



**Institute for Family Centered Services'
Family Centered Treatment™
An Evidenced Based and Best Practices Model Program**

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IFCS performance assures the highest standard of practice consistent with the intent for the assurance of quality that is fundamental for evidenced based and best practice programs.

Professionally accepted and recognized criteria for designation as evidenced -based and best practice model requires fidelity to the fundamental components of the champions of evidence based practice models. (*Bridging the Gap between Services and Evidence Based Practices – Vivay Ganju PhD – 2001*)

IFCS will provide any information requested to validate the assertion that IFCS meets or exceeds the intent, the needs, and the standards addressed by requests for proposals (RFPs) that require evidence based or best practice programs. IFCS adherence to the nationally recognized Blueprints for Violence Prevention Model Programs' *Evidence-Based Model Program Selection Criteria* is detailed as follows:

1. Fidelity to nationally recognized evidence based programs

Since its inception almost seventeen years ago, IFCS has modeled and maintained **fidelity to the fundamental components for intensive in home services:** (*Definition of Home Based Family Centered Treatment - Stroul, 1988*)

- Home based interventions represent the extreme on the dimensions of timeliness, accessibility, and intensity.
- The intervention is delivered primarily in the family's home.
- Home based services have a family focus, and the family unit is viewed as the client.
- The services have an "ecological" perspective and involve working with the community system to access and coordinate needed services and supports.
- Home-based programs are committed to family preservation and reunification unless there is clear evidence that this is not in the best interest of the child.
- The hours of service delivery are flexible in order to meet the needs of families, and 24-hour crisis intervention is provided.
- Home based services are multifaceted and include counseling, skill training, and helping the family to obtain and coordinate necessary services, resources, and supports.
- Services are offered along a continuum of intensity and duration based upon the goals of the program and the needs of the family.
- Staff have small caseloads to permit them to work actively and intensely with each family.
- The relationship between the home based worker and the family is uniquely close, intense and personal.
- The programs are committed to empowering families, instilling hope in families, and helping families to set and achieve their own goals and priorities.

IFCS has developed and maintained successful methods of training, development, and supervision of staff that assure adherence to each fundamental component.

Of critical and profound significance is IFCS' development of its own therapeutic model of "*Family Centered Treatment*"™. This model integrates activity based treatment that enables families to make changes in the core components of family functioning: how they handle conflict, communication, the tasks of daily living and meeting each other's needs for closeness, attention,

and affection. This model is taught to staff by means of a three month training program “*Wheels of Change*” © that incorporates the latest in educational research utilizing multiple learning approaches. Integral to the “*Wheels of Change*” © training program is a 220 page training manual provided for each FCS.

2. Multiple Site Replication

Replication is an important element in establishing program effectiveness and understanding what works best, in what situations, and with whom. Some programs are successful because of unique characteristics in the original site that may be difficult to duplicate in another site (e.g., having a charismatic leader or extensive community support and involvement). Replication establishes the strength of a program and its prevention effects and demonstrates that it can be successfully implemented in other sites (*Blueprints Study – Prevention Model Programs 2004*). IFCS has provided services in six states since its inception in 1988. Of significance is IFCS’ leadership nationally for the provision of intensive in-home services. Since the beginning as one of the first private in home agencies to contract with the public sector in the eastern seaboard state of Virginia, IFCS has been able to duplicate the model with similar success in multiple southern states. This growth has included the establishment of regional services in rural and urban settings. Essential to this success is the foundation of a management model that incorporates a team and peer supervision approach. IFCS management approach of intensive individual and peer supervision has been integral and has helped establish IFCS as a nationally recognized leader. IFCS requirements for staff credentials and training have always exceeded the contract expectations and the competition. IFCS has developed the management infrastructure and IT support systems to enable site replication that assures fidelity to the management and service delivery models.

3. Evidence of Effect with a Strong Research Design

The Blueprints Advisory Board accepts evidence of deterrent effects for three key indicators—violence (including childhood aggression and conduct disorder), delinquency, and/or drug use—as evidence of program effectiveness. Providing sufficient quantitative data to document effectiveness in preventing or reducing the above behaviors requires the use of evaluative designs that provide reasonable confidence in the findings (e.g., experimental designs with random assignment or quasi-experimental designs with matched control groups). Most researchers recognize random assignment studies (randomized trials) executed with fidelity as providing the highest standard of program evaluation. **Random assignments offer the most compelling evidence that study results are due to the intervention** rather than to preexisting differences between experimental and control groups and/or other threats to internal validity, such as maturation, selection bias, and testing effects. In these studies, assignment to experimental or control conditions is determined solely by chance, and the likelihood of differences being attributed to the assignment process can be assessed. (*Blueprints Study – Prevention Model Programs 2004*)

IFCS research and program evaluation department is currently able to exceed the Blueprints Model key indicator evaluations. IFCS history of providing services to clients/families with problem behaviors and diagnoses that encompass and exceed the Blueprints Advisory Board target areas of evaluation has provided for data that significantly exceeds the minimum criteria.

