ICFH (MST-Aftercare- Circuit 11) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| ICFH (MST-Psych- Circuit 11) | 80% | 20% | 40% | 60% | 0% | 40% | 16.3 |
| ICFH (MST- Circuit 11) | 67% | 33% | 67% | 33% | 0% | 57% | 16.3 |
| Camelot Community Care (FFT- Circuit 15) | 65% | 35% | 62% | 38% | 0% | 27% | 16.2 |
| Camelot Community Care (FFT- Circuit 17) | 0% | 100% | 50% | 50% | 0% | 0% | 16.7 |
| HMHC (MST-Aftercare- Circuit 17) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| HMHC (MST- Circuit 17) | 56% | 44% | 44% | 56% | 0% | 0% | 15.6 |
| The Starting Place (FFT- Circuit 17) | 75% | 25% | 38% | 63% | 0% | 13% | 16.1 |
| H.S.A. (MST- Circuit 19) | 56% | 44% | 61% | 39% | 0% | 11% | 16.1 |
| Lee Mental Health (FFT- Circuit 20) | 77% | 23% | 62% | 37% | 2% | 23% | 16.1 |
| South Region | 70% | 30% | 54% | 46% | 1% | 27% | 16.3 |
| Summary | 72% | 28% | 53% | 46% | 1% | 16% | 16.0 |

Florida Redirection Youth Served: Prior Record

| Provider, Service and Circuit | Prior Record of Youth Served | | | | | | |
|--|------------------------------|------------|---|-----------------|--------------|------------|-----------|
| | Average Prior | | % of Youth Served by Most Serious Adjudicated Offense | | | | |
| | Charges | Adj. | Violent Felony | Property Felony | Other Felony | Misd. | VOP |
| The White Foundation (MST- Circuit 1) | 6.9 | 4.3 | 20% | 18% | 6% | 48% | 4% |
| Eckerd Youth Alternatives (MST- Circuit 2) | 9.3 | 5.2 | 29% | 47% | 6% | 18% | 0% |
| The White Foundation (MST- Circuit 4) | 8.2 | 2.4 | 12% | 24% | 4% | 56% | 0% |
| Vision Quest (FFT- Circuit 4) | 7.6 | 3.0 | 2% | 22% | 2% | 63% | 0% |
| CSI (FFT- Circuit 5) | 6.7 | 3.0 | 33% | 17% | 0% | 33% | 0% |
| CSI (FFT- Circuit 7) | 13.3 | 4.2 | 30% | 35% | 5% | 30% | 0% |
| The White Foundation (MST- Circuit 8) | 7.1 | 3.5 | 7% | 27% | 7% | 53% | 0% |
| The White Foundation (MST- Circuit 14) | 8.8 | 3.8 | 0% | 36% | 0% | 45% | 9% |
| North Region | 8.3 | 3.7 | 15% | 26% | 4% | 48% | 2% |
| Vision Quest (FFT- Circuit 6) | 14.0 | 6.4 | 12% | 36% | 4% | 36% | 4% |
| CSI (FFT- Circuit 9) | 10.0 | 3.2 | 22% | 7% | 5% | 59% | 0% |
| CSI (MST- Circuit 10) | 14.0 | 7.5 | 16% | 32% | 0% | 48% | 4% |
| CSI (MST- Circuit 12) | 11.1 | 4.3 | 0% | 46% | 0% | 46% | 0% |
| Vision Quest (FFT- Circuit 13) | 12.8 | 4.1 | 22% | 27% | 3% | 35% | 0% |
| CSI (MST- Circuit 18) | 13.2 | 4.0 | 17% | 35% | 4% | 35% | 0% |
| CYS (BSFT- Circuit 18) | 9.7 | 3.5 | 11% | 32% | 4% | 46% | 0% |
| Central Region | 12.0 | 4.6 | 16% | 28% | 3% | 44% | 1% |
| ICFH (FFT- Circuit 11) | 9.3 | 2.6 | 20% | 35% | 8% | 28% | 5% |
| ICFH (MST-Aftercare- Circuit 11) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| ICFH (MST-Psych- Circuit 11) | 8.0 | 3.0 | 60% | 40% | 0% | 0% | 0% |
| ICFH (MST- Circuit 11) | 8.8 | 2.8 | 24% | 43% | 0% | 24% | 0% |
| Camelot Community Care (FFT- Circuit 15) | 8.0 | 3.6 | 12% | 42% | 0% | 35% | 12% |
| Camelot Community Care (FFT- Circuit 17) | 6.5 | 4.0 | 0% | 100% | 0% | 0% | 0% |
| HMHC (MST-Aftercare- Circuit 17) | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| HMHC (MST- Circuit 17) | 10.4 | 5.3 | 33% | 33% | 0% | 33% | 0% |
| The Starting Place (FFT- Circuit 17) | 11.8 | 6.3 | 25% | 25% | 4% | 33% | 8% |
| H.S.A. (MST- Circuit 19) | 13.1 | 4.8 | 6% | 33% | 11% | 50% | 0% |
| Lee Mental Health (FFT- Circuit 20) | 12.8 | 4.1 | 12% | 33% | 10% | 44% | 0% |
| South Region | 10.7 | 3.9 | 18% | 36% | 6% | 35% | 4% |
| Summary | 10.3 | 4.1 | 16% | 30% | 4% | 42% | 2% |

