

A close-up photograph of a wooden gavel resting on its wooden block. The gavel is made of polished wood and is positioned diagonally. In the background, there is a stack of several books with colorful covers in shades of purple, yellow, and blue. The lighting is bright, creating soft shadows.

Family Drug Court Literature Review

Through August 2015

Children and Family Futures

Contents

Drug Court Overview and Approaches/Models.....	2
Evaluation and Outcome Studies.....	17
Treatment and Child Welfare Outcomes	24
Innovative Approaches	36
Judicial Perspectives	39

Drug Court Overview and Approaches/Models

Ashford, J. B. (2004). Treating substance-abusing parents: A study of the Pima County family drug court approach. *Juvenile and Family Court Journal*. 55(4), pp. 27-37.

In this study, the researchers compared participants in family drug court (FDC) with non-FDC participants and treatment as usual group. Results of the study reflect that individuals who participated in the FDC had higher engagement and completion rates of residential treatment than the other groups. FDC participants also had fewer parental rights severed, high percentage of permanency decisions reached within one year, and higher percentage of children placed with their parents.

Brook, J., Akin, B. A., Lloyd, M. H., & Yan, Y. (2015). Family drug court, targeted parent training and family reunification: Did this enhanced service strategy make a difference? *Juvenile & Family Court Journal*, 66(2), pp. 35-52.

This article reports findings from an evaluation of reunification outcomes for children and families who participated in a family drug court (FDC) that incorporated the use of two innovative evidence-based parenting programs. In addition to comprehensive FDC services, families participated in the Strengthening Families Program and Celebrating Families!™ programs in a sequential format. Data analyses were conducted on a sample of 214 children whose child welfare cases were adjudicated through the FDC and 418 matched comparison cases. Entry-cohort survival analysis results indicated that families receiving FDC services were more than twice as likely to reunify in a 45 month observation window.

Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. *Drug Court Review, Special Issue*, 7(1), pp. 6-42.

The first generation of research on most programs addresses the basic question of whether the program can be effective under typical conditions. Studies compare the effects of the program to no treatment or to alternative programs addressing the same condition and determine whether, on average, it significantly outperforms the alternatives. These so-called horse races are necessary to decide whether continuing to invest time and effort in the intervention is justifiable, but they do not grapple with the more important questions of who the program is most effective for (i.e., its target population), how to make it most efficient and cost-effective, and how to avoid any negative side effects it might produce.

Center for Substance Abuse Treatment. (2011). *Introduction to cross-system data resources in child welfare, alcohol and other drug services, and courts*. HHS Publication No. (SMA) 11-4630. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/shin/content//SMA11-4630/SMA11-4360.pdf>

This guide was developed for use by management and administrative officials at the State, county, and tribal level who wish to develop cross-system relationships in child welfare, alcohol, and other drug services, and court systems. The guide presents detailed information on five child welfare data-reporting systems, three other child welfare data systems, five alcohol and other drugs system data, two court system information sources, two tribal child welfare data systems, and one tribal health system data source. The child welfare data-reporting systems are the Statewide Automated Child Welfare Information System, the Adoption and Foster Care Analysis and Reporting System, the National Child Abuse and Neglect Data System, the National Youth in Transition Database, and the Child and Family Services Review. Other data systems discussed include the Longitudinal Studies of Child Abuse and Neglect, the Center for State Foster Care

and Adoption Data, the National Data Analysis System, the Treatment Episode Data Set, the National Survey of Substance Abuse and Treatment Services, the Inventory of Substance Abuse Treatment Services, the National Survey on Drug Use and Health, and the National Outcome Measures for Co-Occurring Disorders. Additional systems include the National Consortium on State Court Automation Functional Standards, Dependency Court Performance Measures, child welfare data from the Bureau of Indian Affairs and the HIS Resource and Patient Management System, and tribal health system data from the Resource and Patient Management System.

Choi, S. (2012). Family Drug Courts and Child Welfare. *Child and Adolescent Social Work Journal*, 29(1), pp. 447-461.

