

**Virtual Residential Program[©]
Program Evaluation
Outcome Summary 2002-2006**

1 March 2007

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Updated with 2004-2006 data by:
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Evaluation Summary

This report summarizes the results of an exploratory program evaluation of the Virtual Residential Program[®].ⁱ Consistent with the call for community-based, least-restrictive alternatives, Providence Service Corporation's Virtual Residential Program[®] was created to meet the needs of an underserved subset of children and adolescents with mental illnesses --those with emotional disturbances so severe that they are at imminent risk of out-of-home placement. VRP[®] is a family-centered and strength-based intervention that combines the structure of residential programs with the benefits of in-home efficacy. Utilizing a mix of theoretical perspectives and therapies, VRP[®] targets multiple-determinates of problems faced by the youth and their families. VRP[®] provides families, schools, and communities with a diversion alternative to unnecessary out-of-home placements and/or to expedite successful step-down of youth following residential or psychiatric placements.ⁱⁱ

Because VRP[®] has a commitment to program evaluation, Carol Bailey was contracted to do an analysis of data they had collected between 2002 and 2004. The data used in this initial analysis were from an Outcome Summary. The Outcome Summary had 24, forced-choice questions that were completed by the VRP[®] professionals when the VRP[®] clients were discharged from the program. Data from the Outcome Summary for 98 Virtual Residential Program[®] clients were used in this initial analysis. The discharge status of the clients was used as the measure of program effectiveness throughout this report. At discharge, clients could either remain in the community or not remain in the community.

Much was learned about the strengths and limitations of the VRP[®] Program from this initial study. Subsequent to this study, Providence Service Corporation developed an internal staffing position to take the information from this evaluation and work with regions and states to improve and monitor the overall quality of the VRP[®] Program. Allison Sampson, LCSW, PhD Candidate became the VRP[®] Development and Training Director in March of 2005. Ms. Sampson was charged with the task of continuing the work Dr. Bailey began in analyzing and evaluating data from the VRP[®] outcome summaries. Additionally, Ms. Sampson began implementing a new outcome report developed by Dr. Bailey. This new outcome summary includes 52 questions which incorporate the original 24 force-choiced questions while requesting additional information about primary and secondary diagnoses for clients. The intent of this revised outcome evaluation form was to further explore the behaviors and goals of clients and families participating in the VRP[®] program. In order explore these areas, the evaluation now provides Likert scale ratings for commonly experienced behavioral problems as well as family issues which arise in VRP[®] cases. Staff rate this scales according to the level of difficulty a client was having with the behavioral issue prior to admission as well as upon discharge.

As of March 1, 2007, 139 cases are represented in the evaluation of the VRP[®] program. This report incorporates information collected and analyzed by Dr. Bailey for the years 2002-2004 (98 cases), while adding the additional 41 cases conducted in the years 2004 (12 cases), 2005 (22 cases) and 2006 (8 cases). All clients represented here were discharged prior to March 1, 2007.

Along with this data, the report concludes with a follow-up evaluation conducted by Providence Service Corporation staff in Ohio. Providence initiated a follow-up evaluation in Ohio which was conducted with 29 clients who completed the VRP[®] program since 2003. Letters were sent notifying clients and their guardians that a member of the Providence staff would be contacting them via phone to ask them some questions regarding their progress since discharge from the program. Response rate to this follow up evaluation was 31%, 9 out of the 29 guardians were able to be reached and interviewed. Information gathered from these interviews is presented in this updated report. With such a small number of families included in this initial follow-up evaluation, the intention was to make

contact with all 29 of the families; however, due to the high mobility of these youth and families, this proved to be a difficult task. Providence continues to dedicate itself to finding new evaluation methods that will improve this response rate and conduct client follow ups. Currently, Providence is in the process of beginning this follow up process for 57 VRP© cases conducted in Virginia. Additionally, Virginia Tech has been approved by the IRB to initiate a qualitatively designed study to explore the program implementation strengths and needs of the VRP© program as contextualized by such issues as culture, race/ethnicity, nature of the community (urban, rural, suburban), and other important factors.

In general, the information gained from the nine guardians who were able to be contacted presented the following insight. The range of time since discharge for the 29 clients included in the follow-up evaluation was 3 months to 31 months with about 28% of the clients having been discharged from the program between 10 and 12 months prior to the follow-up call and evaluation. In the past 18 months, 5 of these youth have had subsequent placements and 4 have remained in the community uninterrupted since discharge. The one of the five youth not remaining in the community did not have a placement date available. The remaining youth's placements occurred at 1 week, 1 month, 9 months and 18 months. It should be noted that's the youth who was placed within a week of discharge from the program entered a residentially based substance abuse program as recommended and coordinated by the VRP© case workers. Youth remaining in the community had been discharged for 4 months, 9 months, 10 months, and 11 months.