IFCS data collection instruments are available for review upon request. The current design allows for evidence gathering for the three indicators identified by Blueprints when applicable to the clients, as well as presenting problems and a host of demographic, behavioral, clinical, and placement information. While 2004 outcome data is not yet available, IFCS outcome research information is available since 1998, and for select contracts or locations since 1989.

In addition, IFCS is currently engaged in a collaborative research project with Maryland Department of Juvenile Justice. This project will evaluate and compare recidivism rates and treatment outcomes across discharged IFCS clients and a control group of juvenile justice youth.

4. Sustained Effects - (not a criteria but suggested)

Although one criterion of program effectiveness is that it demonstrates success by the end of the treatment phase, it is also important to **demonstrate that these program effects endure beyond treatment and from one developmental period to the next**. Designation as a Blueprints Model program requires a sustained effect at least one year beyond treatment, with no subsequent evidence that this effect is lost. Unfortunately, many programs that demonstrate initial success fail to show long-term maintenance of the effects after the intervention has ended. Depending on whether effects are immediate or delayed, the full impact of an intervention or treatment may not be realized at the end of treatment. Significant improvement may be realized over time, or a decay or decline may result (*Blueprints Study – Prevention Model Programs 2004*). IFCS has target group or contract follow up programs to demonstrate effectiveness after closure of services. One example target group for IFCS was a North Carolina *SMART START* grant held for three years in the mid nineties. The treatment groups were early childhood (ages 0-5) children from families that had been recently reported to the child protective services division of social services. On going follow up surveys indicated that 95% of children were maintaining placement at home at the time of follow-up.

IFCS is prepared to continue with current and developing follow up studies that assure adherence to and exceed this minimum criteria for best practices. The selection for the IFCS regions or contract groups for follow up study is determined as part of the overall organizational development. To assist and oversee this critical aspect of development IFCS employs a full time professional research and program evaluation specialist (PhD) as part of the Organizational Development Department.

5. Analysis of Mediating Factors – (not a criteria but suggested)

The Blueprints Advisory Board looks for evidence that change in the targeted risk or protective factor(s) mediates the change in violent behavior (in the mental health referral system it would be the behaviors or issues that precipitated treatment). This evidence clearly strengthens the claim that participation in the program is responsible for the change in behavior, and it contributes to our theoretical understanding of the causal processes involved. In its reviews of different programs, Blueprints has discovered that many programs reporting significant deterrent “main effects” have not collected the data necessary to complete an analysis of mediating factors. (*Blueprints Study – Prevention Model Programs 2004*)

As indicated, IFCS has consulted with evaluation and research specialists to develop its data collection and analysis in accordance with stringent scientific standards for evaluating program

effectiveness. The IFCS Director of Program Evaluation and Research oversees this aspect and assures that this depth of analysis will continue to be attained. A summary of selected treatment outcomes follows.

6. Costs versus Benefits

Program costs should be reasonable and should be less or no greater than the program's expected benefits. High price-tag programs are difficult to sustain when competition is high and funding resources low. Implementing expensive programs that will, at best, have small effects on violence is counter-productive.

Although outcome evaluation research established that **Blueprints** programs were effective in reducing violence, delinquency, and drug use, very few data were available initially regarding the costs associated with replicating these programs. (*Blueprints Study – Prevention Model Programs 2004*)

IFCS experience in evaluating and demonstrating cost effectiveness is part of the success story of IFCS. Critical analysis of costs and effectiveness are available upon request and demonstrate the value of the IFCS model. IFCS experience with multiple grants, state contracts and a comparison of the residential placement costs versus in home leave no room for challenge in results or costs.

**A SUMMARY OF SELECTED EVIDENCE- BASED EVALUATIONS OF IFCS
TREATMENT OUTCOMES**

**Evaluation of Family and Youth Together Again (FAYTA) Funded Services
FY 94-94, 94-95, and 95-96**

This competitive grant was awarded to IFCS for three fiscal years due to excellent performance and was funded by the Department of Criminal Justice. The project outcomes were developed and analyzed by Tamson Six, an independent consultant, and the Chesterfield County Court Services Unit.

