As a small company without hospital or university affiliation, IFCS and FamiliFirst (owner of the model) have brought about an unlikely achievement. FamiliFirst’s model of intensive home based family preservation model of practice; Family Centered Treatment® (FCT), has been identified by nationally recognized bodies as evidence based. In addition, since IFCS’ 1988 inception and throughout the development of FCT, the model has adhered to the Family Preservation - Intensive in-home best practice components (Definition of Home Based Family Centered Treatment - Stroul, 1988).

FCT is recognized as an EBP by the OJJDP Model Programs Guide. 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 FCT is listed on the Find Youth Info national website; http://www.findyouthinfo.gov/programdetails.aspx?pid=845 The FindYouthInfo Program Directory features evidence-based programs whose purpose is to prevent and/or reduce delinquency or other problem behaviors in young people. FYI seeks to: Identify and disseminate Promising and Effective Strategies. The FYI Interagency Working Group on Youth Programs identifies strategies, tools, and resources accessible through
FindYouthInfo.gov that will help promote effective community-based efforts addressing youth risk and protective factors. The FYI Program Directory, a searchable database on FindYouthInfo.gov, provides visitors with information about such efforts, and communities can determine whether replicating these strategies will meet their needs.

In 2011, FCT was formally designated as a Family Therapy model option eligible for providers as part of the NC Division of Medical Assistance Intensive In Home Service Definition (p.38). The Division of Medical Assistance (DMA) is overseen by the North Carolina Department of Health and Human Services (DHHS), and whose mission is to provide access to high quality, medically necessary health care for eligible North Carolina residents through cost-effective purchasing of health care services and products.

In 2011 FCT was formally designated and listed with the Virginia Commission on Youth 4th edition Collection of Evidence Based Practices for Children and Adolescents with Mental Health Treatment needs. The Virginia Commission on Youth was established by the Virginia General Assembly and represents a legislative response to a two-year study examining the issues related to services to chronic status offenders. Virginia Code directs the Commission "to study and provide recommendations addressing the needs of and services to the Commonwealth's youth and families." Enacted in 1989, the Commission began operations in 1991. Information available at: http://coy.state.va.us/about.asp.

In 2010, the U.S. Departments of Justice and Health and Human Services jointly released, "Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases." The publication summarizes findings from federal reviews of research studies and program evaluations to help communities improve outcomes for children exposed to violence. It cites evidence-based practices that practitioners and policymakers can use to implement prevention services and activities for these children. Family Centered Treatment is listed in the matrix of practices identified. Download and read the full document at http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf.

As the public and private sector seeks to prioritize and contract with evidence based programs, it is significant that FCT participated in a major research effort focuses on a population also common to many child welfare professionals. Family Centered Treatment was identified as a promising approaches model via selection to provide treatment for OJJDP and Safe Start grant clients (Children exposed to violence or domestic violence) http://www.rand.org/content/dam/rand/pubs/technical_reports/2010/RAND_TR750.pdf (Pages 24, 27 and 84-92) provides the Process Evaluation of FCT. The OJJDP Safe Start link is http://www.safestartcenter.org/pdf/safestartbooklet.pdf. This four year venture, with RAND as the national evaluator, utilized a randomized control group and the follow up study data met the most stringent standards evidenced based listing criteria. The results of this work can be found at http://www.rand.org/pubs/technical_reports/TR991.html.

In the first major published study, FCT services were provided to youth and their families through the Maryland Department of Juvenile Services Non-Residential Community Based Program. This is one of the most significant programs to provide a community based alternative for youth who are adjudicated delinquent that has been implemented to date. These youth are 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. The program also provides reunification services for youth returning from residential placements. The program is designed to enable recipients the opportunity to participate appropriately in activities of daily living and at the same time ensure the safety of the community at large. An overriding goal is to keep the youth in the community and divert the youth from further penetration into the juvenile or adult system and the contract integrated a “no reject / no eject” factor. Since the program pilot was implemented in fiscal year 2004, FCT has been provided to more than 2000 Maryland youth and their families. In this collaborative effort to accomplish Maryland DJS’
commitment of reducing the number of youth in residential placements, FCT was provided to adjudicated youth in their homes and communities as an alternative to costly residential treatment placements.

FamiliFirst and Maryland DJS produced the study which examines outcomes from the first 4.5 years of the field implementation of FCT with the population of Maryland delinquent youth (described in the preceding paragraph). A quasi-experimental research design was used to compare FCT treatment outcomes to those of the secure Group Homes and Therapeutic Group Homes from which youth receiving FCT were diverted. Because the cases referred are diversions from Group Homes and Therapeutic Group Homes, the two samples are similar in terms of the risk factors that affect treatment outcomes.

In the rigorous analysis of aggregate outcomes across five provider sites and a heterogeneous population with respect to risk factors/demographics, this study reveals a promising model new to the literature. FCT works better at reducing offense behaviors, and reducing new placements, at a substantially reduced cost compared to residential treatment. FCT is effective with females and males, African Americans, Hispanics, and Caucasians. Components of the model that probably account for this success include the manner in which the model engages the participants, the breadth of family inclusion and the structure of the supervision, and an approach that allows fidelity to all of the components of the model while creating awareness of and accommodating gender and cultural needs. We find the following results for youth receiving FCT:

- 24% fewer youth in residential placements
- 20% reduction in length of residential placement for average youth
- 30% reduction in length of average residential placement
- 39% reduction in days spent in pending placement for average youth
- 27% reduction in days spent in the average pending placement
- 23% reduction in length of average community detention
- 13% difference in offending behaviors
- Offenses are more likely to be adjudicated for youth receiving FCT. This is not reflective of behavioral outcomes but is likely due to differences in interactions between FCT families and the courts.

Importantly, we find that FCT is a highly cost-effective alternative to residential placements. For the subset of 449 IFCS youth examined here (those aged 17 years or less at intake and can thus be followed for at least one year post-treatment before aging into the adult system), actual treatment costs of FCT were $5.4m. Had these youth been placed in Group Homes or Therapeutic Group Homes instead, treatment costs would have been $17.7m. Therefore, a $5.4m diversion program saved the state of Maryland $12.3m over the course of 4.5 years. In other words: Every dollar spent on FCT saved the state $2.29 in residential placement costs.

This study was published in the 2012 Fall edition of the Journal of Juvenile Justice. The Journal is a semi-annual, peer-reviewed journal sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Articles address the full range of issues in juvenile justice, such as juvenile victimization, delinquency prevention, intervention, and treatment. [http://www.journalofjuvenilejustice.org/]

Further definition of the FCT model can be accessed on the IFCS web site [www.familycenteredtreatment.com](http://www.familycenteredtreatment.com) Since 2008 FCT, and specialty uses of FCT, have been presented at the following national conferences: CWLA, AAMFT, AAAEBP, NAMI, FFTA, Violence Prevention, Research Conference on Family Programs and Policy, Generations United, ACA, NASW, CMHS GAINS (SAMHSA), AMHCA, NCJFCJ, Nat’l Conference on Substance Abuse, Child Welfare and the Courts, NIRN, FFCMH, NAFC and the first Global Implementation Conference. Thank you for the opportunity for sharing regarding Family Centered Treatment. We look forward to future collaboration.