Looking at this very preliminary follow up evaluation, some recidivism patterns for clients after discharge at 3month, 6 month, and 9 month intervals were developed. One youth was excluded in examining these recidivism patterns given his placement date was not reported to the interviewer. Twelve (12) month and 18 month intervals were not considered given that there was only one youth contacted who had been discharged for more than 12 months. This youth had not been placed at 12 months, however, his guardian did report placement in detention occurring at 18 months. As reported by the guardian the VRP© program was one of the best programs ever.

Looking at each client at their 3 month mark post discharge, 6 of these clients were in the community and 2 had been placed in a residential setting representing a 25% recidivism rate. At the 6 month point, 7 of the youth could be evaluated given that one youth previously considered was at his 4 month marker at the time of the updated evaluation. Therefore, at 6 months post discharge 5 youth were still in the community and 2 of the youth had been placed revealing a 28% recidivism rate. At the 9 month mark, 3 of the youth had experienced placements and 4 remained in the community representing a 43% recidivism rate. It is important to take into consideration again that these recidivism rates are very preliminary given the small number of youth who have been evaluated post discharge at this time. Ongoing follow up evaluations will be scheduled with these youth at 3month intervals and presented in future updated evaluation reports. Diagnostic information regarding clients involved in this follow-up evaluation is presented.

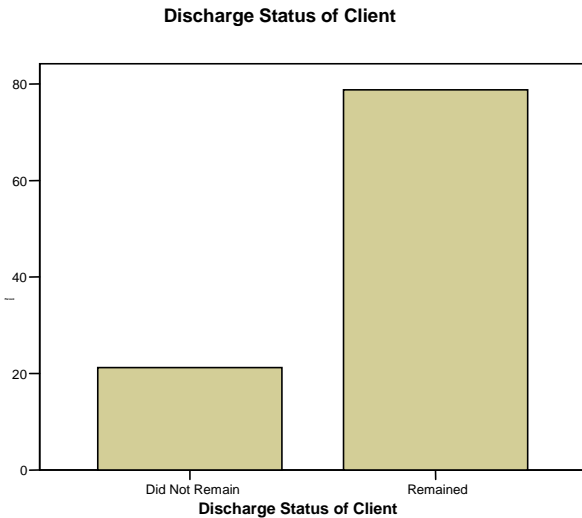
The two primary research questions that were explored in Dr. Bailey's initial research and have been the continuous focus of evaluation since that time are:

1. What percentage of clients remained in the community at the termination of VRP© services?
2. Were the percentages of clients that remained in the community at discharge from the Virtual Residential Program© similar for diverse groups?

Additionally, this evaluative report inquired into the client's ability to remain in the community since discharge as well as the client's level of success with certain behaviors at the time of the follow up (April and May of 2006).

Using discharge status as the measure of program effectiveness, the major conclusion of this evaluation is that the Virtual Residential Program[®] provided a highly effective service. An impressive seventy-nine percent (79%) of the 139 clients remained in the community at the termination of VRP[®] services. The percentages were similar for the five states with VRP[®].

Discharge Status of Client



Discharge Status	Number of Cases	Percentage of Cases
Did Not Remain in Community	29	21%
Remained in Community	110	79%
Totals	139	100%

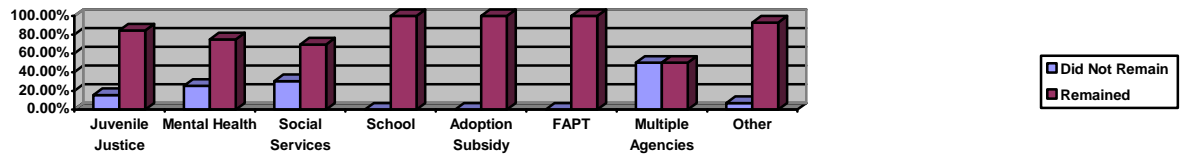
Type of Referral and Discharge Status

VRP[®] clients were referred by a variety of agencies, sometimes working in conjunction with each other. There is some variation in rates of remaining in the community by type of referral agency. For two clients referral information was not available.

