



**Institute for Family Centered Services, Inc. (IFCS)
Annual Report**

**Maryland Department of Juvenile Services
Non-Residential Community Based Program
Population Characteristics and Treatment Outcomes
Fiscal Year 2009**

Prepared for Darlene Dockins
Vice President, Maryland
Institute for Family Centered Services, Inc.

by:

Melonie B. Sullivan, PhD
Executive Director, FamiliFirst
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1. Summary of Program Outcomes

The Institute for Family Centered Services, Inc. (IFCS) 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 diverted from placement, or released early from placement, as well as youth requiring aftercare services and community supervision.

We highlight the following statewide outcomes for youth discharged from the program during Fiscal year 2009:¹

- **100%** of referrals were accepted
 - **91%** of referrals entered into services
- For those clients who entered into services:
- **94%** of families were successfully engaged in treatment
- For those clients who were successfully engaged in treatment:
- **95%** of youth did not re-offend while in the program
 - **80%** of youth successfully completed the program
 - **79%** of youth maintained their placement with family or in independent living
 - **77%** of families improved family functioning
 - **83%** of families and **83%** of IFCS staff reported positive progress on the most important treatment goal
 - **67%** of families and **67%** of IFCS staff reported positive progress on every treatment goal

It is worthwhile to emphasize that IFCS accepts all referrals that qualify under its contract with MD DJS. IFCS has never refused services to MD DJS youth, regardless of client or family characteristics, risk factors, or the youth's offense history. Therefore, these results should be evaluated in light of the fact that they include those of the most resistant and severe offenders qualifying for the program.

Over its 6 years of providing services to this program, IFCS has had a high rate of success at keeping these youth in the community. This year, **79% of youth were successfully diverted from out of home placements**. In a quasi-experimental analysis of IFCS compared to residential services, we show that **every dollar MD DJS has spent on IFCS services has saved the state an average of \$3.27 in residential placement costs**.²

¹ A full analysis is presented in Section 3 below.

² Please see "A Quasi-experimental Examination of Family Centered Treatment[®]: Outcomes for a Juvenile Delinquent Population" (Sullivan and Benneer, 2009) at www.ifcsinc.com.

2. Family Centered Treatment®

Family Centered Treatment® (FCT) is the model of treatment IFCS uses to serve MD DJS youth and their families. FCT was developed by IFCS and designed for use in the provision of intensive in home services. Its foundation and critical components derive from major models of evidence-based practice as recognized by *Strengthening Families, Blueprints for Violence Prevention, Promising Practices Network, and the National Registry of Effective Prevention Programs*. FCT meets the American Psychological Association's criteria for Evidence Based Practice in Psychology. Family Centered Treatment has been reviewed and rated as promising by OJJDP Model Programs. The [OJJDP Model Programs Guide](#) is a user-friendly, online portal to scientifically tested and proven programs that address a range of issues across the juvenile justice spectrum. The Guide profiles more than 175 prevention and intervention programs and helps communities identify those that best suit their needs. In addition, Family Centered Treatment has been peer reviewed and evaluated with designation as a promising practice by the Promising Practices Network. <http://www.promisingpractices.net/criteria.asp> . This network of evidence based (both promising and proven practices) is operated by the [RAND Corporation](#), the nation's original "think tank." RAND is a nonprofit research organization providing objective analysis and effective solutions that address challenges facing the public and private sectors around the world. Long recognized as one of the world's premier research organizations, RAND produces work of enduring value—research and analysis that is prized and respected for its quality, innovation, comprehensiveness, and objectivity. A full description of the practice of FCT and its theoretical foundations can be found on the intranet at www.ifcsinc.com, in “Definition of Institute for Family Centered Services Family Centered Treatment” (Painter and Smith, 2009).

In an analysis of the first 4.5 years of this program, FCT has been shown to work at least as well as residential placements in reducing offense recidivism behaviors, and to significantly reduce subsequent residential placements in the year following treatment. In addition, the post-treatment frequency and duration of secure detentions is lower for those youth receiving FCT. Importantly, FCT is an extremely cost effective alternative to residential treatment; every dollar spent on FCT during the first 4.5 years of this program saved the state of Maryland \$3.27 in residential placement costs. For the complete draft report, please see “A Quasi-experimental Examination of Family Centered Treatment®: Outcomes for a Juvenile Delinquent Population” (Sullivan and Benneer, 2009) at www.ifcsinc.com.