The purpose of this paper is (1) to review the policy and theory behind family drug courts, (2) to review empirical evidence of family drug courts, and (3) develop policy and intervention implication based on this review. Author identified three practice implications including the need for FDCs to develop strategies that motivate parents to engage and stay in treatment, remain drug free and function as parents. The second practice implication is the need for special attention to minority families in child welfare, especially substance using women. The third practice implication focuses on the need for inter-agency collaboration and integration of service delivery for families involved with the Child Welfare system. The author also identified four policy implications including the need to recognize the limited intervention capabilities of FDCs, the second implication is that public policy should recognize the complex set of factors that contribute to drug addiction. Third, FDCs should safeguard the rights of parents, and lastly the author emphasizes the need for systematic evaluation to determine impacts of FDCs on clients.

Dakof, G. A., Cohen, J. B., & Duarte, E. (2009). Increasing family reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal*, 60(4), pp. 11-23.

This article presents findings from a study of the impact of the Engaging Moms Program (EMP) at the Miami-Dade (Florida) Dependency Drug Court. Results showed that the EMP participants had greater graduation rates, higher reunification rates than participants in the case management services (CMS). The authors claim that the EMP is a promising family drug court intervention.

DeMatteo, D., Filone, S., & LaDuke, C. (2011). Methodological, ethical, and legal considerations in Drug Court research. *Behavioral Sciences & the Law*, 29(6), pp. 806-820.

Since their inception in the late 1980s, drug courts have become the most prevalent specialty court in the United States. A large body of outcome research conducted over the past two decades has demonstrated that drug courts effectively reduce drug use and criminal recidivism, which has led to the rapid proliferation of these courts. Importantly, drug court research has flourished despite the many challenges faced by researchers when working with a vulnerable population of justice-involved substance users. In this article, we highlight the most common methodological, ethical, and legal challenges encountered in drug court research, and discuss ways in which researchers can overcome these challenges to conduct high-quality research. Drug court research exemplifies how rigorous empirical investigation can be accomplished in the criminal justice system, and it can serve as a useful model for researchers working in other parts of the judicial system.

Dice, J. L., Claussen, A. H., Katz, L. F., & Cohen, J. B. (2004). Parenting in dependency drug court. *Juvenile and Family Court Journal*, 55(3), pp. 1-10.

This article discusses the underlying approach and philosophy of the Miami-Dade Dependency Drug Court (DDC), which addresses the needs of families affected by substance abuse through a

comprehensive and therapeutic approach. The DDC works with community agencies to provide services that effectively treat the family as a unit. The DDC provides a model approach to addressing risk factors associated with substance abuse in families and a model approach to collaboration with community stakeholders. This article discusses the process of adapting a parenting program to meet the needs of families in the DDC.

Dobbin, S., Gatowski, S., & Maxwell, D. (2004). Building a better collaboration: Facilitating change in the court and child welfare systems. *Technical Assistance Bulletin*, 8(2). Reno, NV: National Council for Juvenile and Family Court Judges.

The purpose of this article is to provide a framework for engaging systems change between child welfare and the judicial system.

Family court and outpatient treatment hoped to lead to more reunification. (2008). *Alcoholism & Drug Abuse Weekly*, 20(20), pp. 1-6.

The article reports on the joint effort of the Department of Human Resources (DHS) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to improve parent reunification in the state. The two agencies believe that the problems in the state's foster care system could be solved by expanding the family court program, which aims to reunify parents who are substance-dependent. They funded the assessment and treatment for these parents.

Harrell, A., & Goodman, A. (1999). *Review of specialized family drug courts: Key issues handling child abuse and neglect cases*. Washington DC: U. S. Department of Justice. Retrieved from <http://www.urban.org/uploadedpdf/speclizd.pdf>

This article looks at how FDCs relate to general trends in child welfare reform, lessons from FDCs, and raising interest in therapeutic jurisprudence. The goal is to provide a context for understanding the objectives and challenges courts face in developing effective interventions for substance-abusing parents in FDCs and suggests areas for further research and evaluation.

Huddleston, W., & Marlowe, D. B. (2011, July). *Painting the current picture: A national report on Drug Courts and other Problem Solving Court programs in the United States*. Alexandria, VA: National Drug Court Institute. Available at <http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

This document is a national report on Drug Court and other Problem-Solving Court activity in every state, commonwealth, territory and district in the United States as of December 31, 2009 (Part I) and as of December 31, 2008 (Part II). Specific to this volume and in addition to reporting on the aggregate number and types of operational Drug Courts and other Problem-Solving Court programs throughout the United States, a major section of this report is dedicated to recent research findings related to the most prevalent Drug Court models. Additionally, sections are dedicated to analyses of national survey data on Drug Court capacity; drug-of-choice trends among Drug Court participants in rural, suburban and urban areas; average graduation rates; participation costs; state Drug Court authorization legislation and funding appropriations; and international Drug Court activity. Finally, this year's report provides first-ever national demographic data on racial and ethnic minority representation among Drug Court participants.