Discharge Status	Juvenile Justice		Mental Health		Social Services		School	
	Count	%	Count	%	Count	%	Count	%
Did Not Remain	2	15.4%	17	25.4%	7	30.4%	0	0%
Remained	11	84.6%	50	75%	16	69.6%	10	100%

Discharge Status	Adoption Subsidy		Multiple Agency Referral		Other	
	Count	%	Count	%	Count	%
Did Not Remain	0	0%	2	25%	1	7.1%
Remained	1	100%	6	75%	13	92.9%

Community Status at Discharge and Referral Source

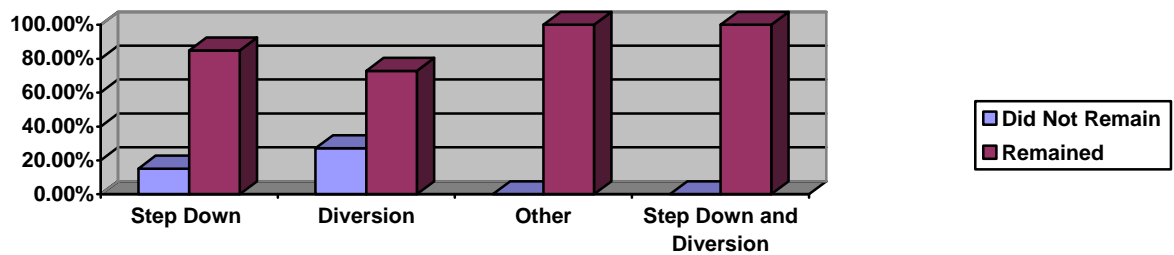


Differences in Step-Down versus Diversion Case Referrals

Differences between the percentages of clients that remained in the community were seen for other client groupings. For example, **a larger percentage of clients referred for the purpose of step-down remained in the community** than the percentage that remained for clients referred for the purpose of diversion. For two clients, client grouping information was not available.

	Purpose of the Referral							
	Step Down from Residential		Diversion of Out-of-Home Placement		Other		Step Down and Diversion	
	Discharge Status of Client		Discharge Status of Client		Discharge Status of Client		Discharge Status of Client	
	Count	%	Count	%	Count	%	Count	%
Did Not Remain	7	15.2%	22	27.2%	0	0%	0	0%
Remained	39	84.8%	59	72.8%	5	100.0%	5	100.0%

Community Status at Time of Discharge and Purpose of Referral

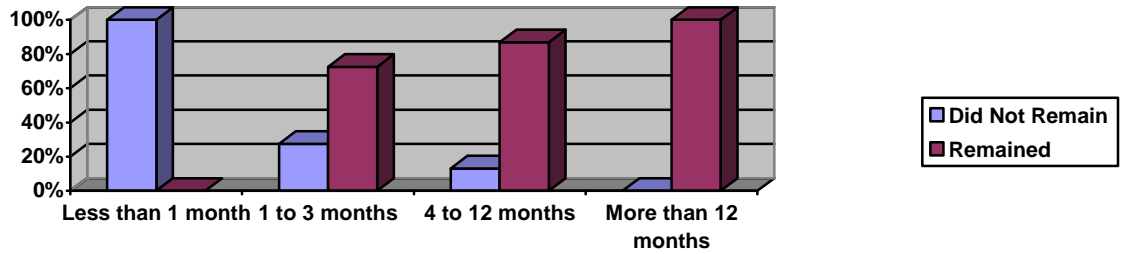


Length of Stay

VRP[®] length of service and discharge status was statistically significantly related (p<.04).ⁱⁱⁱ Close to eighty-seven percent (87%) of clients who received VRP[®] services for four or more months remained in the community, while close to seventy-three percent (73%) who received services for less than four months remained. One client remained in the program for more than one year and upon discharge, remained in the community. Additionally, one client remained in the program for six days and was then discharged to a psychiatric hospital due to external factors necessitating a residential setting for client. Overall, **VRP[®] provided an effective service in a relatively short amount of time for many clients when discharge status is used as a measure of effectiveness.**

	Dichotomized Length of Stay							
	Less than 1 month		1 to 3 Months		4 to 12 months		More than 12 months	
	Discharge Status of Client		Discharge Status of Client		Discharge Status of Client		Discharge Status of Client	
	Count	%	Count	%	Count	%	Count	%
Did Not Remain	1	100.0%	19	27.5%	9	13.2%		
Remained			50	72.5%	59	86.8%	1	100.0%