3. Program Outcomes

In what follows, population characteristics and treatment outcomes are presented for all youth discharged from IFCS during the fiscal year. While population characteristics are presented for the full population of referrals, outcomes are stratified by “Starters,” “Early

Discharges” and “Full Participants.” The designation “Starter” was developed because many referrals never actually start receiving services. “Non-starters” include referrals that were never located, refused services, or that were removed from treatment by DJS within the first 30 days of service. Notably, **only 9% of referrals were non-starters; 91% of referrals were successfully entered into services.** For obvious reasons, non-starters are excluded from the analysis.

Because early attrition is a common problem in mental health care (and this problem is often exacerbated in the DJS population by court decisions), separate analyses of outcomes for *Starters* and *Full Participants* highlights the success of youth and families who receive the full course of Family Centered Treatment. Full Participants are youth and families who participate in services beyond the 10th direct contact. This is the typical level of contact necessary with this population to complete the first phase of treatment, the *Family Centered Evaluation*. Our experience shows it typically takes this period to adequately join with this population, which is vital in order to affect systemic change.

A large literature on underutilization of services documents early attrition rates ranging from 35% to 89%, where early attrition is defined well under the level of 10 direct contacts. Moreover, the population served under the MD DJS contract is high risk in terms of barriers to engagement in treatment -- the youth served are highly resistant, typically oppositional, and likely to be enmeshed in gangs – so one might expect higher than average early attrition rates with this population.³ Nevertheless, the FY09 early attrition rate, defined at 10 direct contacts, was only 6.4%, or 18 out of 283 starter clients; **IFCS Family Centered Specialists successfully engaged with 94% of youth and families who entered into services.** Of the clients who were discharged early in FY09, 22% were detained, 11% were placed out of home, 28% were AWOL or runaway status, and 11% refused or were non-compliant with services.

IFCS provides services to Maryland DJS youth in 5 regions across 15 counties. Table 1 documents the population characteristics and treatment outcomes for youths discharged from IFCS services. Where the definition is not self-evident, variable definitions are provided in Table 2.

³ For a summary of the literature on attrition and the engagement interventions used by IFCS, see “Barriers to Child Mental Health Services and Interventions to Enhance Engagement,” (Cavaleri, McKay, and Smith, 2007) at http://ifcsinc.com/fct/pro_evidence.php

**Table 1:
Population characteristics and Treatment Outcomes
Discharged Clients
FY 2009**

Population Characteristics	Region					
	Baltimore	Montgomery	Southern Maryland	South Mountain	Tri-County	STATE TOTAL
Number of referrals	122	54	56	76	54	362
Number of accepted referrals	122	54	56	76	54	362
Number of clients discharged	101	39	42	85	44	311
Number of clients starting services ("starters")	87	37	36	80	43	283
Early Discharges (starters with less than 11 direct contacts)	7	4	4	1	2	18
Full Participants (starters with 11 or more direct contacts)	80	33	32	79	41	265
Mean age	16	16	16	16	16	16
Age range	13-19	13-19	12-19	12-19	14-19	12-19
Race Distribution (% White/Black/Hispanic)	13/87/0	13/58/21	2/88/10	66/32/1	52/45/0	32/62/4
% Male	81%	76%	74%	61%	73%	73%
# Full Participant's siblings served (approximately)	159	44	54	143	68	468