Johnson, J. E., O'Leary, C. C., Striley, C. W., Abdallah, A. B., Bradford, S., & Cottler, L. B. (2011). Effects of major depression on crack use and arrests among women in drug court. *Addiction*, 106(7), pp. 1279-1286. DOI: 10.1111/j.1360-0443.2011.03389.x

We examined whether a current major depressive episode (MDE) at baseline predicted crack use and arrests at follow-up among women enrolled in drug court. Design Primary analyses used zero-inflated Poisson (ZIP) and zero-inflated negative binomial (ZINB) regression analyses to predict both yes/no and number of (i) days of crack use and (ii) arrests at 4-month follow-up from current (30-day) MDE at baseline. Secondary analyses addressed risk conferred by current versus past MDE at baseline. Participants were 261 women in drug court. Measurements MDE was assessed using the Diagnostic Interview Schedule. Days using crack and number of arrests were assessed using the Washington University Risk Behavior Assessment for Women. Findings having a current MDE at baseline predicted likelihood of crack use at follow-up, but not days of crack use among those who used. Current MDE at baseline did not predict presence or number of arrests at the 4-month follow-up. Women with current MDE at baseline were more likely to be using crack at follow-up than were those with recent (31+ days to 12 months) but not current MDE (odds ratio = 5.71); past MDE at baseline did not increase risk of crack use. Conclusions Predictors of any versus no crack use or arrests appear to differ from predictors of frequency of these behaviors. Current major depression, but not past major depression, appears to be associated with increased risk of crack use among women attending drug court.

Legal Action Center. (2012). *Confidentiality and Communication: A Guide to the Federal Drug & Alcohol Confidentiality Law and HIPAA*. 7th ed. New York: Legal Action Center of the City of New York, Inc.

This guide is written to help guide agencies in understanding and following complex confidentiality regulations specific to alcohol and drug programs. It features a section on electronic health record systems, including Health Information Exchange Systems, and information on broadened privacy protections under HITECH Act, SBIRT, security cameras on program's premises, relationship between the Dep't of Transportation regulations regarding alcohol and drug testing and reporting.

Lesperance, T., Moore, K. A., Barrett, B., Young, M. S., Clark, C., & Ochshorn, E. (2011). Relationship between trauma and risky behavior in substance-abusing parents involved in a Family Dependency Treatment Court. *Journal of Aggression, Maltreatment & Trauma, 20*(2), 163-174.

This exploratory study examined participants in a Family Dependency Treatment Court (FDTC), designed for substance abusing parents whose children were removed from the home. Twenty-five participants were interviewed one year after FDTC enrollment to assess retrospectively the relationship between trauma history and risky behaviors. Treatment compliance rates were found to be high, and most participants had negative urinalysis results. Qualitative analyses revealed that approximately half of the participants attributed decreases in risky behaviors to the FDTC program. This study increases understanding of the effect of substance abuse and trauma on high-risk behaviors and might help to improve services for substance-abusing parents involved in the child welfare system. Finally, the future success of reducing child abuse and neglect and parental substance use could hinge on the partnership between judicial and substance abuse treatment through FDTCs. Findings from this exploratory pilot study should be replicated with more representative and larger samples.

Lloyd, M. H., Johnson, T., & Brook, J. (2014). Illuminating the Black Box from Within: Stakeholder Perspectives on Family Drug Court Best Practices. *Journal of Social Work Practice in the Addictions, 14*(4), 378-401.

This article describes a mixed-methods, concept mapping study in an urban family drug court (FDC) designed to identify keys to FDC success from stakeholders' perspectives. Participating FDC team members and clients developed a set of items they deemed integral to an FDC, thematically clustered the items, and then rated their relative importance. Using these data, cluster

analysis and multidimensional scaling generated 6 themes perceived as contributing to positive outcomes. Resultant concept maps revealed that, compared to team members, clients view relational aspects of the FDC as more important. The findings point to implications for future research and social work practice.