Community Status at Time of Discharge and Length of Stay

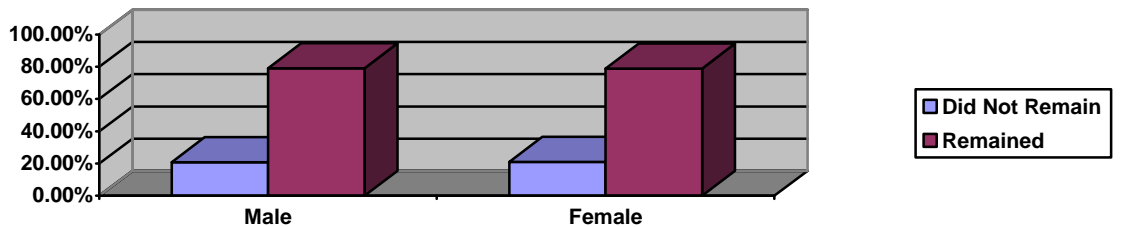


Gender

Similar percentages of clients remained in the community for most of the different demographic groups, indicating that the Virtual Residential Program[®] served diverse client groups equally well. For example, **male and female clients remained in the community at approximately the same rate.**

Discharge Status of Client	Gender			
	Male		Female	
	Count	%	Count	%
Did Not Remain	19	21.1%	10	20.4%
Remained	71	78.9%	39	79.6%

Community Status at Time of Discharge and Gender

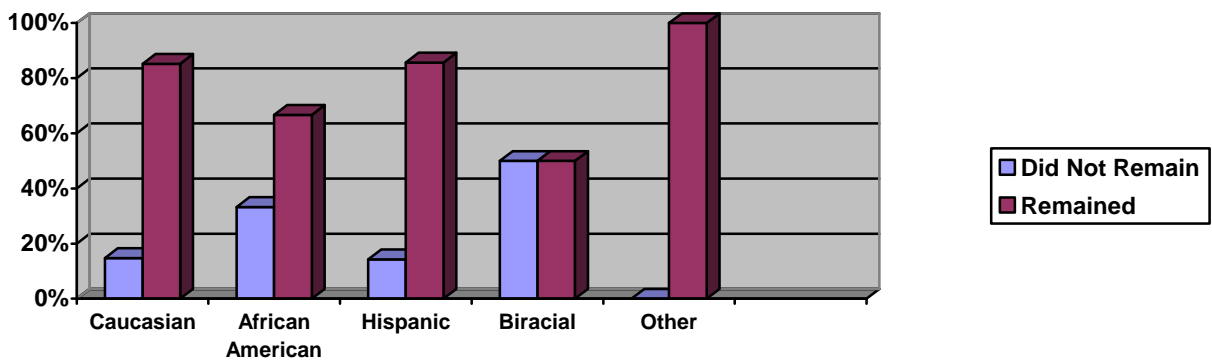


Youth Remaining in the Community and Race/Ethnicity and Gender

The rates for those youth who remained in the community were relatively similar for Caucasian and Hispanic males (85% and 85.7% respectively). Males from African American and Biracial descent remained in the community at a lower rate of 66.7% and 50%.

	Race/Ethnicity and Gender (Male)									
	Caucasian Discharge Status of Client		African-American Discharge Status of Client		Hispanic Discharge Status of Client		Biracial Discharge Status of Client		Other Discharge Status of Client	
	Count	%	Count	%	Count	%	Count	%	Count	%
Did Not Remain	8	15%	8	33.3%	1	14.3%	2	50%	0	0%
Remained	46	85%	16	66.7%	6	85.7%	2	50%	1	100.0%

Male Clients and Discharge Status



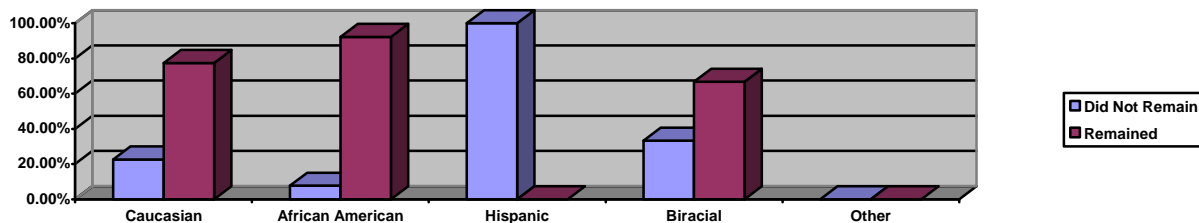
Male Clients, Race, & Discharge Status 1

The rates for those youth who remained in the community were relatively similar for Caucasian and Biracial females (77.4% and 66.7% respectively). One female client was of Hispanic descent and did not remain in the community at the time of discharge. **The rate at which African American females remained in the community was 92.3% with only one of the 13 clients being placed.** One African American client was placed in a psychiatric hospital setting due to external factors after six days in the VRP© program. The race/ethnic background of one of the females in this group was not available.