**Table 1 (cont.)
Breakdown of Status at Discharge: All Starter Clients, and Full Participants vs. Early Discharges**

	Baltimore	Montgomery	Southern Maryland	South Mountain	Tri-County	STATE TOTAL
All Starters						
Maintained Family Placement/Independent Living	76%	70%	89%	75%	72%	76%
Placed Out of Home/Residential	2%	5%	6%	6%	2%	4%
Foster Care/Shelter	0%	0%	0%	6%	0%	2%
Detained	14%	11%	3%	6%	16%	10%
Runaway/AWOL	3%	8%	3%	6%	7%	6%
Non-compliant/Refused Services/Relocated	3%	5%	0%	0%	2%	2%
DJS terminated services	1%	0%	0%	0%	0%	0%
Full Participation in Program						
Maintained Family Placement/Independent Living	79%	79%	94%	75%	76%	79%
Placed Out of Home/Residential	2%	3%	3%	5%	2%	4%
Foster Care/Shelter	0%	0%	0%	6%	0%	2%
Detained	13%	12%	3%	6%	12%	9%
Runaway/AWOL	3%	3%	0%	8%	7%	4%
Non-compliant/Refused Services/Relocated	3%	3%	0%	0%	2%	2%
DJS terminated services	1%	0%	0%	0%	0%	0%
Early Discharges						
Maintained Family Placement/Independent Living	43%	0%	50%	0%	0%	27%
Placed Out of Home/Residential	0%	25%	25%	0%	0%	11%
Foster Care/Shelter	0%	0%	0%	0%	0%	0%
Detained	29%	0%	0%	0%	100%	22%
Runaway/AWOL	14%	50%	25%	100%	0%	28%
Non-compliant/Refused Services/Relocated	14%	25%	0%	0%	0%	11%
DJS terminated services	0%	0%	0%	0%	0%	0%

**Table 1 (cont.):
Year-end Summary of Performance Indicators**

	Baltimore	Montgomery	Southern Maryland	South Mountain	Tri-County	STATE TOTAL
All Starters						
Length of treatment (average in days)	148	178	162	161	167	160
Length of treatment (range in days)	14-240	35-353	24-360	6-521	19-360	6-521
Average number of individual sessions/youth	21	25	35	39	30	30
Average number of family sessions/youth	19	20	16	28	21	22
Average number of group sessions/youth	1	2	9	14	3	6
% who did not re-offend	97%	97%	97%	93%	98%	96%
% Successfully Completed Program	72%	65%	81%	79%	84%	76%
% of youth attending or completed school	98%	89%	97%	99%	100%	97%
% of youth who attended at least 80% of school days	52%	50%	39%	66%	70%	57%
% of youth who attended at least 75% of school days	56%	67%	42%	70%	79%	63%
% of youth with improved behavior at school	70%	64%	61%	69%	68%	67%
% of youth and families linked to community resources	91%	95%	81%	98%	95%	93%
% of youth completing community service hours	46%	50%	78%	92%	100%	74%
% of families with improved family functioning	73%	73%	86%	76%	63%	74%
Full Participants						
Length of treatment (average in days)	154	191	176	163	171	167
Length of treatment (range in days)	14-240	51-353	24-360	27-521	19-360	14-521
Average number of individual sessions/youth	22	27	38	40	31	31
Average number of family sessions/youth	20	21	18	28	22	23
Average number of group sessions/youth	1	2	9	14	3	6
% who did not re-offend	96%	97%	97%	92%	98%	95%
% Successfully Completed Program	78%	73%	88%	80%	85%	80%
% of youth attending or completed school	98%	94%	97%	99%	100%	98%
% of youth who attended at least 80% of school days	53%	55%	43%	65%	71%	59%
% of youth who attended at least 75% of school days	59%	68%	46%	70%	81%	65%
% of youth with improved behavior at school	71%	73%	61%	69%	69%	69%
% of youth and families linked to community resources	93%	97%	81%	98%	95%	92%
% of youth completing community service hours (where applicable)	44%	50%	75%	92%	100%	73%
% of families with improved family functioning	75%	79%	94%	77%	66%	77%