Malbin, D.V. (2004). Fetal alcohol spectrum disorder (FASD) and the role of family court judges in improving outcomes for children and families. *Juvenile and Family Court Journal*, 55(2), pp. 53-63.

The purpose of this article is to support increased recognition and efficacy of services for people with Fetal Alcohol Spectrum Disorder (FASD) in the legal system. FASD is under-reported, under-diagnosed, and over-represented in juvenile justice. Prenatal alcohol and other drug exposure causes brain damage that affects behaviors, e.g., poor judgment, impulsivity, difficulty learning from experience, and difficulty understanding consequences, leading to multiple diagnoses such as Attention Deficit Disorder, Conduct Disorder, Oppositional Defiant Disorder and Emotionally Disturbed. FASD is an invisible physical disability; most people with FASD have no observable physical characteristics. The courts are in an important position to increase awareness of this problem by simply asking whether FASD is a factor that needs to be considered. This article includes: (1) an overview of FASD diagnostic criteria and current terminology; (2) exploration of FASD as a physical disability with behavioral symptoms; (3) a case example illustrating common patterns of behaviors in children and adults with FASD without identification and improved outcomes following identification and implementation of appropriate treatment; and (4) recommendations for family court judges. The courts are in an important position to increase awareness of this problem by encouraging advocates and professionals to learn more about FASD and to take it into account when making recommendations to the court.

Marlowe, D. B. (2010). *Research Update on Adult Drug Courts*. Alexandria, VA.: National Association of Drug Court Professionals.

The effectiveness of adult Drug Courts is not a matter of conjecture. It is the product of more than two decades of exhaustive scientific research. From their inception, Drug Courts embraced science like no other criminal justice program. They endorsed best practices and evidence-based practices; invited evaluators to measure their outcomes; and encouraged federal agencies like NIDA, BJA, NIJ and CSAT, as well as a myriad of state agencies, to issue calls to the scientific community to closely examine the model and learn what makes it tick and how it might be improved.

Marlowe, D. B. (2010). *Research Update on Juvenile Drug Treatment Courts*. Alexandria, VA: National Association of Drug Court Professionals. Retrieved from [http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Juvenile%20Drug%20Treatment%20Courts%20-%20NADCP 1.pdf](http://www.nadcp.org/sites/default/files/nadcp/Research%20Update%20on%20Juvenile%20Drug%20Treatment%20Courts%20-%20NADCP%201.pdf)

Research on Juvenile Drug Treatment Courts (JDTCs) has lagged considerably behind that of its adult counterparts. Although evidence is mounting that JDTCs can be effective at reducing delinquency and substance abuse, the field is just beginning to identify the factors that distinguish effective from ineffective programs.

Marlowe, D. B. (2011). The verdict on Drug Courts and other Problem-Solving Courts. *Chapman Journal of Criminal Justice*, 2, pp. 53-92.

In the court system, judges or juries return verdicts that represent a final resolution of the case at bar. Aside from relatively circumscribed grounds for appeal or post-conviction relief, the verdict is dispositive of the current controversy, and may under some circumstances have precedential authority over factually related controversies presented in future cases.

Marlowe, D. B., & Shannon, M. C. (2012). Need to know - Research update on family drug court. *National Association of Drug Court Professionals*. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/Reseach%20Update%20on%20Family%20Drug%20Courts%20-%20NADCP.pdf>

This article looks at the research update on FDCs through 2012, primarily focusing on outcomes including effectiveness of FDCs, cost-effectiveness, target population, and best practices. Authors claim FDCs to be one of the most promising models for improving treatment retention and family reunification rates.

Marsh, J.C., Smith, B.D., & Bruni, M. (2011). Integrated substance and child welfare services for women: A progress review. *Children and Youth Services Review*, 33(3), pp. 466-472. DOI: 10.1016/j.childyouth.2010.06.017

This article is a review of the current literature (through 2011) and progress made on the integration of services for substance abuse and child welfare involved parents. Authors state that evidence suggests that clients in both Substance Abuse and Child Welfare systems often present with multiple problems, however assessments primarily focus on the issue associated with the system through which the client was referred (i.e. Treatment or Child Welfare). Findings suggests that integrated services lead to women remaining in treatment longer periods of time, are more likely to reduce substance use and be reunified with their children. Brief information was provided on FDC specific focus on collocation of substance abuse treatment counselors in Child Welfare offices. Article states that evaluations show that collocation can lead to increased understanding and communication between Child Welfare and Substance Abuse staff thus improving relationships between service providers and improved coordination for services for clients. Authors acknowledge that there remains a need for effective and appropriate services for women, and women have less access to treatment than men.