The studies show intensive home based services are far less expensive than the alternatives. Cost comparisons in 1995 reveal daily costs of \$21.49 for IFCS Services, \$111 for detention, \$109 for incarceration, and \$962 for psychiatric hospitalization.

In addition to being cost effective, FAYTA funded intensive home based services show signs of being more effective in terms of reducing recidivistic offense behavior. During the first year of services the recommitment rate for FAYTA youth was only 3.2% in a population that traditionally has a rate of over 20%.

In the second year, only 8.6% of FAYTA funded youth on supervised probation or parole were charged with another offense during the tracking period, while 28.6% of the comparison group was charged with a new offense. Crimes committed by FAYTA youth were also less serious in nature than those committed by those youth in the comparison group. Commitment and recommitment rates are lower as well; only 8.6% of FAYTA youth were committed or recommitted during the study period, while 11.4% of the youth in the comparison county were committed or recommitted, and 57% of a random sample of similar youth from the same county were committed or recommitted. In addition, incidences of detention fell for FAYTA youth over a two year period.

In the final year, only 11% of FAYTA youth were charged with another offence during the study period, compared to 46% of youth from the comparison group. Again, crimes committed by FAYTA youth were less serious in nature. Detention rates for FAYTA parolees fell 12% between FY 93-94 and FY 94-95, but rose 8% between FY 94-95 and FY 95-96. However, incidences of detention for FAYTA youth on probation dropped steadily, for a total decrease of 25% over the 3 years of the program.

**Fairfax County Comprehensive Services Act Trust Fund Grant
In-home Treatment Evaluation August 1993-June 1996**

IFCS was chosen to be the agency to initiate alternative programs for youth who had been traditionally placed out of home. The Family Centered Treatment™ Model had demonstrated initial effectiveness that was superior to other approaches. This report on the results of IFCS In-Home Treatment Program documents caseload data, consumer and family profiles, reasons for referral, IFCS, wraparound services provided, and outcomes. Clients were referred by Social Services, Education, Mental Health, and Probation and were all considered to be at imminent risk of placement. Notable outcomes: Of the 203 children and siblings served in 114 families, 175 children remained in their own homes. Of 56 children on probation, 75% were in compliance with terms of probation.

**Program Evaluation Report, Multiple years, submitted to Virginia Department of
Juvenile Justice**

This report contains: population demographics, clinical profiles, referring court districts, service utilization, parolee offenses and outcomes before/during/after treatment, and discharge status. Notable results: Of the 45 juvenile parolees served during FY 1999-2000, 39% committed no offenses during treatment and 43% had committed no offenses for up to one year following treatment.

Analysis of Discharge Summary Data, RS Kirk and Associates, October 2002

A review of IFCS services and discharge outcomes for 1,974 families discharged in 2001. Families were served in a total of 13 regions across 4 states; Florida, Georgia, Kentucky, Maryland, North Carolina, and Virginia. An analysis of 1, 433 families (for whom treatment did not end prematurely due to funding termination or relocation, etc.) 69% of these cases ended with the child in the home and successful completion of treatment goals, while only 23% of cases ended with the child placed out of the home. The report examines differences in service delivery, reasons for discharge, and success rates across sites (states).

Implications for Cost-Effective Treatment for a Juvenile Justice Population

Marc D. Goldberg, University of Virginia, July 2002

Analysis of 1318 families and youth who received intensive family-centered services through IFCS across six states: VA, MD, KY, NC, GA, and FL. Analysis of variance (ANOVA) indicates significant increase in success rates (family preserved and treatment goals met) with length of service. Cost effectiveness analysis indicates that intensive family interventions can save \$5.63 - \$7.68 for every dollar spent on treatment. For the juvenile justice population cost effectiveness analysis suggests that intensive family services can save \$38.15-\$52.09 (in criminal justice costs to taxpayers and costs to victims) for each dollar invested in treatment.

**Community-Based Sexual Offender Treatment Program, Evaluation Report for
Southeast Virginia, CY 2002**

Report includes the demographic profile of this specific target population, references sexual offense characteristics, psychiatric history, placement status at intake, and treatment outcomes.

Notable results for the 26 clients discharged during CY 2002: 96% committed no sexual offenses during treatment, and 100% did not re-offend over 6 months following discharge. Additionally, 78% successfully completed the program, and 70% decreased risk per J-SOAP and improved global functioning per CANS.

