

Findings from the Retrospective Phase Family Drug Treatment Court National Cross-Site Evaluation

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The Federal Partners

- **Department of Health and Human Services (DHHS)**
 - **Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT)**
 - **Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect (OCAN)**
 - **Office of the Assistant Secretary for Planning and Evaluation (ASPE)**
- **Department of Justice (DOJ)**
 - **Drug Court Program Office (DCPO)**
 - **National Institute of Justice (NIJ)**

The Contractors - April 2002

- **Johnson, Bassin and Shaw**
 - Mr. Ray Johnson, Officer in Charge
 - Dr. Kazi Ahmed, Task Order Manager
 - Project coordination
 - Communications among partners
 - Hiring and supervision of Site Research staff
 - Logistics for project meetings
- **Center for Children and Family Futures, Inc.**
 - Dr. Nancy Young, Executive Director
 - Dr. Mamie Wong, Senior Research Associate
 - Tina Adkins, Research Associate
 - Shaila Simpson, Assistant Director
 - Development and implementation of the evaluation plan
 - Site selection criteria and implementation
 - Research design and methodology
 - Data analyses
 - Drafting of reports

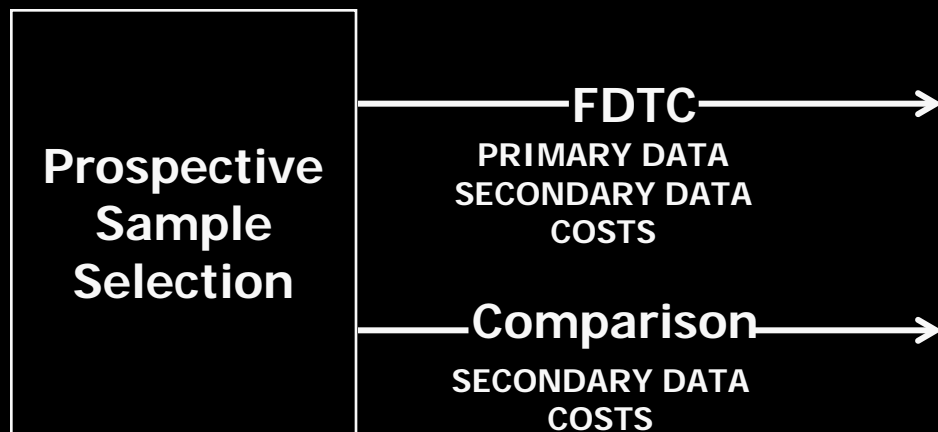
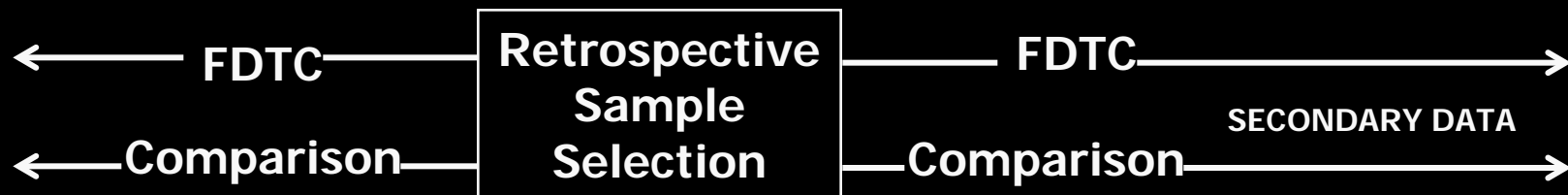
Overall Evaluation Conceptual Plan

Overall Study Questions

- **What are the components and active ingredients of family drug treatment courts?**
- **How do programs and procedures in the target family drug treatment courts differ from one another?**
- **How do the various systems involved with family drug treatment courts work together?**
- **Are family drug treatment courts more effective than standard services in achieving the key outcomes of the child welfare, substance abuse treatment and court systems?**
- **Are family drug treatment courts cost beneficial?**

Eight Year Retrospective and Prospective Plan

1998 1999 2000 2001 2002 2003 2004 2005 2006



The Retrospective Study Evaluation Plan

Retrospective Study Conceptual Model

System

- Environment and Context of Partner Agencies
 - Treatment
 - CWS
 - Court

Family

- Strengths & Needs
- AOD Severity
- CW Risks

FDTC Program

- Court oversight
- Intensive case supervision
- Treatment linkages
- Systems' Collaboration