Mendoza, N. S., Trinidad, J. R., Nochajski, T. H., & Farrell, M. C. (2013). Symptoms of depression and successful drug court completion. *Community Mental Health Journal*, 49(6), pp. 787-792. DOI: 10.1007/s10597-013-9595-5

The majority of drug abusing offenders who need substance abuse treatment do not receive it. Although interventions like drug court increase the probability of offender success, little is known about how co-occurring psychological symptoms impact drug court treatment outcomes. Based on previous research, we hypothesized that co-occurring psychological symptoms would have a significant relationship with successful drug court completion. Using a sample of suburban drug court enrollees (n = 122), multivariate logistic regression was conducted with successful drug court completion as the outcome variable. Predictor variables included symptom counts of depression, post-traumatic stress, obsessive-compulsive disorder, panic disorder, psychosis, generalized anxiety, and social phobia. Results indicated that participants with fewer symptoms of depression were more likely to successfully complete drug court than participants with more symptoms. The present study extends previous research by demonstrating that symptoms of

depression are related to poorer outcomes for drug court enrollees. Accordingly, drug courts need to address participants' symptoms of depression to maximize success.

Messina, N., Calhoun, S., & Ward, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior*, 39(12), pp. 1539-1558. DOI: 10.1177/0093854812453913

This pilot study compared outcomes for 94 women offenders in San Diego County, California, who participated in four drug court programs. Women were randomized to gender-responsive (GR) programs using Helping Women Recover and Beyond Trauma or standard mixed-gender treatment. Data were collected at program entry, during treatment, and approximately 22 months after treatment entry. Bivariate and multivariate analyses were conducted. Results showed that GR participants had better in-treatment performance, more positive perceptions related to their treatment experience, and trends indicating reductions in posttraumatic stress disorder (PTSD) symptomology. Both groups improved in their self-reported psychological well-being and reported reductions in drug use ($p < .06$) and arrest (a diagnosis of PTSD was the primary predictor of reductions in rearrest, $p < .04$). Findings show some beneficial effects of adding treatment components oriented toward women's needs. Significant questions remain, particularly around PTSD and whether it should be targeted to improve substance use outcomes for women.

Moreno, C. M., & Curti, G. H. (2012). Recovery spaces and therapeutic jurisprudence: A case study of the family treatment drug courts. *Social & Cultural Geography*, 13(2), pp. 161-183. DOI: 10.1080/14649365.2012.655768

Working through feminist and post-structural understandings of law and different body-space relations of family treatment and recovery, in this paper we empirically investigate the nature and workings of therapeutic jurisprudence in drug treatment and child welfare management programs based in San Diego, California, and involved in the family treatment drug court (FTDC) system. What is at the forefront in this paper are different critical geographical conceptualizations of the double articulating productive and inhibiting forces inherent to the workings of FTDCs. Through the presentation of two family narratives of different familial, corporeal, spatial, and institutional encounters, movements, and transformations, we argue for alternative, attentive, and empowering understandings of family recovery.

National Association of Drug Court Professionals. (2013). *Adult Drug Court Best Practice Standards Volume I*. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>

A little more than two years ago, the NADCP embarked on an ambitious project to develop these *Adult Drug Court Best Practice Standards*. The standards were drafted by a diverse and multidisciplinary committee comprising Drug Court practitioners, subject matter experts, researchers, and state and federal policymakers. Each draft standard was peer reviewed subsequently by between thirty and forty practitioners and researchers with expertise in the relevant subject matter. The peer reviewers rated the standards anonymously along the dimensions of clarity (what specific practices were required), justification (why those practices were required), and feasibility (how difficult it would be for Drug Courts to accomplish the practices). All of the standards received ratings from good to excellent and were viewed as being achievable by most Drug Courts within a reasonable period of time.