Table 1 (cont.) Positive Progress toward Treatment Goals						
	Baltimore	Montgomery	Southern Maryland	South Mountain	Tri-County	STATE TOTAL
All Starters						
Positive progress on All Goals (FCS Report)	66%	79%	87%	57%	59%	67%
Positive progress on All Goals (Family Report)	66%	74%	86%	60%	62%	67%
Positive progress on Goal #1 (FCS Report)	82%	90%	90%	79%	82%	83%
Positive progress on Goal #1 (Family Report)	80%	96%	90%	81%	76%	83%
Positive progress on Goal #2 (FCS Report)	78%	83%	87%	82%	74%	80%
Positive progress on Goal #2 (Family Report)	77%	81%	86%	84%	79%	81%
Positive progress on Goal #3 (FCS Report)	81%	83%	93%	78%	62%	79%
Positive progress on Goal #3 (Family Report)	78%	89%	89%	78%	63%	78%
Full Participants						
Positive progress on All Goals (FCS Report)	67%	82%	87%	57%	59%	67%
Positive progress on All Goals (Family Report)	67%	74%	86%	60%	62%	67%
Positive progress on Goal #1 (FCS Report)	82%	93%	90%	79%	82%	83%
Positive progress on Goal #1 (Family Report)	81%	96%	90%	81%	77%	83%
Positive progress on Goal #2 (FCS Report)	77%	86%	87%	82%	74%	81%
Positive progress on Goal #2 (Family Report)	77%	81%	86%	84%	79%	81%
Positive progress on Goal #3 (FCS Report)	83%	86%	93%	78%	62%	80%
Positive progress on Goal #3 (Family Report)	79%	89%	89%	78%	63%	79%
Table 1 (cont.) Family Satisfaction: "IFCS has improved our family life."						
	Baltimore	Montgomery	Southern Maryland	South Mountain	Tri-County	STATE TOTAL
All Starters						
Agree	78%	82%	71%	91%	54%	78%
Disagree	0%	0%	9%	0%	5%	2%
No Opinion	22%	14%	21%	9%	41%	20%
Full Participants						
Agree	77%	89%	80%	92%	55%	80%
Disagree	0%	0%	10%	0%	5%	2%
No Opinion	23%	11%	10%	8%	40%	18%

Table 2: Indicators for Performance Measurement

Performance Measure	Indicators for Measurement
<p>% of youth successfully completing program</p> <p><i>80% of full participants</i></p>	<p>Successful completion is determined by the following criteria:</p> <ol style="list-style-type: none"> 1) Maintenance of placement in the community without re-offending* 2) Progress in one or more of the following areas: <ol style="list-style-type: none"> a. Improvement in school attendance and performance b. Family's rating of change per treatment goals c. Obtaining and maintaining employment d. Abstinence from substance abuse <p>*re-offending behavior would not unilaterally eliminate the youth from designation of successful completion if other criteria were met and the family and DJS agree the youth successfully completed the program.</p>
<p>% of youth with positive progress toward treatment goals</p> <p><i>83% of FCS and families report positive progress on top ranked goal</i></p>	<p>For multiple treatment goals (unique to each youth/family) as identified in Individual Service Plan, both IFCS staff and Family report perceptions of progress. Treatment goals are linked to primary presenting problems and are ranked in order of importance as agreed upon by all collaterals. This report presents the proportion families who experience progress on all goals, and the proportion of families experiencing progress on each of the 3 top ranked goals.</p>
<p>% of youth who did not re-offend while in program</p> <p><i>95% of full participants</i></p>	<p>Youth who did not incur new formal charges while receiving IFCS services.</p>
<p>% of youth with improved behavior at school</p> <p><i>69% of full participants</i></p>	<p>Comparison of incidents each month; month by month tabulation of incidents of in and out of school suspensions, conferences due to behavior, and contrast of grades for each report segment. Data was submitted for each youth monthly when a youth was suspended or experienced behavior problems during a school day. Information was documented on individual service plans and monthly reports.</p>
<p>% of youth and families linked to community resources</p> <p><i>92% of full participants</i></p>	<p>Identification and tabulation of community resources that client/family was referred to, e.g., substance abuse, recreational, cultural, educational, therapeutic services (Psychiatric, PRP, Medication monitoring, etc.).</p>
<p>% of families with improved family functioning</p> <p><i>77% of full participants</i></p>	<p>Improvement in communication, participation in family activities, participation in family and individual FCT sessions, compliance with medication prescriptions, compliance with behavioral modification plan, achievement of goals.</p>

<p>% of youth completing community service hours</p> <p><i>73% of full participants</i></p>	<p>Proportion of youth who completed court ordered community service hours during treatment, measured as a proportion of those youth who were court ordered to complete community service. This differs from measures in previous years, which also included youth with educational requirements for community service.</p>
<p>% of families satisfied with services</p> <p><i>80% of full participants</i></p>	<p>Proportion of respondents who agreed to the following question, posed at the last meeting with the family: “IFCS has improved our family life.”</p>