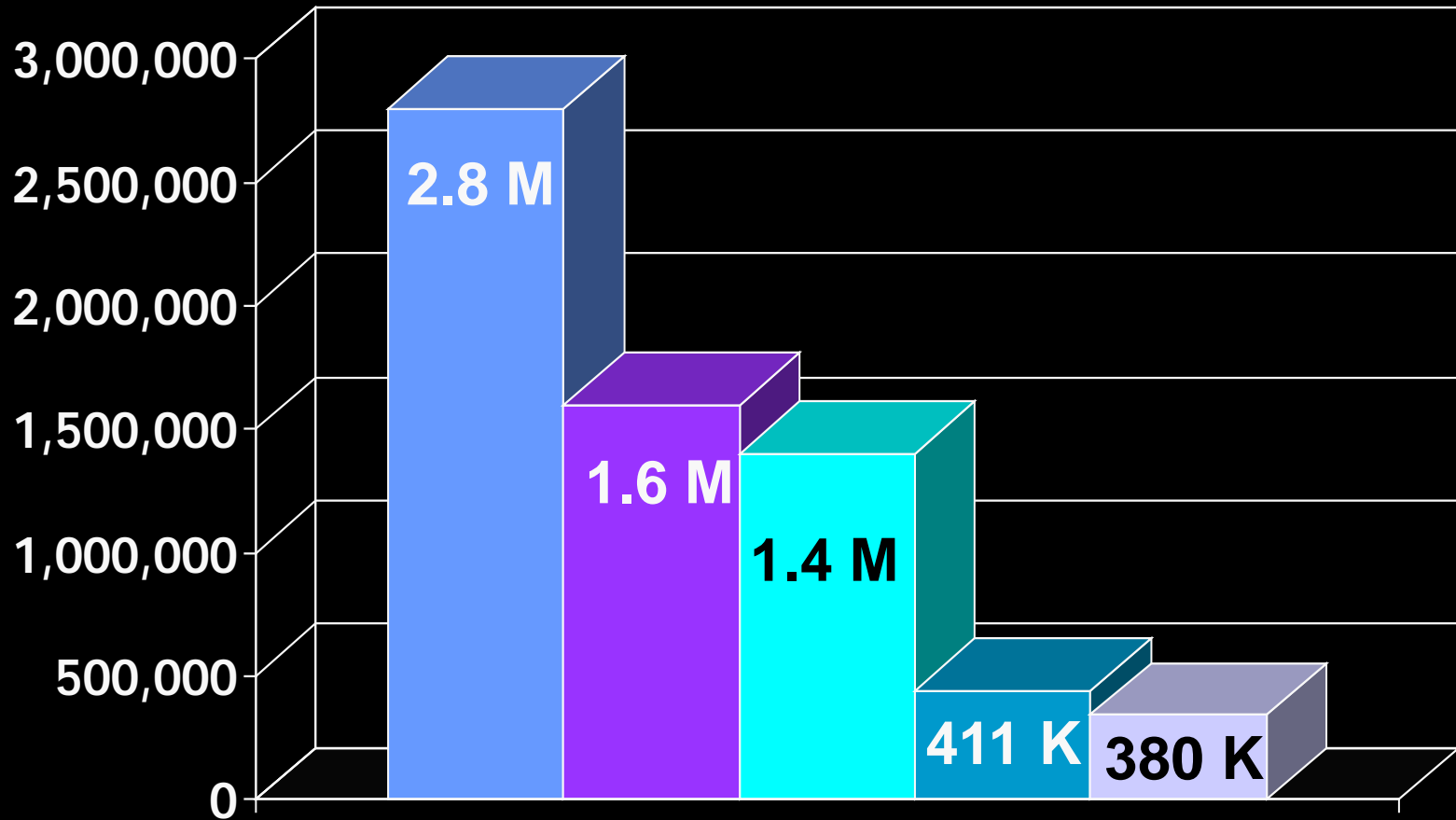
Key Outcomes

- Treatment
 - Access to Treatment
 - Engagement
 - Retention
 - Completion
 - Functional Status
- Child Welfare Services
 - Safety
 - Permanence
- Dependency Court
 - Case Resolution
 - Compliance with statutory timelines
 - Nature of Court Hearings

The Study Sites

- **The FDTC Sites & their comparison cases**
 - Jackson County, Missouri & similar cases not enrolled in FDTC
 - Washoe County, Nevada & similar cases not offered FDTC
 - San Diego, California & similar cases entering CWS prior to FDTC implementation
 - Santa Clara, California & similar cases entering CWS prior to FDTC implementation
 - Suffolk County, New York & another court in the same county with standard services

County Population



■ San Diego ■ Santa Clara ■ Suffolk ■ Jackson ■ Washoe

FDTC Start Date

1994

1995

1996

1997

1998

1999

Washoe
First in Nation

Suffolk
Pilot Countywide

San Diego
1st Court Countywide

Jackson
April

Santa Clara
October

Special Features

- **Jackson**
 - Primary focus on prenatally-exposed infants
- **Santa Clara**
 - DADS assessors on-site at courthouse
 - Mentor Moms provide support to parents
- **San Diego**
 - Countywide assessment and recovery case management
 - DDC only for those noncompliant with dependency court orders

Special Features

- **Suffolk**

- Court Appointed Special Advocates assigned to every child
- AOD assessor on-site at courthouse

- **Washoe**

- Foster Grandparents provide support to families
- CPS-contracted AOD assessor

Total Number of FDTC Graduates in 2000 and 2001

	Parents	Children
• San Diego ¹	71	
• Suffolk	67	154
• Santa Clara	52	98
• Washoe	52	81
• Jackson	40	91

¹ Only 2nd Tier of DDC participants are eligible to graduate

Interagency Policy & Oversight

- 2 FDTCs have strong Steering/Policy level committees that meet regularly
- 1 FDTC has a steering committee that meets on an as-needed basis for reports on current activities
- 2 FDTCs have no specifically-dedicated policy group but have court- or county-wide oversight committees

Program Implementation

- **Jackson – FDTC team meets two times a week to discuss cases heard that day**
- **San Diego – Special Task Committees address specific topics; SARMS Implementation Team meets one time per month to address issues impeding effort**

Program Implementation

- **Santa Clara – Consolidated service plan meeting one day per week; Full FDTC team meeting one day per week prior to court calendar**
- **Suffolk – FDTC team meeting three days per week prior to each court calendar**
- **Washoe – FDTC team meets weekly prior to court calendar**

Eligibility

- **Jackson**

- Court ordered
- Abuse/Neglect and Criminal Endangerment
- Excludes
 - Individuals with more than 3 substantiated hotline reports for neglect

- **San Diego**

- All parents in dependency court system with substance abuse
- Voluntary SARMS pre-Juris/Dispo
- Court ordered SARMS post-Juris/Dispo
- Individuals must be off Methadone

Eligibility

- **Santa Clara**
 - Voluntary
 - Abuse/Neglect w/
no concurrent
criminal cases
 - Excludes
 - Severe mental
illness
- **Suffolk**
 - Voluntary
 - Neglect only
 - Excludes
 - Severe mental
illness
 - High probability of
violence

Eligibility

- **Washoe**
 - **Voluntary**
 - **Excludes**
 - Severe mental illness
 - High probability of violence
 - Methadone Clients
- **Summary**
 - **3 Voluntary**
 - **2 Court ordered**
 - **Exclusions:**
 - 1 court excludes more than 3 substantiated reports
 - 3 exclude severe mental illness
 - 2 exclude clients with a high probability of violence
 - 2 Courts exclude Methadone clients

Assessment

- **Jackson** – Newborn Crisis Assessment done by DSS; further assessment by treatment provider
- **San Diego** – SARMS Recovery Specialists
- **Santa Clara** – DADS assessors on-site at the courthouse
- **Suffolk** – Psychiatric social worker who is part of the FDTC team; funded by Dept. of Health
- **Washoe** – CPS contracted assessor

Case Management

- **Jackson**
 - Dedicated DFS case managers housed at court
 - FDTC team provides case management
- **Santa Clara**
 - Dedicated master's level social workers
 - FDTC team provides case management
- **San Diego**
 - All social workers carry SARMS cases
 - SARMS Recovery Specialists case manage treatment issues
 - Specialized social worker assigned to DDC

Case Management

- **Suffolk**

- DSS assigns senior level caseworkers to FDTC whenever possible
- AOD case managers housed at court
- FDTC team provides case management

- **Washoe**

- Integrated Services Case Manager assists with employment issues
- Dedicated social workers assigned to FDTC
- FDTC team provides case management

Services to Children

- **Jackson**

- FDTTC case manager referrals to day care and developmental assessments
- Child Development Coordinator at primary treatment provider agency conducts developmental screens

- **San Diego**

- Children's Services provide developmental assessments and follow up for children under 6 years
- Specially trained foster parents for AOD exposed children 6 and under

Services to Children

- **Santa Clara**

- Public health nursing does developmental assessments for children living in THUs
- Countywide programs: wraparound services; developmental screens; Kid's Magic & Kids are Special

- **Suffolk**

- CASA workers assigned to every child
- Public health nursing conducts developmental assessments on children 3 and under

Services to Children

- **Washoe**
 - **CPS Children's Resource Bureau** staffed with MH, child development and sexual abuse & violence specialists
 - **Bailey Charter School** serves at-risk children including those of FDTC participants

Research Design

Research Design

- **Quasi experimental – lacks random assignment of subjects to groups**
- **Comparison group selected from either cases not offered FDTC services for administrative reasons or cases that entered CWS just prior to FDTC implementation**
- **Each FDTC Site**
 - **Approximately 50 FDTC intakes and comparisons**
- **Total for All Sites**
 - **FDTC = 249; SARMS = 50; Comparison = 240**
- **Sample size allows use of simple statistical procedures to determine if there are significant intra- and inter-site differences in outcome**