Gender Female

	Race/Ethnicity									
	White Discharge Status of Client		Black Discharge Status of Client		Hispanic Discharge Status of Client		Biracial Discharge Status of Client		Other Discharge Status of Client	
	Count	%	Count	%	Count	%	Count	%	Count	%
Did Not Remain	7	22.6%	1	7.7%	1	100%	1	33.3%	0	0%
Remained	24	77.4%	12	92.3%	0	0%	2	66.7%	0	0%

Female Clients, Race, & Discharge Status

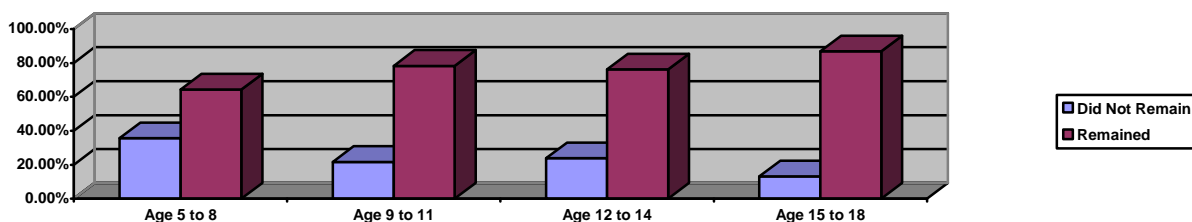


Age

The percentage of youth who remained in the community at discharge varied by age group, ranging from a low of 61.5% for 5 to 8 year old clients to a high of 86% for 15 to 18-year-old clients. Four youths age was not available.

	Age Groupings							
	Ages 5 to 8		Ages 9 to 11		Ages 12 to 14		Ages 15 to 18	
	Discharge Status of Client		Discharge Status of Client		Discharge Status of Client		Discharge Status of Client	
	Count	%	Count	%	Count	%	Count	%
Did Not Remain	5	35.7%	5	21.7%	11	23.9%	7	13%
Remained	9	64.3%	18	78.3%	35	76.1%	46	87%

Age Category and Discharge Status



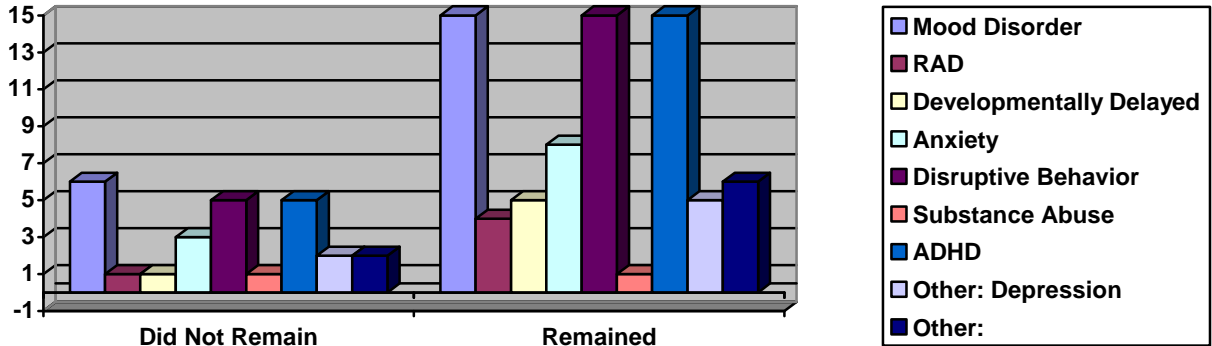
Mental Health Diagnostic Differences

Diagnostic Information was provided for 123 of the 139 cases using the revised outcome summary form. Information presented below combines first and secondary diagnoses into one table and graph for the purposes of more simplistic summarization.

Primary Diagnoses of Youth When Examined According to Status in the Community at Discharge

Status in Community at Time of Discharge	Mood Disorder	RAD	Developmentally Delayed	Anxiety (PTSD, Phobias)	Disruptive Behavior (ODD, CD)	Substance Abuse	ADHD	Other: Depression	Other:
Did Not Remain	6	1	1	3	5	1	5	2	2
Remained	22	4	5	8	29	1	16	5	6