National Council of Juvenile and Family Court Judges. (1995). *Resource Guidelines - Improving Court Practice in Child Abuse and Neglect Cases*. Publication Development Committee, Victims of Child Abuse Project. Retrieved from http://www.ncjfcj.org/sites/default/files/resguide_0.pdf

Victims of child abuse and neglect come before juvenile and family court judges for protection from further harm and for timely decision-making for their future. In response, judges make critical legal decisions and oversee social service efforts to rehabilitate and maintain families, or to provide permanent alternative care for child victims. These oversight responsibilities require a large portion of the court's attention, workload and resources as the reported number of child abuse and neglect cases grows each year. Public awareness of the tragedy of physical and sexual abuse of children has led to a recent explosion in court referrals. The problem has been exacerbated by poverty, the impact of drug-exposed mothers and infants, HIV Syndrome, the continuing dissolution of the family unit, and the growing recognition that child victims are often found in violent families.

National Council of Juvenile and Family Court Judges. (2000). *Adoption and Permanency Guidelines: Improving Court Practice in Child Abuse and Neglect Cases.*

These Adoption and Permanency Guidelines are the result of a three year effort to produce best practice recommendations for use in dependency cases involving abused and neglected children who cannot be reunified with their families. They serve as an adjunct to the NCJFCJ publication RESOURCE GUIDELINES: Improving Court Practice in Child Abuse & Neglect Cases, which covers the court process of placement and reunification for abused and neglected children.

The National Center on Addiction and Substance Abuse at Columbia University. (1999). *No Safe Haven: Children of Substance-Abusing Parents.* CASA Columbia. Retrieved from <http://www.casacolumbia.org/addiction-research/reports/no-safe-haven-children-substance-abusing-parents>

Children whose parents abuse alcohol and other drugs are almost 3 times likelier to be physically or sexually assaulted and more than 4 times likelier to be neglected by their parents compared to children of parents who are not substance abusers. With 28 million children of alcoholics and several million children of other drug abusers, children and adults in America who, during their lives, have been neglected and/or physically and sexually assaulted by substance-abusing parents constitute a significant portion of our population.

Office of Justice Programs. (1998). *Juvenile and family drug courts: An overview.* Rockville, MD: U.S. Department of Justice, Office of Justice Programs. Retrieved from <https://www.ncjrs.gov/html/bja/jfdcoview/dcpojuv.pdf>

For the purpose of this report, a juvenile drug court is defined as "a drug court that focuses on juvenile delinquency matters and status offenses that involve substance-abusing juveniles." A family drug court is defined as "a drug court that deals with cases involving parental rights, in which an adult is the party litigant, which come before the court through either the criminal or civil process, and which arise out of the substance abuse of a parent." Juvenile and family drug courts provide much earlier and more comprehensive intake assessment for both juveniles and adults and have a much greater focus on the functioning of the family as well as the juvenile and parent than traditional courts. There is a closer integration of the information obtained during the intake and assessment process with subsequent case decisions. There is also greater coordination among the court, the treatment community, the school system, and other community agencies that respond to the needs of juveniles, families, and the court. Because juvenile and family drug courts are relatively new, there has not been a sufficient period of operation to document significant results over the long term. Juvenile and family drug court judges are reporting, however, that their initial experience confirms remarkable sustained turnaround by juveniles and adults in the program who were otherwise at high risk for continued, escalating criminal involvement and illegal substance use. Such indicators as recidivism, drug usage, educational achievement, and

family preservation indicate that juvenile and family drug courts hold significant potential. An enclosure provides summary data on juvenile and family drug court activity.

Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare, 90(1)*, pp. 25-41.

The goal of this paper is to synthesize available data to help guide policy and programmatic initiatives for families with substance abuse problems who are involved with the child welfare system, and identify gaps in the research base preventing further refinement of practices in this area. To date, Family Treatment Drug Court and newly developed home-based substance abuse treatment interventions appear the most effective at improving substance abuse treatment initiation and completion in child welfare populations. Research is needed to compare the efficacy of these two approaches, and examine cost and child well-being indicators in addition to substance abuse treatment and child welfare outcomes.

Osofsky, J.D. (Ed.). (2011). Clinical Work with Traumatized Children. Cohen, J.B., Dakof, G.A., & Duarte, E. (Ch.13) *Dependency Drug Court: An Intensive Intervention for Traumatized Mothers and Young Children*. The Guilford Press: New York, NY.