Intent to Treat Sampling

- Use of all cases which entered the program within a designated time frame *whether or not they completed the program.*
- Randomly select the desired number of cases from the available sample *whether or not they completed the program.*

Data Collection

ON SITE Data Collectors

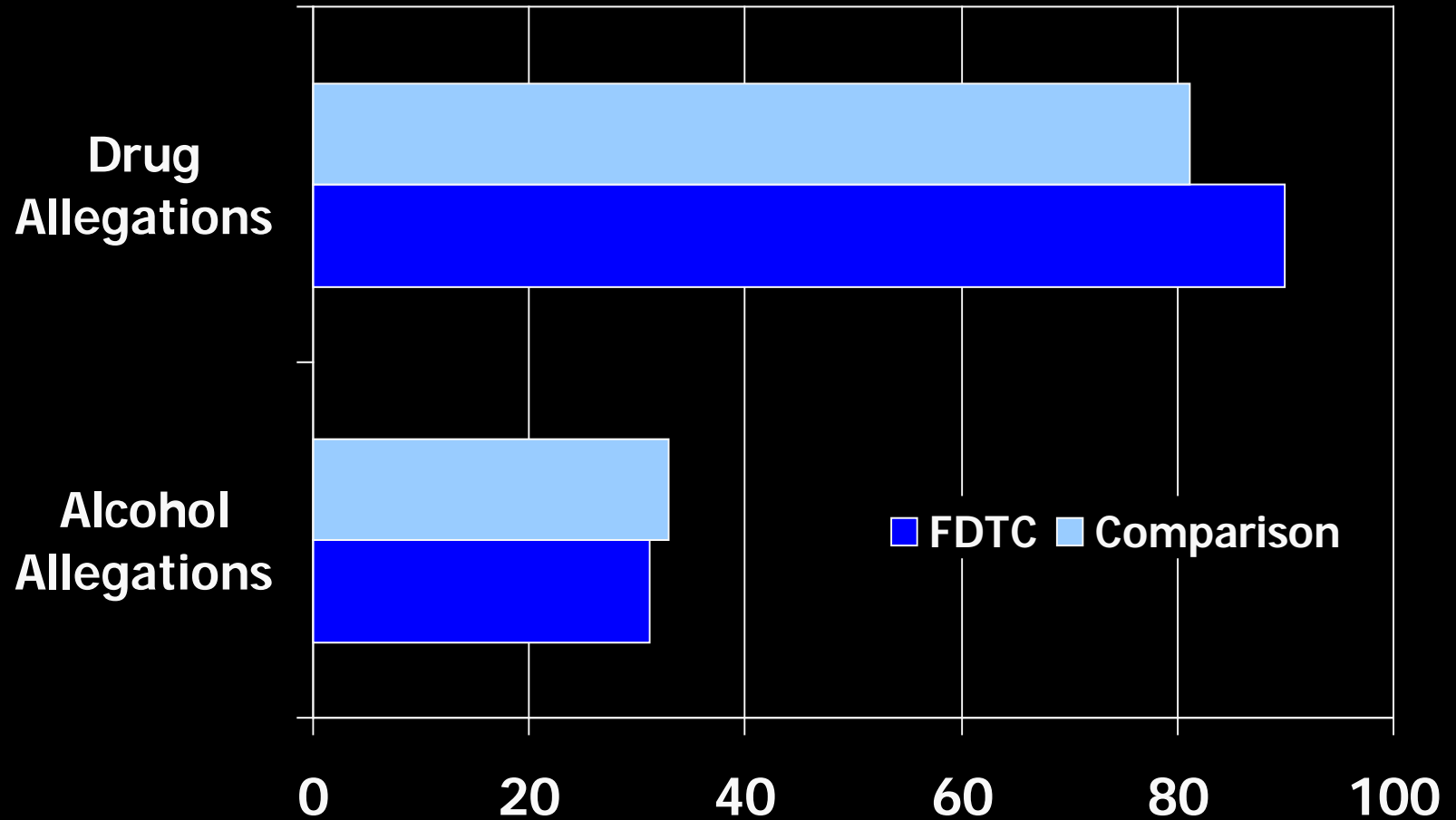
- **Employed by Logicon/R.O.W. Sciences then Johnson, Bassin & Shaw**
- **Supervised by JBS, CFF, and the Site**
- **Masters Level Employee**
- **Experience with major systems**
 - **Substance Abuse Treatment**
 - **Child Welfare**
 - **The Dependency/Juvenile Court**
- **In-depth knowledge based on site-specific characteristics (e.g., electronic data access, CWS case file abstraction)**
- **Data Abstraction Instrument developed and refined until adequate inter-rater reliability**