* The worst prior adjudication measure includes youth who were adjudicated and those with adjudication withheld.

- Youth served by Redirection programs had an average of 10 prior charges and 4 prior adjudications.
- Half of Redirection youth had a felony as their most serious prior offense.

Florida Redirection Youth Served: Risk To Re-Offend

| Provider, Service and Circuit | Prior Record of Youth Served | | | | | | | |
|--|--|------------|------------|------------|------------|----------------------------|-----------|------------|
| | % Risk to Re-Offend Based on Recent PACT | | | | Releases | % of Youth Released w/ ODS | | |
| | Low | Mod. | Mod - High | High | Total | Arrest | Adj. | VOP |
| The White Foundation (MST- Circuit 1) | 64% | 18% | 16% | 2% | 12 | 8% | 0% | 8% |
| Eckerd Youth Alternatives (MST- Circuit 2) | 29% | 18% | 18% | 35% | 6 | 17% | 0% | 17% |
| The White Foundation (MST- Circuit 4) | 44% | 32% | 16% | 8% | 9 | 33% | 22% | 33% |
| Vision Quest (FFT- Circuit 4) | 66% | 15% | 7% | 12% | 12 | 50% | 8% | 42% |
| CSI (FFT- Circuit 5) | 33% | 50% | 0% | 17% | 4 | 0% | 0% | 0% |
| CSI (FFT- Circuit 7) | 35% | 10% | 25% | 30% | 9 | 11% | 0% | 11% |
| The White Foundation (MST- Circuit 8) | 40% | 40% | 7% | 13% | 7 | 29% | 14% | 14% |
| The White Foundation (MST- Circuit 14) | 36% | 18% | 27% | 18% | 5 | 80% | 20% | 80% |
| North Region | 51% | 21% | 15% | 14% | 64 | 28% | 8% | 25% |
| Vision Quest (FFT- Circuit 6) | 28% | 20% | 32% | 20% | 6 | 50% | 0% | 67% |
| CSI (FFT- Circuit 9) | 41% | 27% | 24% | 7% | 20 | 50% | 5% | 50% |
| CSI (MST- Circuit 10) | 16% | 36% | 24% | 24% | 7 | 14% | 14% | 14% |
| CSI (MST- Circuit 12) | 38% | 23% | 38% | 0% | 2 | 50% | 50% | 0% |
| Vision Quest (FFT- Circuit 13) | 19% | 14% | 30% | 38% | 7 | 57% | 14% | 71% |
| CSI (MST- Circuit 18) | 35% | 26% | 22% | 17% | 5 | 40% | 0% | 20% |
| CYS (BSFT- Circuit 18) | 54% | 14% | 21% | 11% | 6 | 33% | 17% | 33% |
| Central Region | 33% | 22% | 27% | 18% | 53 | 43% | 9% | 43% |
| ICFH (FFT- Circuit 11) | 45% | 30% | 13% | 13% | 8 | 13% | 0% | 13% |
| ICFH (MST-Aftercare- Circuit 11) | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A |
| ICFH (MST-Psych- Circuit 11) | 20% | 20% | 60% | 0% | 0 | N/A | N/A | N/A |
| ICFH (MST- Circuit 11) | 43% | 29% | 5% | 24% | 6 | 33% | 17% | 17% |
| Camelot Community Care (FFT- Circuit 15) | 42% | 31% | 15% | 12% | 4 | 25% | 0% | 25% |
| Camelot Community Care (FFT- Circuit 17) | 50% | 0% | 50% | 0% | 0 | N/A | N/A | N/A |
| HMHC (MST-Aftercare- Circuit 17) | N/A | N/A | N/A | N/A | 0 | N/A | N/A | N/A |
| HMHC (MST- Circuit 17) | 0% | 22% | 33% | 44% | 5 | 40% | 20% | 40% |
| The Starting Place (FFT- Circuit 17) | 25% | 38% | 29% | 8% | 5 | 60% | 20% | 40% |
| H.S.A. (MST- Circuit 19) | 28% | 33% | 22% | 17% | 0 | N/A | N/A | N/A |
| Lee Mental Health (FFT- Circuit 20) | 37% | 21% | 33% | 10% | 16 | 13% | 6% | 56% |
| South Region | 36% | 28% | 23% | 14% | 44 | 25% | 9% | 36% |
| Summary | 40% | 24% | 21% | 15% | 161 | 32% | 9% | 34% |