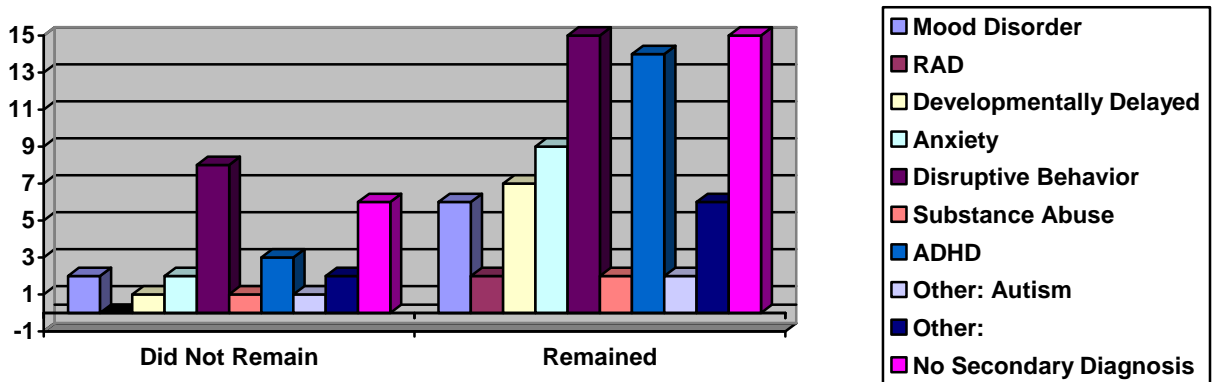
Primary Diagnoses of Youth When Examined According to Status in the Community at Discharge



Secondary Diagnoses of Youth When Examined According to Status in the Community at Discharge

Status in Community at Time of Discharge	Mood Disorder	RAD	Developmentally Delayed	Anxiety (PTSD, Phobias)	Disruptive Behavior (ODD, CD)	Substance Abuse	ADHD	Other: Autism	Other:	No Secondary Diagnosis
Did Not Remain	2	0	1	2	8	1	3	1	2	6
Remained	6	2	7	9	26	2	14	2	6	23

Secondary Diagnoses of Youth When Examined According to Status in the Community at Discharge

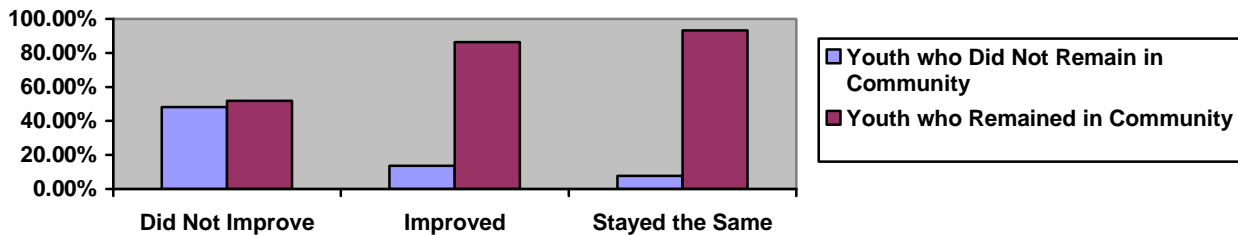


School

Clients that improved their school attendance/grades while receiving VRP services remained in the community at a much higher rate than clients that did not improve their school attendance/grades. **The relationship between improvement in school attendance/grades and discharge status was strong and statistically significant ($p < .000$).** Eighty-six percent of the clients who improved their school attendance/grades remained in the community. (Note: This data is representative of 115 of the 139 clients, 24 clients had missing data in reference to their grade/attendance improvement scores).

	Did Client's School Attendance/Grades Improve					
	Did Not Improve Discharge Status of Client		Improved Discharge Status of Client		Stayed the Same Discharge Status of Client	
	Count	%	Count	%	Count	%
Did Not Remain	13	48.1%	10	13.7%	1	6.7%
Remained	14	51.9%	63	86.3%	14	93.3%

School Attendance and Grades



The overall conclusion is that when discharge status is used as the measure of program effectiveness, the **Virtual Residential Program[®] was highly successful in meeting its primary goal of preventing out-of-home placement.** With some exceptions, possibly due to small numbers of some ethnic groups the **Virtual Residential Program[®] served diverse groups of clients equally well.**