Sample Descriptions

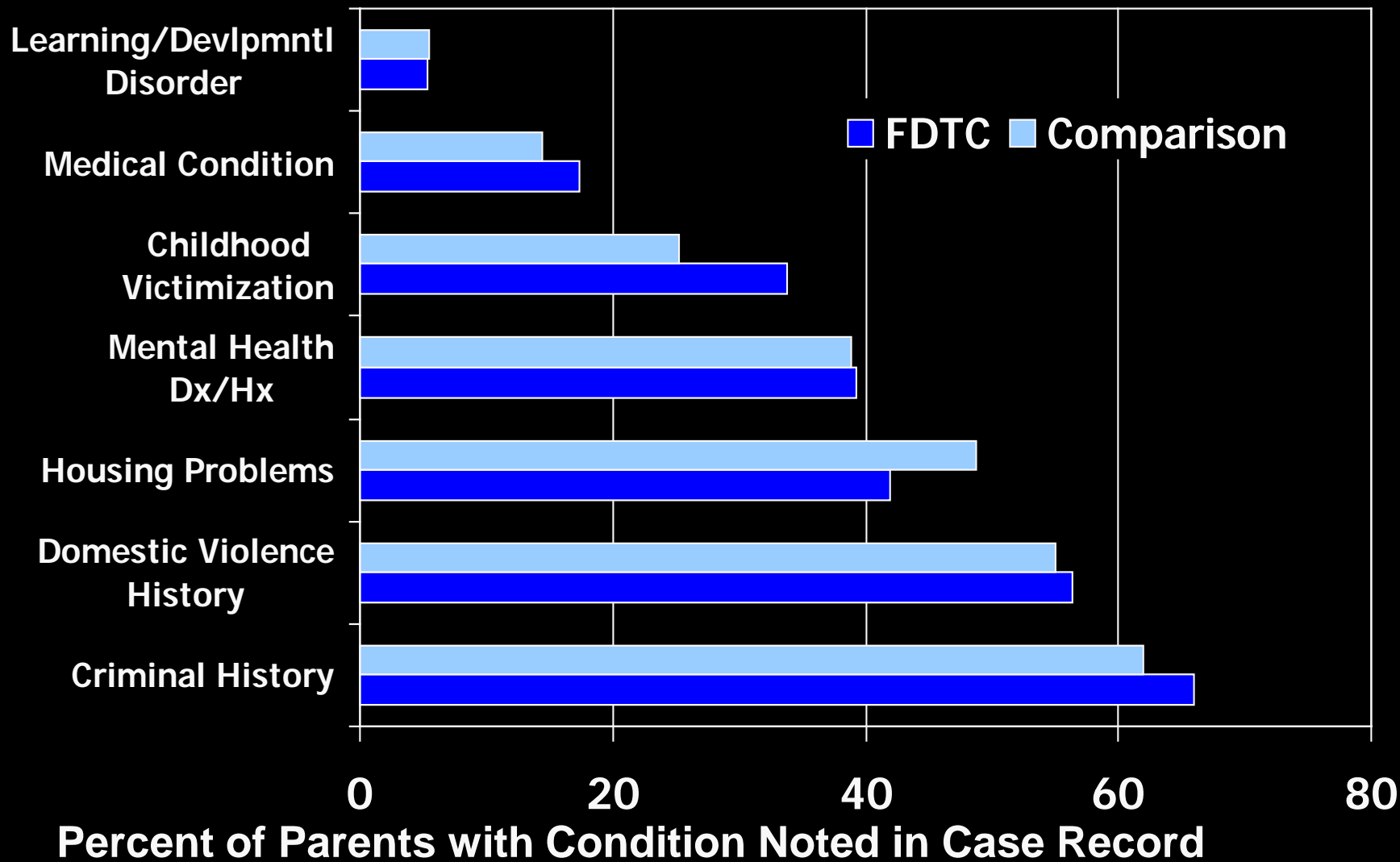
Parents

- **Over 90% were women**
- **Average age was 30**
- **Half were Caucasian, about 30% African American and 17% Hispanic**
- **Approximately one third did not graduate from high school**
- **Over 40% had never been married**

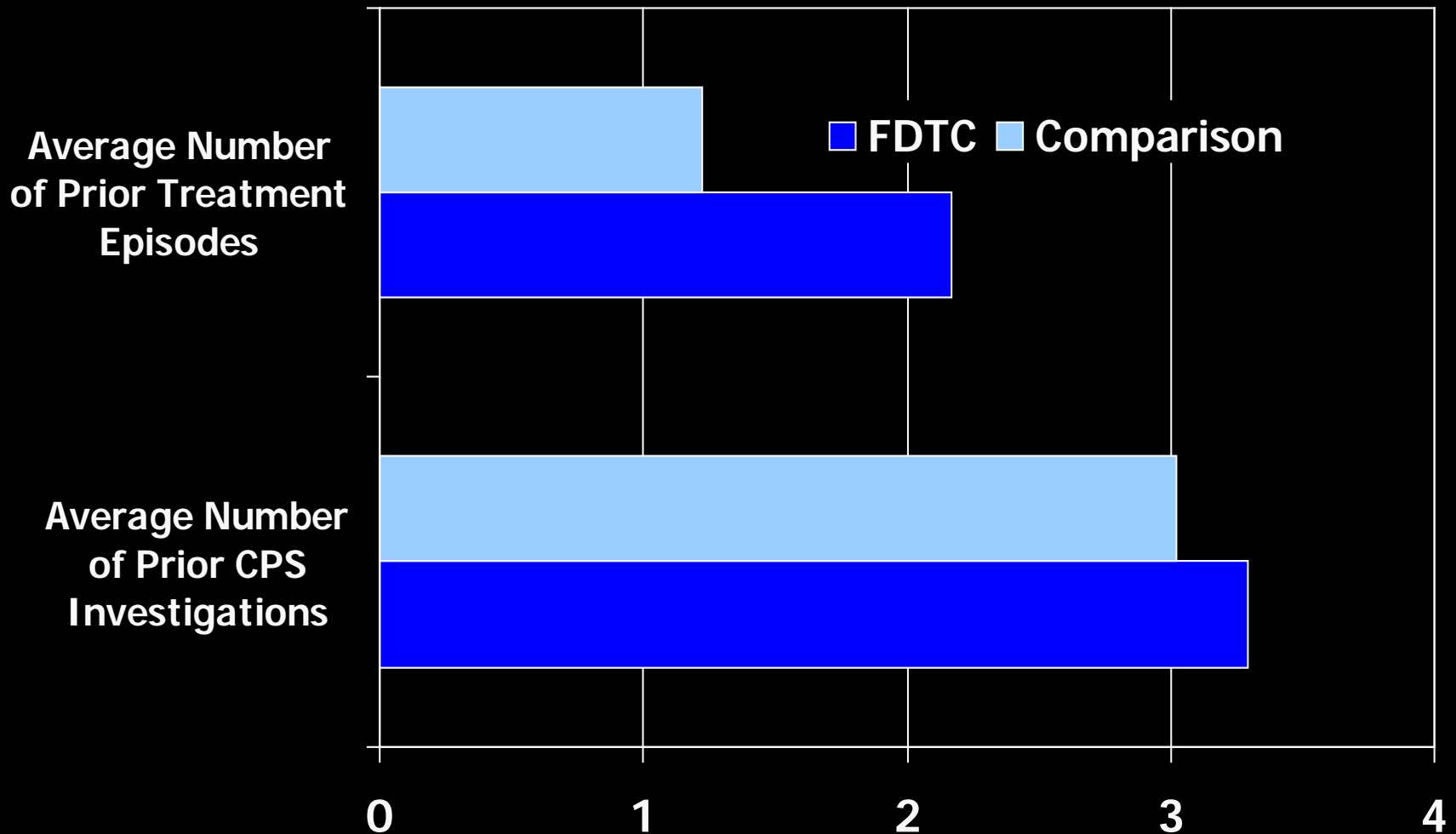
Parents at Intake



No Significant Differences Between Groups; Both Groups have Substantial Co-Occurring Conditions