- Thirty-six percent of Redirection youth were assessed as moderate-high or high risk to re-offend.
- Forty percent were low risk and another 24% were assessed as moderate risk to re-offend.
- Less than 10% of youth completing Redirection programs had an adjudication during services.

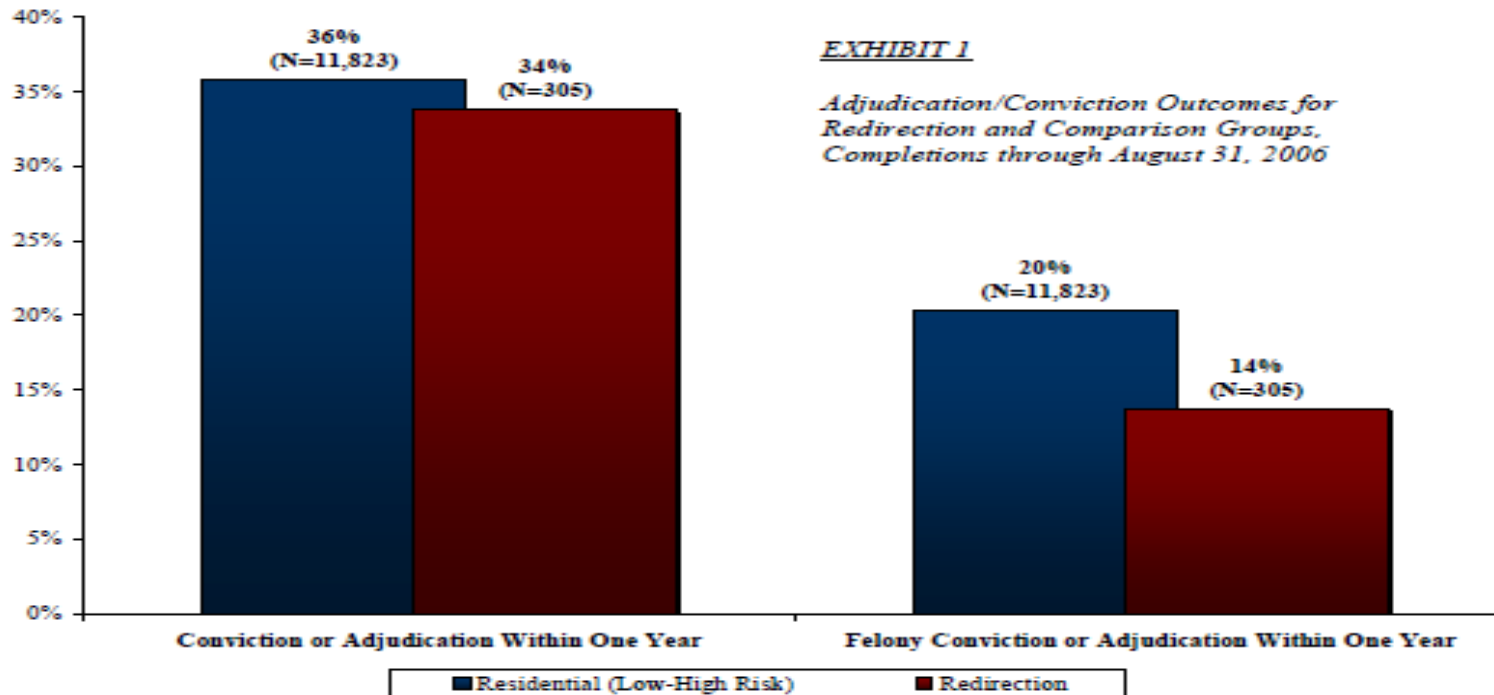


Florida Redirection Service Delivery

- A total of 574 youth were served by the Redirection Program during June 2008, including 119 new admissions, 161 releases and 410 active youth as of June 30, 2008.
- The operating capacity for the Redirection program in June was 436 youth.
- Among the youth released in June, the successful completion rate was 83%.
- The average length of stay for youth successfully completing the Redirection program was 106 days.

Florida Redirection Program Effectiveness Outcomes

Among youth released between March 2005 and August 2006, juvenile re-adjudication within one year of program completion was lower for youth in the Redirection compared to those completing residential commitment programs.



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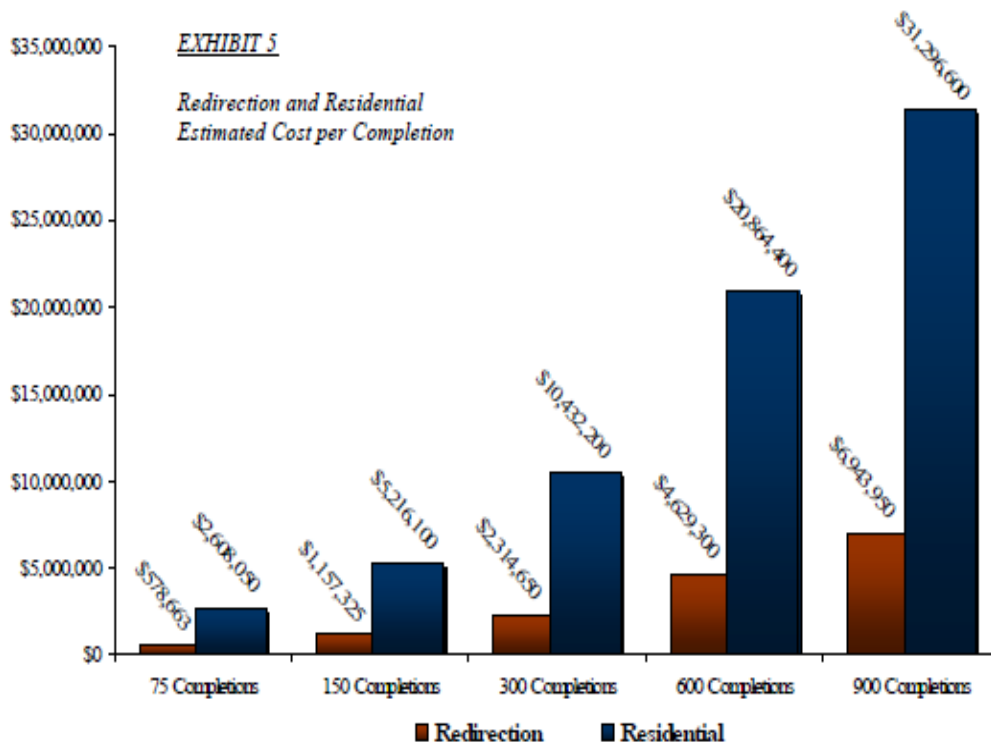
In addition, Redirection was significantly better than residential services at reducing the odds of felony re-adjudication or re-conviction.



Florida Redirection Program Effectiveness Outcomes

- Youth who complete Redirection programming have better recidivism outcomes when compared to youth released from residential programming.
- The predicted odds of arrest are approximately sixteen percent higher for those released from Redirection services when compared to residential completers, a significant result.

Florida Redirection Cost Effectiveness Outcomes



- Cost figures suggest that Redirection, as an alternative to commitment, has the potential to save over \$27,000 dollars per juvenile offender.

Additional cost savings include deferred/diverted detention costs, probation costs, and aftercare costs, in addition to residential cost savings



Policy Implications

- Diversion of youth better served in non-residential settings
- Services appropriate to youth risk levels
- Application to aftercare programming and continuity of care
- Replication in other states



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