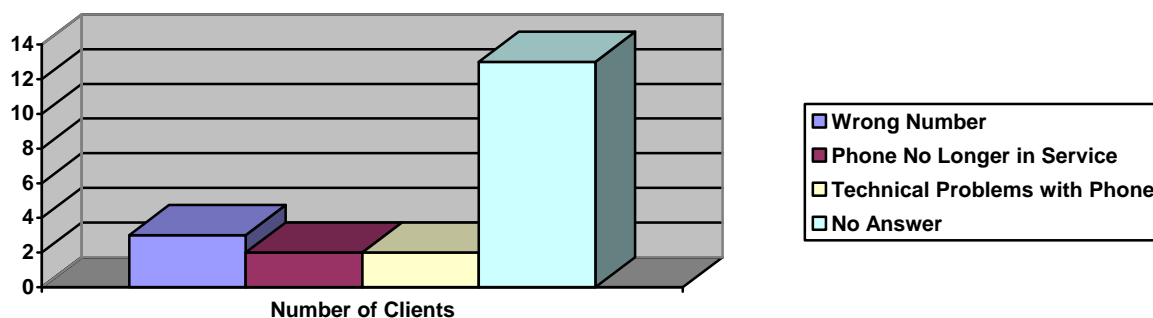
Follow-Up Study for Ohio VRP© Program

Along with this data, the report concludes with a follow-up evaluation conducted by Providence Service Corporation staff in Ohio. Providence initiated a follow evaluation in Ohio which was conducted with 29 clients who completed the VRP© program. Letters were sent notifying clients and their guardians that a member of the Providence staff would be contacting them via phone to ask them some questions regarding their progress since discharge from the program.

Response rate to this follow up evaluation was 31%, 9 out of the 29 guardians were able to be reached and interviewed. Information gathered from these interviews is presented in this updated report. In general, the information gained from the nine guardians who were able to be contacted presented the following insight. The following chart provides some insight into reasons why contact could not be made. When phone interviews were attempted and no one answered the call, at least 5 more attempts were made at different times to establish contact.

With such a small number of families included in this initial follow-up evaluation, the importance in reaching all 29 of the families was heightened in order to achieve reliable and valid results. However, due to the high mobility of these youth and families, this proved to be a difficult task. Typical telephone response rates for this population range between 25-50%. Providence continues to dedicate itself to finding new evaluation methods that will improve this response rate and conduct client follow ups. Currently, Providence is in the process of beginning this follow up process for 59 VRP© cases conducted in Virginia.

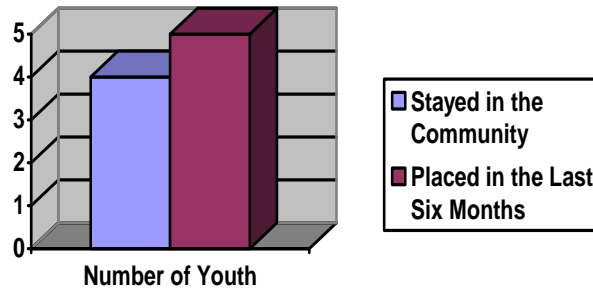
REASONS BEHIND LACK OF CONTACT DURING FOLLOW UP EVALUATION



	Frequency	Percent
Wrong Number	3	10.3
No Longer in Service	2	6.9
Phone Problems	13	44.8
No answer	20	69.0
Total	29	100.0

COMMUNITY STATUS AFTER DISCHARGE

Overall, the range of time since discharge for the 29 clients included in the follow-up evaluation was 3 months to 31 months with about 28% of the clients having been between 10 and 12 months. Noting again the very preliminary nature of this initial follow up evaluation in Ohio, five of these youth have had subsequent placements and four have remained in the community since discharge.

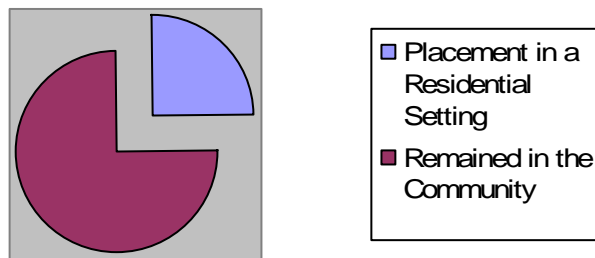


PRELIMINARY RECIDIVISM PATTERNS FOR OHIO YOUTH IN FOLLOW UP

Looking at this very preliminary follow up evaluation, some recidivism patterns for clients after discharge at 3 month, 6 month, and 9 month intervals were developed. One youth was excluded in examining these recidivism patterns given his placement date was not reported to the interviewer. Twelve (12) month and 18 month intervals were not considered given that there was only one youth contacted who had been discharged for more than 12 months. This youth had not been placed at 12 months, however, his guardian did report placement in detention occurring at 18 months. As reported by the guardian the VRP© program was one of the best programs ever.

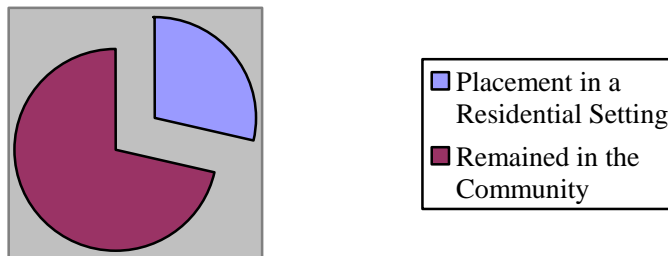
Looking at each client at their 3 month mark post discharge, 6 of these clients were in the community and 2 had been placed in a residential setting representing a 25% recidivism rate.