No Differences Between Groups on Prior CPS or Treatment



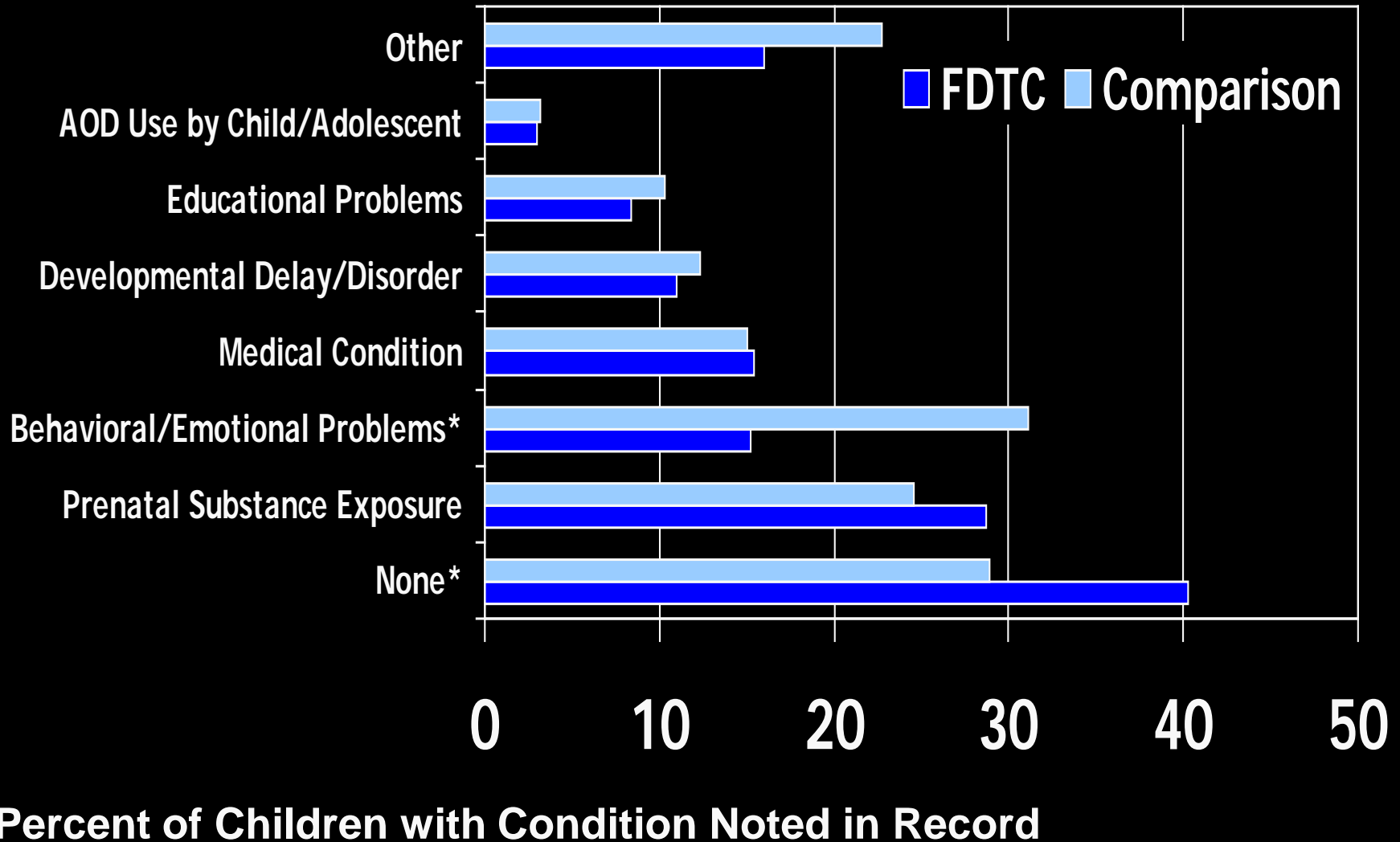
Parents

- **Compared to the Comparison Sample**
 - Fewer FDTC participants were employed (22% vs 37%)
 - More were receiving welfare (42% vs 32%)
- **The 540 Parents had just over 1,500 Children; 1,135 were named in the CPS case**
 - Average children per Parent 2.9 and 2.7

Child Description

- **51% were girls**
- **Average age approximately 4.5 years**
- **Over half were under age 6**

Children's Issues Noted in CPS Case



FDTC**Comparison**

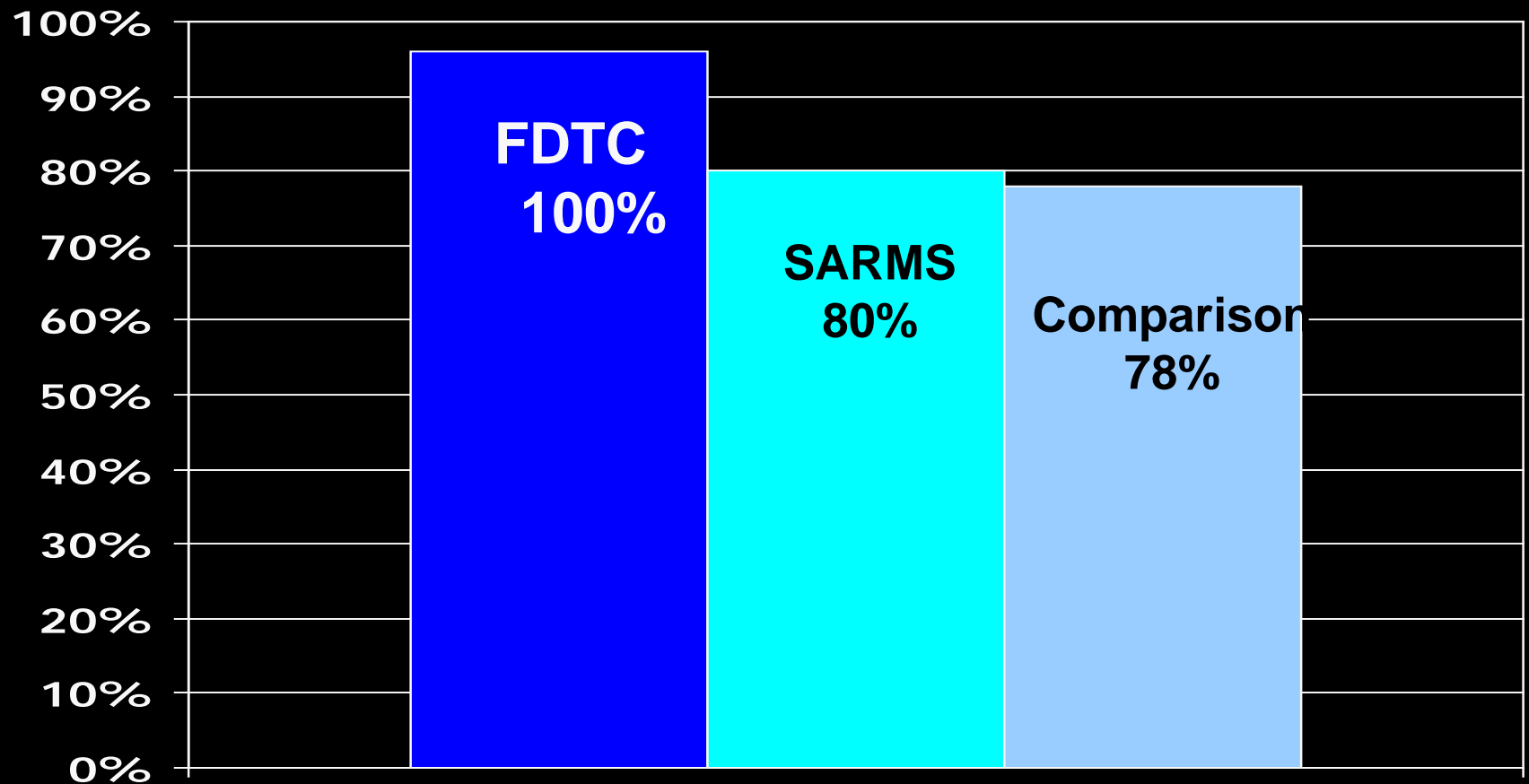
- **Type of Allegations**

– Failure to Protect	91.7	87.3
– No Provision for Support*	9.0	18.6
– Abuse of Sibling*	5.1	12.1
– Severe Neglect*	1.0	9.1
– Physical Abuse/Harm	6.7	4.2
– Prenatal Drug Exposure*	4.0	2.2
– Emotional Abuse/Damage*	4.3	1.2
– Other	5.2	4.6