Although research on DDC is limited, a small number of studies indicate that drug court has promise. Most DDCs share key elements, including a non-adversarial relationship among the participating partners, comprehensive assessment of service needs, frequent court hearings and drug testing, intensive judicial supervision, enrollment in substance abuse treatment programs designed to improve parenting practices and other necessary services, and the administration of judicial rewards and sanctions. In order to graduate from DDCs, participants must have successfully completed substance abuse treatment, remain compliant with mental health services, have a specified period of continuous abstinence, show evidence of a safe and stable living situation, spend a substantial period of time adequately performing the parental role, and have a life plan initiated and in place (e.g. employment, education, vocational training). DDCs frequently include drug court counselors, who refer clients to substance abuse treatment and other court-ordered services, develop a recovery service plan, and monitor and report clients' ongoing progress to the court. Although there are numerous components to DDCs, the contributions of the drug court judge and counselors to the effectiveness of drug court are undeniable.

Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence Based Social Work, 5(1-2)*, pp. 157-189. DOI: 10.1300/J394v05n01_07.

As child welfare systems across the country face the problem of parental substance abuse, there is an increasing need to understand the types of treatment approaches that are most effective for substance-abusing parents in the child welfare system-the majority of whom are mothers. This structured review of the literature focuses on evidence related to two areas: (1) individual-level interventions designed to assist mothers and women in addressing their substance abuse problems, and (2) system-level interventions designed to improve collaboration and coordination between the child welfare system and the alcohol and other drug system. Overall, research suggests the following program components may be effective with substance-abusing women with children: (1) Women-centered treatment that involves children, (2) Specialized health and mental health services, (3) Home visitation services, (4) Concrete assistance, (5) Short-term targeted interventions, and (6) Comprehensive programs that integrate many of these components. Research also suggests that promising collaborative models between the child welfare system (CWS) and the alcohol and other drug (AOD) system typically include the following core elements: (1) Out-stationing AOD workers in child welfare offices, (2) Joint case planning, (3) Using official committees to guide collaborative efforts, (4) Training and cross-

training, (5) Using protocols for sharing confidential information, and (6) Using dependency drug courts. Although more rigorous research is needed on both individual-level and system-level substance abuse interventions for parents involved in the child welfare system, the integration of individual-level interventions and system-level approaches is a potentially useful practice approach with this vulnerable population.

Pach, N. M. (2008). An overview of operational family dependency treatment court outcomes. *Drug Court Review*, VI(1). pp. 67-122.

The intent of this article is to lay the groundwork for a national conversation about Family Dependency Treatment Courts (FDTCs). While FDTCs are in many ways similar to drug courts, they have their own set of complications that render NADCP's 10 key components necessary, yet insufficient, to guide the establishment, maintenance, and improvement of FDTCs. Questions about best practices surround such issues as child welfare, the Adoption and Safe Families Act (1997) timelines, the civil court arena, and the scope of the intervention. When the best interests of the child are paramount, sanctions and incentives for an alcohol and other drug (AOD)-involved parent must be carefully handled. Federal timelines must be fully considered by FDTCs in their planning. Sanctions in particular are complicated by the fact that FDTCs occur in a civil arena rather than the criminal one like traditional drug courts. Finally, a court must decide whether the FDTC intervention will consider a full range of psychosocial and legal problems facing a particular family, or if it will concentrate solely on AOD involvement. This article should serve as a focal point through which those professionals involved in FDTCs can create their own components necessary for FDTCs.

Peters, R. H., Kremling, J., Bekman, N. M., & Caudy, M. S. (2012). Co-occurring disorders in treatment-based courts: Results of a national survey. *Behavioral Sciences and the Law*, 60(1), pp. 800-820

Drug courts and mental health courts have expanded rapidly in the past several decades to provide more efficient coordination of treatment and supervision of offenders with behavioral health problems. A significant number of offenders in these court-based programs have co-occurring mental and substance use disorders, which predict early termination, relapse, rearrest, and other negative outcomes. A web-based national survey examined programmatic adaptations for co-occurring disorders (CODs) among 54 drug courts, mental health courts, and freestanding COD dockets. COD dockets were smaller and of longer duration, and provided more intensive services than programs situated in drug courts or in mental health courts. However, more similarities than differences were noted across the different types of court-based program. Key adaptations for CODs included extended program duration, highly intensive and integrated treatment, smaller, less formal, and more frequent hearings, and use of specialized supervision teams and dually credentialed staff.