Recidivism at 3 months Post Discharge N=8



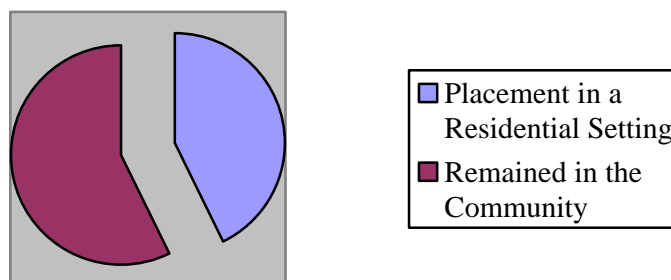
At 6 months post discharge, 7 of the youth could be evaluated given that one youth previously considered was at his 4 month marker at the time of the updated evaluation. Therefore, at 6 months post discharge 5 youth were still in the community and 2 of the youth had been placed revealing a 28% recidivism rate.

**Recidivism at 6 months
Post Discharge
(N=7)**



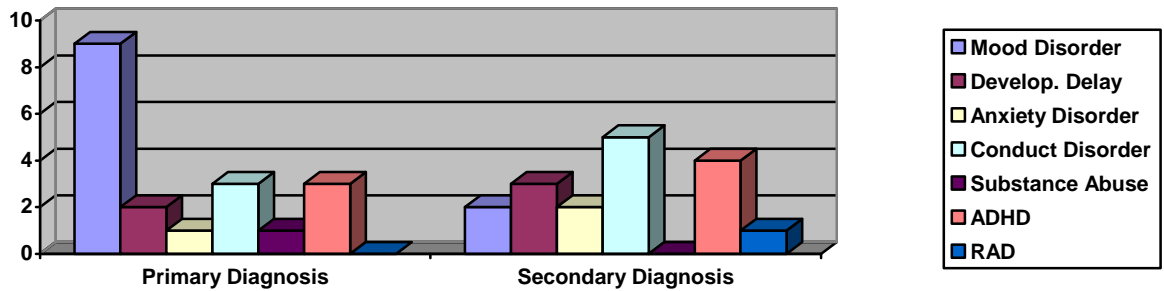
At the 9 month mark, 3 of the youth had experienced placements and 4 remained in the community representing a 43% recidivism rate.

**Recidivism at 9 Months
Post Discharge
N=7**



It is important to take into consideration again that these recidivism rates are very preliminary given the small number of youth who have been evaluated post discharge at this time. Ongoing follow up evaluations will be scheduled with these youth at 3month intervals and presented in future updated evaluation reports. Diagnostic information regarding clients involved in this follow-up evaluation is presented.

Diagnostic information was gathered using the updated outcome summary form for nineteen (19) of the twenty-nine (29) cases evaluated in this follow-up. Of these nineteen (19) cases, all cases provided a primary diagnosis and sixteen (16) of these cases additionally gave a secondary diagnosis. The following indicates the types of diagnoses represented by these groups.



**Diagnostic Information for Clients
(Based on 9 Clients Responding to Follow Up)**

Diagnostic information for clients experiencing placement was available for 3 of the 5 respondents. Client who experienced an out of home placement at 18 months and client whose placement date was unavailable do not have diagnostic information below.

Number of Months Post-Discharge	Primary Diagnosis	Secondary Diagnosis
One (1) Week	Conduct Related Disorder	Developmental Delay
One (1) Month	Conduct Related Disorder	Developmental Delay
Nine (9) Months	Anxiety Based Disorder	No Secondary Diagnosis

Diagnostic information for clients remaining in the community was available for all 4 respondents.

Number of Months Post-Discharge	Primary Diagnosis	Secondary Diagnosis
Four (4) Months	ADHD	Conduct Related Disorder
Nine (9) Months	ADHD	Mood Disorder
Ten (10) Months	Developmental Delay	Conduct Related Disorder
Eleven (11) Months	Mood Disorder	Developmental Delay

ⁱ This report is a summary of a much larger evaluation. A copy of the full report is available from the author.

ⁱⁱ Information adapted from VRP[®] promotional materials (2003).

ⁱⁱⁱ Length of service is categorized into two groups in this report to simplify the presentation. In order to determine significance level, a cross tabulation using Cramer's V was conducted. Results of this calculation provided a p value of .04.