Primary Outcomes

- **Collected in three areas:**
 - **Timeliness of substance abuse treatment entry and completion rates**
 - **Child welfare outcomes related to child safety and permanency**
 - **Court outcomes related to the timeliness of case resolution**

Significantly More FDTC Parents Entered Treatment within 18 Months of CPS Case Opening



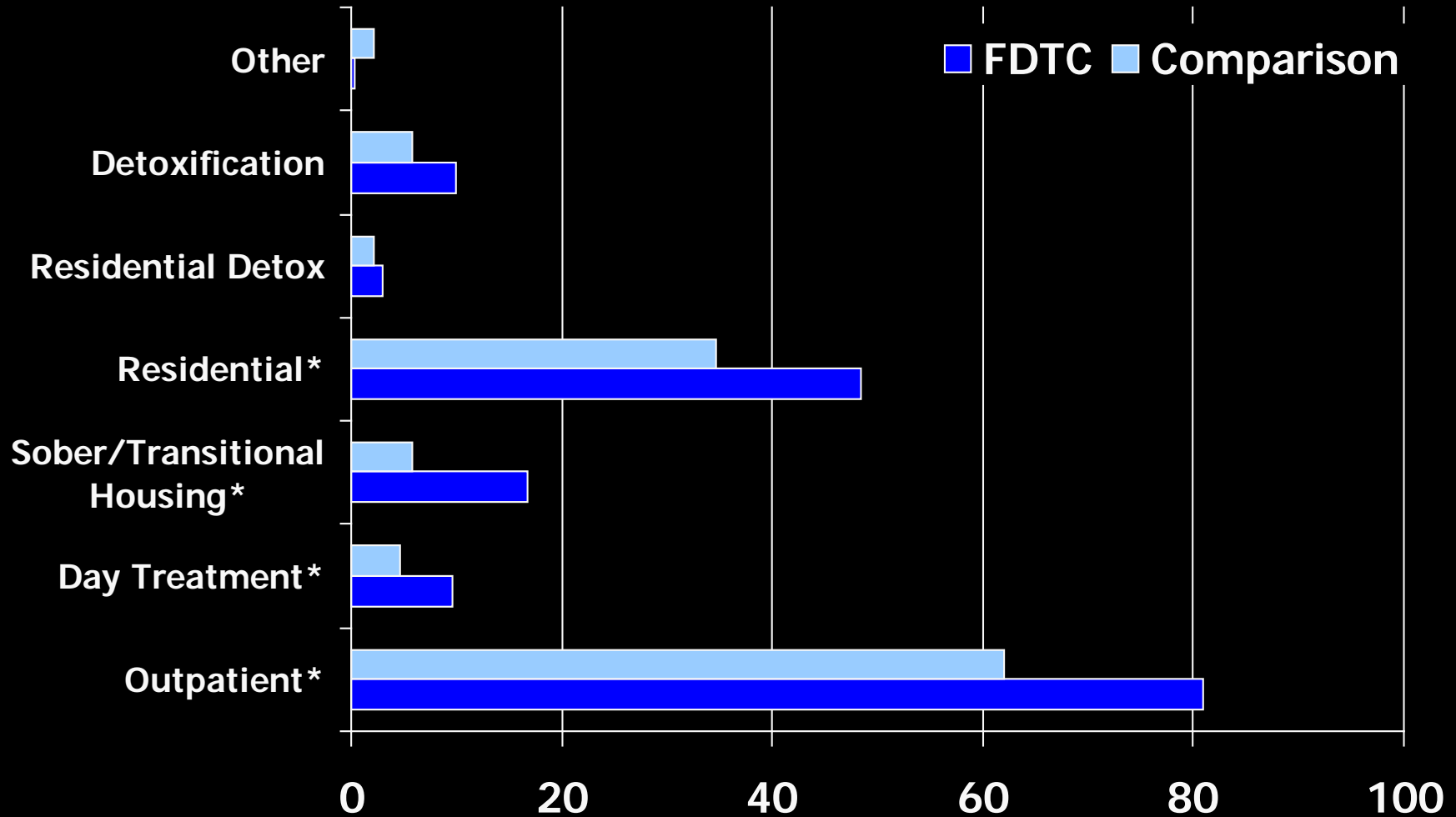
FDTC Parents Entered Treatment in Significantly Fewer Days