**IFCS Community-Based Transitional Services (294)
Program Evaluation Report for Virginia Department of Juvenile Justice
July 2002-May 2003**

Report includes demographic profiles and treatment outcomes for severely dysfunctional juvenile parolees who received IFCS Home-Based Counseling Services and/or Sex Offender Treatment or Substance Abuse Treatment. Outcomes for the 58 youth receiving Home-Based Counseling Services: 93% participated in 100% of assigned therapies, 88% of caretakers participated in 95% of services, 79% of youth were successfully enrolled in vocation program or employed, 67% did not require adjudication for one year following discharge, and 51% did not engage in parole violations during treatment.

**Maryland Department of Juvenile Services
Institute for Family Centered Services, Inc.
Non-Residential Community Based Program
Population Characteristics and Treatment Outcomes
Fiscal Year 2005**

This program provides services to youth and their families through the Maryland Department of Juvenile Services Non-Residential Community Based Program. This program provides a community based alternative for youth who are adjudicated delinquents at risk of secure or locked detention or residential placement. The program supports youth that are being either diverted from placement or released early from placement, as well as youth requiring aftercare services and community supervision.

For the 93% of youth who completed treatment, 64% successfully completed the plan and remained in the community, 18% were placed out of the home, 13% were detained, and 5% were discharged for running away. Sixty-nine percent of youth did not re-offend while in the program, 64% attended school at least 80% of school days, and 68% improved their behavior at school. Ninety-seven percent of youth and families were linked to community resources, and 77% were referred for therapeutic services. Of those youth required to provide community service, 73% completed their community service hours.

One IFCS region (South Mountain) piloted a Modified version of the FCT™ Model which provided less intensive services over the 6 months of treatment. This report shows that the Modified model results in fewer successful outcomes; relative to those in IFCS's Family Centered Treatment™ (FCT™), significantly more youth in the Modified plan are placed out of the home, detained, or ran away, and significantly more youth re-offended while in the program. This is despite the fact that youth in the Modified plan were categorized as having a lower risk of out of home placements! We find similar results for youth who do not complete the full 6 months of treatment. Reductions in the intensity of treatment required under FCT™ which appear to be cost-saving are not cost-effective; they end up costing more than FCT™.

IFCS Outcomes Trend Report Florida 2001-2004

Through 2001-2004, IFCS in Florida served 1067 families, and the number served continues to increase every year. Services in Florida focused primarily on *severely emotionally disturbed*, *emotionally disturbed*, and *at risk* youth and children at imminent risk of being placed out of home. After accounting for early attrition due to funding losses, noncompliance, etc., the success rate for keeping families together was 78% in 2001 and 2001, and 84% in 2003 and 2004. Attainment of treatment goals (unique to each family) is high; for those clients who complete treatment, goal attainment rates for 2002, 2003 and 2004 were 83%, 85%, and 92%, respectively. As expected, these success rates are lower when clients who did not complete the IFCS FCT™ are included in the sample; success rates fall to 66%, 74%, and 73%, respectively.

Clients' level of functioning is assessed at intake and discharge using the CFARS and CGAS instruments. CFARS results show improvement for most IFCS clients, most notably in the Home and School domains. In the Home domain, for those clients who complete treatment, improvement rates in 2003 and 2004 were 81% and 67%, respectively, while improvements in the School domain range from 68% and 53%. For those same clients, functioning as measured by CGAS increased in 2003 for 81% of clients, with 43% of clients moving up one or more full levels of functioning by the end of treatment. In 2003, 74% of clients showed improved functioning by the CGAS, with 49% moving up at least one full level of functioning. As expected, improvement rates in the level of functioning fall for clients who did not fully complete FCT™.

Value Options/ NC Health Choice for Children Institute for Family Centered Services, Inc. (IFCS) Intensive In-home Services Population Characteristics and Treatment Outcomes 2003-2004

Client profiles and treatment outcomes are presented for 93 discharged clients who are at risk of an out-of-home placement, usually hospitalization, or who are returning home from a placement. Twenty percent of clients were discharged before treatment was completed due to relocation, refusal of services, or because the client ran away. Of the remainder, 82% of clients maintained their family placement or were reunified with their families. For the 73 clients discharged prior to 2005, 57% experienced some positive progress toward their primary presenting problem. For the 20 clients discharged in 2005, 86% of families report positive progress toward *all* their treatment goals, while the FCS reports indicate 82% of families make positive progress toward all their treatment goals. All families and FCSs report some positive progress toward at least some treatment goals.

