

# San Francisco Dependency Drug Court: Options and Issues



Sid Gardner  
Children and Family Futures/  
National Center on Substance Abuse and Child Welfare  
May 22, 2007

## What's a Second-generation Dependency Drug Court?

**Second-generation DDCs are a new set of DDCs that build on the lessons of the first wave.**

**They start out with**

- **stronger information and tracking systems**
- **stronger client engagement efforts such as recovery mentors and coaches, and**
- **stronger links to services needed by the children**

## **Family Drug Treatment Courts (FDTCs)**

- **FDTCs have produced solid outcomes in several sites**

- San Diego County
- Sacramento County
- Santa Clara County
- Miami
- Suffolk County
- Reno/Washoe County

## **Primary Outcomes**

- **FDTCs have been evaluated in three areas of outcomes:**

- Can substance abusing parents get into treatment faster and complete treatment more often?
- Can children in out of home care be reunified with their parents safely or placed in permanent homes?
- Can court outcomes resolve cases faster?

## **Summary of Treatment Outcomes**

- Significantly more FDTC parents enter treatment
- They enter treatment in significantly fewer days
- They participate in significantly more treatment episodes
- They receive more intensive levels of treatment
- On average, they stay in treatment longer
- They complete nearly 60% of episodes

## **Summary of Child Safety Outcomes**

- FDTC parents have significantly less criminal recidivism
- FDTC parents have significantly less CPS recidivism

## Summary of Child Permanency and Case Resolution Outcomes

- **FDTC Children are reunified in significantly fewer days**
- **FDTC Children Reach Permanent Placement 3 Months Faster**
- **FDTC Children Have Permanent Plan Ordered 5 Months Earlier and Have CPS Case Closed 4 Months Faster**

## Foster Care Cost Reduction and Treatment Offset

- **100 Women**
    - Average cost \$6,800
    - **\$680,000**
    - ↓
    - **30 Women recover with one episode of treatment**
  - **150 Children**
    - Average 1.5 years in out-of-home care @ \$24,000 per year
    - **\$5.4 Million**
    - **45 Children reunify at 6 months**
    - Saves **\$1.1 Million**
- 

**Foster Care Cost Offset Pays for all 100 Women's Treatment Nearly 2 Times Over**

## FDTC Critical Ingredients

- Several critical ingredients are associated with these outcomes, leading to seven major conclusions from our work with FDTCs:

## FDTC Critical Ingredients

### 1. Scale

FDTCs need to be **launched at a scale that is adequate to address systems issues**, balancing between

- Dissipating resources across too large a caseload, or
- Stalling at small, "pilot project" scale.

FDTCs require up-front investments of staffing and infrastructure to produce significant outcomes and cost offsets and not be "just another project."

## FDTC Critical Ingredients

### 2. Building Interagency Ties

FDTCs need to be launched *after* **building strong ties among courts, child welfare, and treatment agencies.**

Some courts have started operations prematurely, before these ties were built, and ended up operating projects parallel and separate from the existing systems. They succeeded in drawing resources from the current systems, but left unchanged the essential working relationships and communications among those systems.

The specifics of agencies' roles and responsibilities need to be worked out at three levels: policy, operating, and front-line staff in the agencies

## FDTC Critical Ingredients

### 3. Information Systems

A critical ingredient is **an adequate investment in the information system upgrades** required to track clients through *multiple* systems to successful recovery and follow-up. Some FDTCs have under-invested in this key element; Sacramento County's STARS system is the best example we know of an effective information system, with the ability to link child welfare, court, and treatment agencies.

The information system also needs to be able to document costs and cost savings, so that FDTCs can make a case for funding in future years.

Finally, the outcomes need to be compared with clear baselines—how long is it now taking to get cases to resolution? Not all courts have this data.

## FDTC Critical Ingredients

### 4. Client Engagement and Timely Interventions

Client retention efforts need to go beyond the typical supports provided by the child welfare system to substance-abusing parents. The use of recovery mentors—women (and men) who are familiar with both the treatment and child welfare systems—in some FDTCs has made a substantial difference in client engagement and enrollment outcomes, as was done in the ON TIME program in Orange County during 2001-2002.

Access to assessment is another critical resource that must be available faster than is now the norm in most sites.

## FDTC Critical Ingredients

### 5. Services to Children

There is an under-emphasis on **services to children of substance abusers** in some FDTC systems. These children are disproportionately developmentally delayed, enrolled in special education, and experiencing mental health problems. This requires active involvement of other agencies, going beyond the courts and child welfare staff to other agencies serving both children and their families.

## FDTC Critical Ingredients

### 6. Treatment Effectiveness

FDTCs need a greater emphasis upon **the effectiveness of the treatment programs to which they mandate/refer clients**, using client monitoring outcomes systems that can assess the impact of the wide array of low-dosage programs used in some jurisdictions.

Aftercare and housing services is a critical ingredient—if clients “fall off the cliff” after a good program when supports are inadequate, it undermines the initial investment

## FDTC Critical Ingredients

### 6. Treatment Effectiveness

Family drug courts need to hold services providers more accountable for results, at the same time that they are holding clients more accountable. Annual summaries of programs’ effectiveness and 6-12-18 month follow-up interviews are key ingredients in assessing results. Courts should require these annual reviews as a measure of overall effectiveness.

A further issue of treatment effectiveness is who gets screened out of FDTCs—how hard-to-serve is the caseload? Are clients “creamed,” making comparisons meaningless?

## **FDTC Critical Ingredients**

### **7. The Role of Parents' Attorneys**

**Parents' attorneys are critical players** in the system and have demonstrated that when strong client engagement efforts are made, they can and will encourage their clients to participate and to volunteer information about their substance abuse problems.

## **Diagnostic Signals of Readiness**

- **How are we doing on CAPTA referrals: substance-exposed births and 0-2 referrals to the Part C agency?**
- **Have we agreed on the number of treatment slots needed to improve reunification outcomes? ("the myth of no slots")**
- **Can we track clients across systems?**
  - **Do we know both treatment and family outcomes for clients?**
- **Do the courts ask for and get an annual report on treatment effectiveness by each provider?**

## Options for Funding and Long-term Sustainability

- Redirection of existing funding already devoted to these clients
- Refinancing: ensuring that all federal matching funding relevant to DDC is used (IVE, Medi-Cal, etc.), plus review of other grant funding (Prop 36 and 63, tobacco funds for AOD treatment) to determine DDC relevance
- New federal grants: Drug Court grants, substance-exposed births, other capacity expansion grants, CFSIA
- Private foundation funding for operation and evaluation of second-generation DDCs
- Proposition 10 funding from 1<sup>st</sup> 5 Commission based on 35% of children in child welfare system being 0-5
- New funding based on proven effectiveness of DDCs in reducing other county caseloads

## Concluding Comments

- **DDCs can make a big difference in outcomes for children and families, if stronger efforts are made to improve information collection, client engagement, and monitoring treatment effectiveness over time, in an interagency structure of shared accountability.**

# Thank you

Sid Gardner  
Children and Family Futures  
4940 Irvine Boulevard, Suite 202  
Irvine, CA 92620  
714.505.3525  
[sgardner@cffutures.org](mailto:sgardner@cffutures.org)

*This presentation is provided through a contract  
with the State of California Alcohol and Drug  
Programs*