FDTC

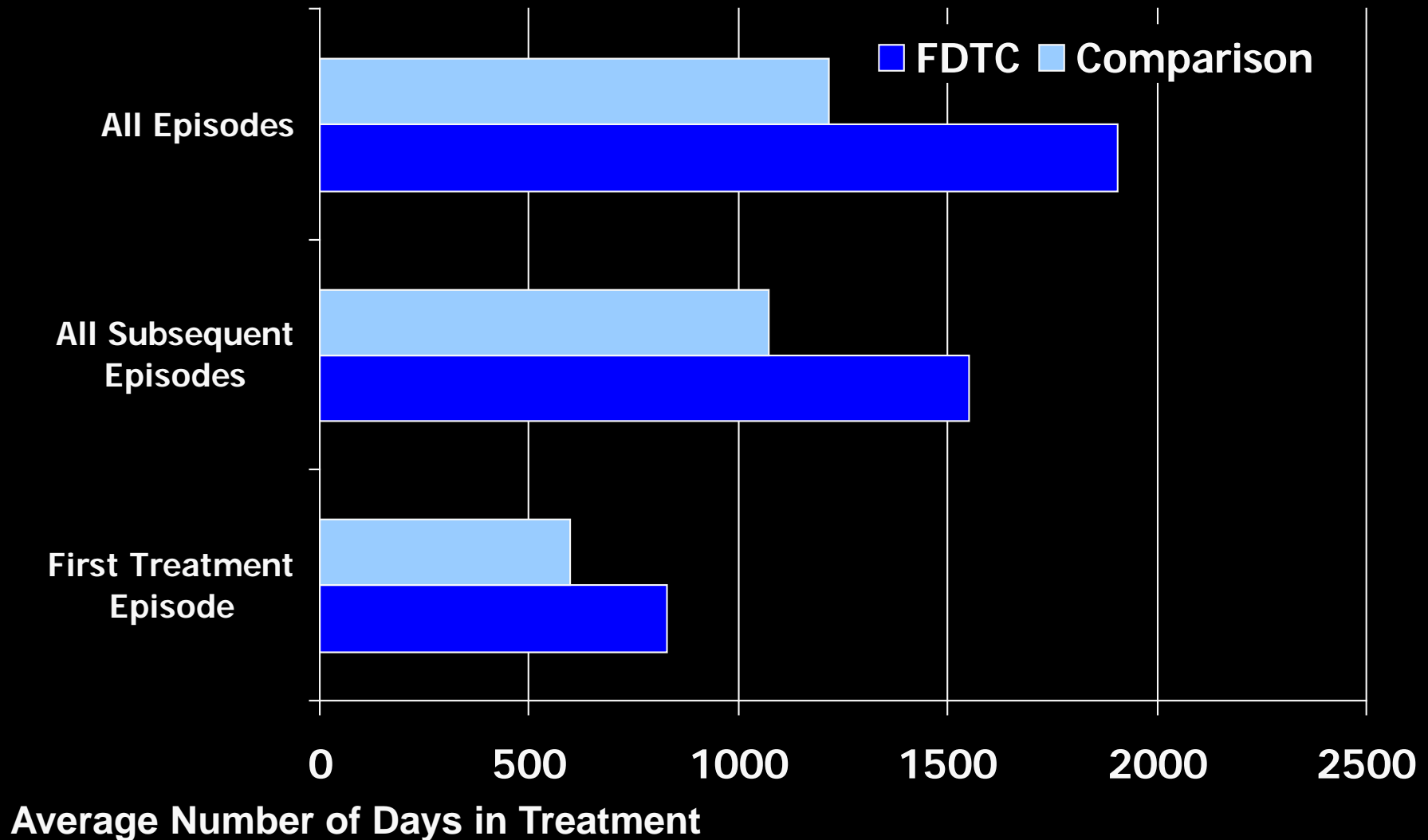
Comparison

- **Average Days from CPS Case Opening to Treatment Entry*** **394** **802**
- **Average Days from FDTC Entry to Treatment Entry** **59**
- **Median Days from FDTC Entry to Treatment Entry** **19**

Significantly More FDTC Parents Participated in More Intensive Levels of Treatment