**Virginia Department of Juvenile Justice
Institute for Family Centered Services, Inc. (IFCS)
Community Based Transitional Services Program (294)
Population Characteristics and Treatment Outcomes
June 2003 - June 2005
DRAFT**

This program provides services to youth and the families of youth who are transitioning back into to their communities following long-term placements in juvenile correctional centers. Transitional services include aiding re-entry into the home/family, schools, and social and work settings, linking the youth and family with other community services, and re-lapse prevention. All clients and their families receive IFCS' intensive in-home Family Centered Treatment™. Community-Based Sex Offender Treatment and Sex Offender Treatment programs are also provided where needed.

The 44 discharged youth were predominantly male, ranging in age between 14 and 20 years. Seventy-one percent had at least one family member with a history in the legal system, and 89% of youth had committed at least one felony offense prior to admission into IFCS services. After accounting for attrition due to relocation and refusal of services, 82% of clients successfully completed the program and reunited with their families or transitioned into independent living. Eighty-nine percent of school-aged youth were enrolled in school or alternative educational programs. Eighty-one percent of youth did not incur new charges while in the program, 74% did not incur new charges during the first six months following discharge, and 100% of clients followed did not incur new charges for the second six months following discharge.

**Fairfax-Falls Church Community Policy and Management Team
Institute for Family Centered Services, Inc. (IFCS)
Case Rate Program Report
Client Profiles and Treatment Outcomes
January 2003 – June 2006**

The Institute for Family Centered Services, Inc. (IFCS) contracts with the Fairfax-Falls Church Community Policy and Management team to provide intensive in-home services to a high risk/difficult population of clients who are at imminent risk of an out-of-home placement, or who are returning home from a placement. The Case Rate Program is funded under a single inclusive rate per case, and is designed to allow IFCS the flexibility to allocate its resources efficiently in order to best serve the needs of all clients.

This report documents client profiles, treatment outcomes, and demonstrated cost savings for the 68 clients discharged under this contract from January 2003 to June 2006. Of the clients who completed treatment, 83% maintained their family placement, were reunified with their family, or were successfully transitioned into independent living. For the 34 clients discharged prior to 2005, 79% experienced some positive progress toward their primary presenting problem, with 26% experiencing significant improvement defined as 80-100% goal attainment. For the 34 clients discharged beginning January 2005, 94% of families experience positive progress toward

at least some of their treatment goals, and 72% of families experience positive progress toward every treatment goal.

The cost-effectiveness of the program is demonstrated by considering the population served and the counterfactual, i.e., where the clients would have been placed had IFCS services not been available, as well as the IFCS success rate at maintaining home placements. The Case Rate Program was developed for a high risk/difficult population at imminent risk of an out-of-home placement, typically in a Residential Treatment Center (RTC) or a Group Home. The report demonstrates that residential placement costs for this population would have ranged between \$13,424,020 (all placed in RTCs) and \$4,676,000 (all placed in Group Homes). Total costs of the IFCS Case Rate program (including the costs of placement for the 7 clients who were placed out of home despite receiving FCT™) were \$1,928,670. Thus, the IFCS Case Rate Program provides a net savings of \$2.7m to \$11.5m.

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Population Characteristics and Treatment Outcomes
Fiscal Year 2006**

This program provides services to youth and their families through the Maryland Department of Juvenile Services Non-Residential Community Based Program. This program provides a community based alternative for youth who are adjudicated delinquents at risk of secure or locked detention or residential placement. The program supports youth that are being either diverted from placement or released early from placement, as well as youth requiring aftercare services and community supervision.

Of the 287 clients discharged, 215 fully participated in the program, and 222 siblings potentially at risk of engaging in delinquent behaviors received services from IFCS, at no additional cost to Maryland DJS. Over all areas served, 68% of fully participating clients had maintained their family placement at discharge; 9% were placed out of the home; 11% were detained; 6% were AWOL, and 3% were non-compliant or refused services. Seventy-six percent of fully participating youth successfully completed the program, and 68% did not re-offend while in the program. Sixty percent of youth attended school at least 80% of school days, 68% improved their behavior at school, and 75% of families experienced improved family functioning. Ninety-five percent of fully participating youth and families were linked to community resources, and 65% were referred for therapeutic services. Of those youth required to provide community service, 77% completed their community service hours. Approximately 90% of families and their Family Centered Specialists reported positive progress toward family and youth-specific treatment goals.