



Maryland Department of Juvenile Services

Institute for Family Centered Services, Inc. (IFCS) Non-Residential Community Based Program Population Characteristics and Treatment Outcomes Fiscal Year 2005

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Executive Summary: 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 either diverted from placement or released early from placement, as well as youth requiring aftercare services and community supervision.

Of the 249 clients served by IFCS during the fiscal year, 147 were discharged. Discharged youth were predominantly African American males with a mean age of 16, ranging in age from 11 to 19 years. Seventy-five percent of these youth had a history of out of home placements. Because the IFCS Family Centered Treatment (FCT™) model provides intensive in-home treatment to the entire family, the siblings of DJS youth also receive the benefits of treatment. Therefore, an additional 200 youth and children potentially at risk of engaging in delinquent behaviors received services from IFCS, at no additional cost to Maryland DJS.

Over all areas served, 7% of families were discharged due to relocation or because they refused services. Of the remainder, 64% of youth 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.

In Area III, one IFCS region (South Mountain) piloted a Modified version of the FCT™ Model which provided less intensive services over the 6 months of treatment. We found that the Modified model results in fewer successful outcomes; relative to those in 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. These results serve to reinforce the IFCS commitment of fidelity to our FCT™. In the end, 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™.