On Average, FDTC Parents Stayed in Treatment Longer than Comparison Parents



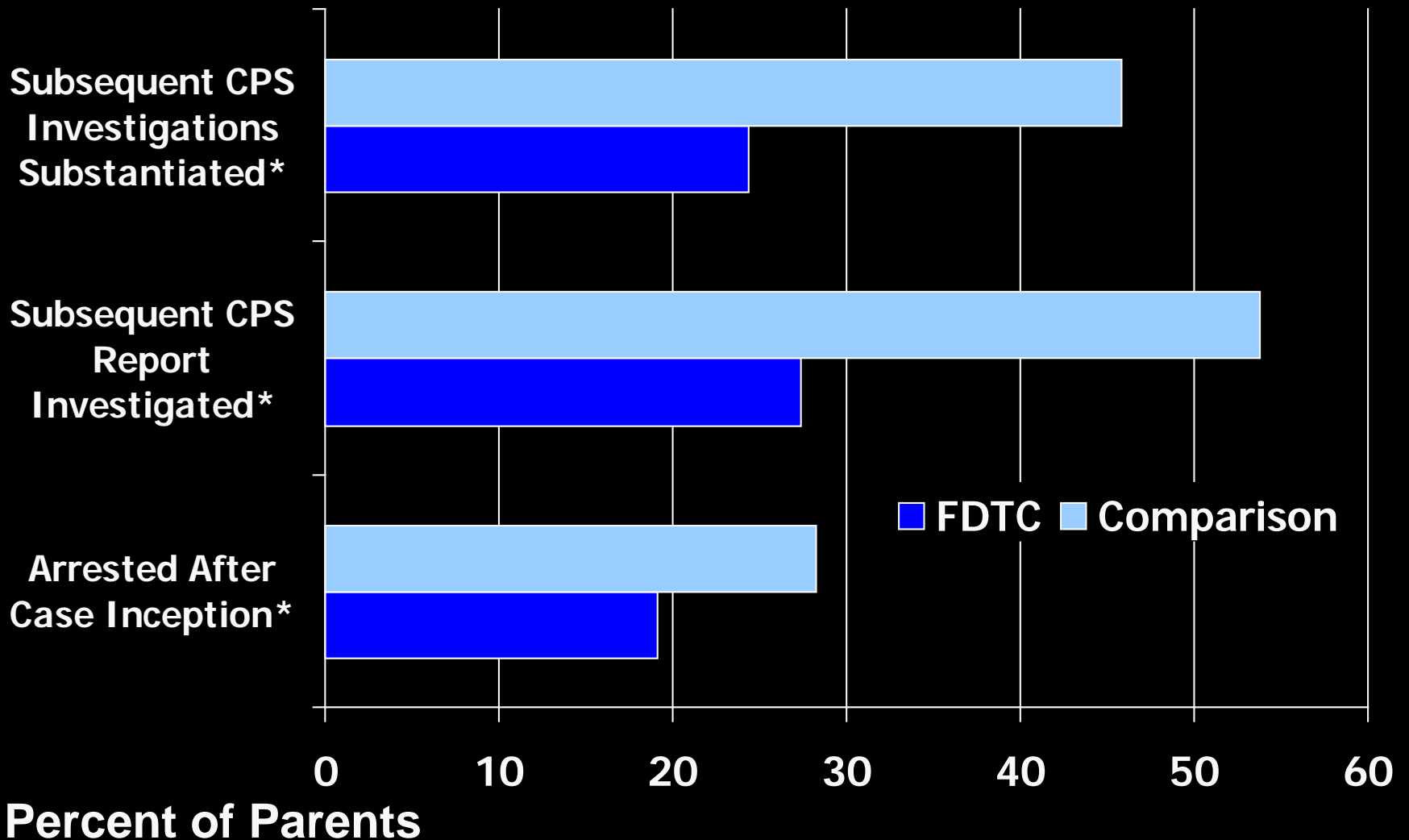
Successful Treatment Completion FDTC

**Parents Successfully Completed
59% of 919 Treatment Episodes**

**Comparison Group Parents Successfully
Completed 52% of 467
Treatment Episodes**

**Successful Completion: Completed & Transferred to Another
Program**

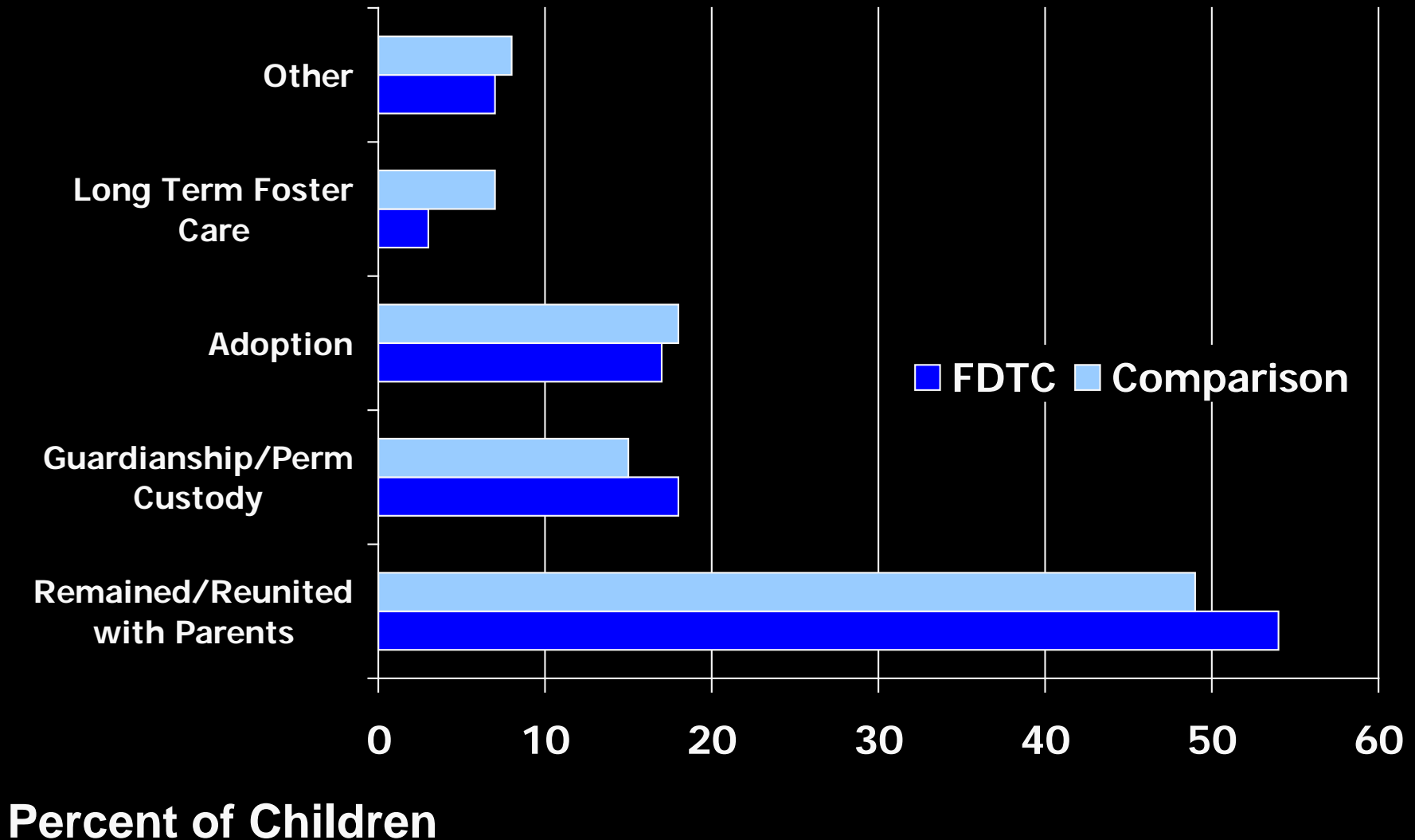
Significantly Less Criminal & CPS Recidivism Among FDTC Parents



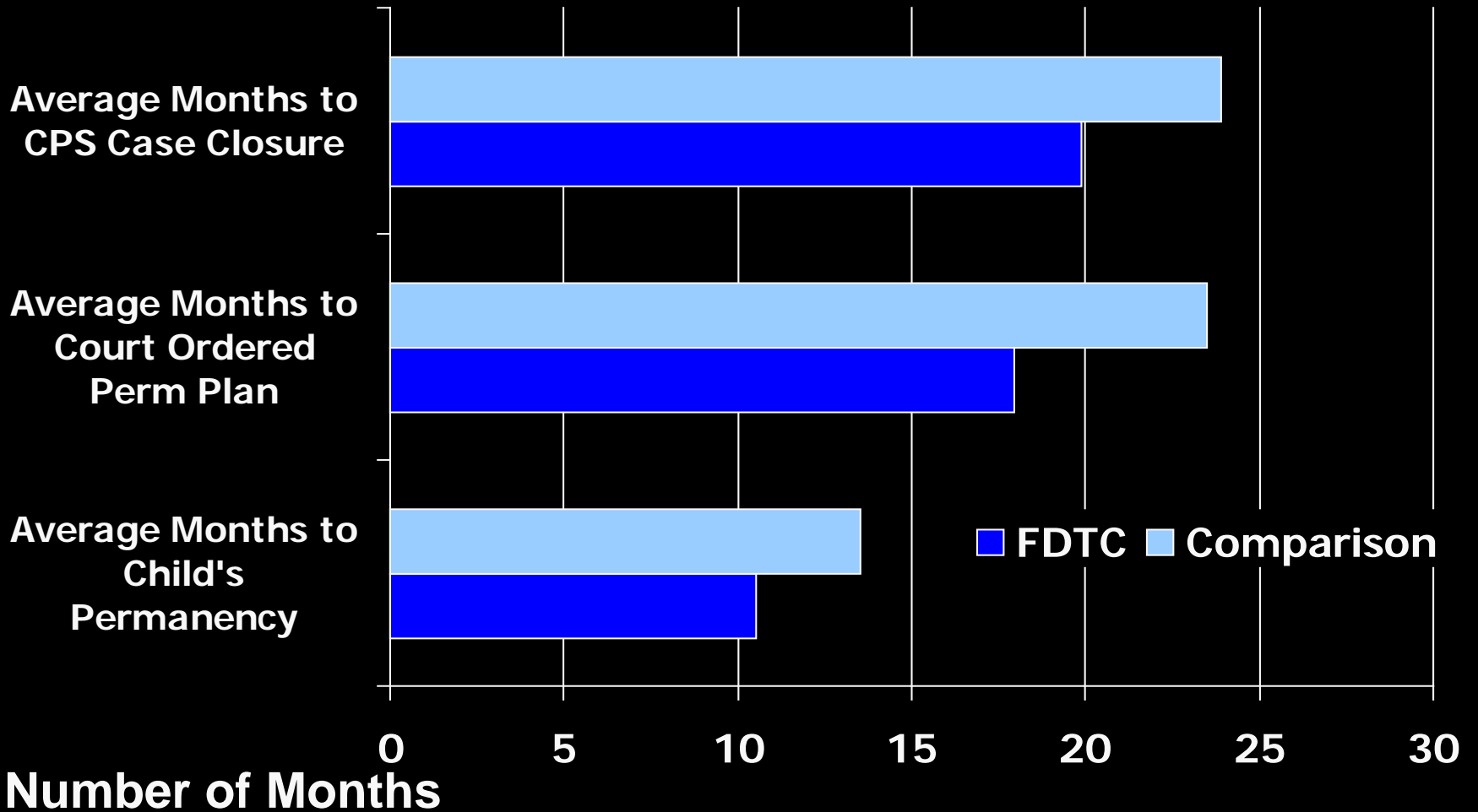
On Average, FDTC Children Have Less Time in Out of Home Care and Reunify Significantly Faster than Comparisons

	FDTC	Comparison
• Average Number of Days in Out of Home Care	588	667
• Average Number of Days to Reunification*	322	377

On Average, Slightly More FDTC Children Reunified/Remained with a Parent



**FDTC Children Reach Permanent Placement
3 Months Sooner
Have Permanent Plan Ordered 5 Months Earlier and
CPS Case Closed 4 Months Sooner**



Summary - Sample Description

- FDTC Clients are predominantly women with an average age of 30
- They have a high degree of multiple co-occurring disorders
- Generally have low education attainment
- A large percentage have never been married

Summary - Sample Description

- FDTC Children are young with the majority under age 6
- They exhibit a range of social, mental and behavioral challenges

Summary - 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 - Child Safety

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

Summary - Child Permanency and Case Resolution

- **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**
- **Have CPS Case Closed 4 Months Faster**