Portillo, S., Rudes, D. S., Viglione, J., & Nelson, M. (2013). Front-stage stars and backstage producers: The role of judges in problem-solving courts. *Victims & Offenders*, 8 (1), pp. 1–22.

In problem-solving courts judges are no longer neutral arbitrators in adversarial justice processes. Instead, judges directly engage with court participants. The movement towards problem-solving court models emerges from a collaborative therapeutic jurisprudence framework. While most scholars argue judges are the central courtroom actors within problem-solving courts, we find judges are the stars front-stage, but play a more supporting role backstage. We use Goffman's front-stage-backstage framework to analyze 350 hours of ethnographic fieldwork within five

problem-solving courts. Problem-solving courts are collaborative organizations with shifting leadership, based on forum. Understanding how the roles of courtroom workgroup actors adapt under the new court model is foundational for effective implementation of these justice processes.

Rittner, B., & Dozier, C.D. (2000). Effects of court-ordered substance abuse treatment in child protection cases. *Social Work*, 45(2), pp. 131-140.

Courts often play active roles in the lives of families supervised by child protective services (CPS). Judges adjudicate dependency, mandate services, determine placements of children, and order continued supervision or termination of parental rights or services. This study examined the effects of court orders in preventing recurrence of substance abuse in the cases of 447 children in kinship care while under CPS supervision. In addition, the effects of court orders on duration of service and on numbers of placements were studied. Results suggested that court interventions had mixed outcomes. Levels of compliance with mandated substance abuse and mental health treatment did not appear to influence rates of re-abuse or duration of service. Court orders appeared to affect both the number of caretakers and placements the children experienced. Children adjudicated dependent were more likely to have multiple caretakers than those under voluntary supervision. This study suggests that further research is needed to determine how compliance with court-ordered treatment should be used by workers in making decisions about continued supervision. In addition, the authors highlight the importance of adequate substance use and abuse screening in good case planning.

Sanford, J. S. & Arrigo, B. A. (2004). Lifting the Cover on Drug Courts: Evaluation Findings and Policy Concerns. *International Journal of Offender Therapy and Comparative Criminology*, 49(1), pp. 239-259. doi: 10.1177/0306624X04273200

This article reviews the extant literature on the effectiveness of drug treatment courts and discusses findings regarding various components of the criminal justice system. It is argued that based on empirical evaluation findings, drug treatment courts have achieved success in lowering rates of recidivism among drug offenders, despite problematic methodological and analytical concerns. This article also presents key components and agents of drug treatment courts and discusses their impact and relevance to policy creation and adaptation. It is suggested that when combined with empirical evaluations, process evaluations provide great insight into the drug-treatment-court dynamic. This article concludes with a discussion of the implications of drug treatment courts for justice policy. Implications include initiatives and legislation to increase or maintain the discretion of the drug-treatment court judge, using drug courts as models for other problem-solving courts and improved data collection and drug-treatment-court evaluation methods.

Spartaro, R. M. (2011). Nipping it in the bud®: Adopting a family drug court approach to fighting the cycle of alcohol addiction for children when parents are convicted of DUI. *Family Court Review*, 49(1), pp. 190-206. DOI: 10.1111/j.1744-1617.2010.01361.x

Through the use of incentives such as reduced and dismissed charges and fines combined with supervised treatment, Drug Courts have been shown to be very effective in helping to break the cycle of addiction, crime, and repeat incarceration for those involved. Author claims that courts do not address the needs of children of dependent parents. Author advocates for states to include an alcohol education and counseling program aimed at children of alcohol-related offenders based on the Drug Court Model. Participation in this program would then act as a mitigating factor for the addicted offender when receiving their final sentence. This proposed program would then serve as a model for other states to adopt in the near future.

TeamChild and the Juvenile Indigent Defense Action Network. (2012). *Washington Judicial Colloquies Project: A Guide for Improving Communication and Understanding in Juvenile Court. Models for Change.* Retrieved from <http://www.modelsforchange.net/calendar/228>

This inquiry resulted in the Washington State Judicial Colloquies Project, which aims to improve young people's comprehension of the conditions of pre-adjudication release and post-adjudication probation commonly ordered in Washington's juvenile offender proceedings. By increasing understanding of the court's expectations, the Project hopes to improve compliance and reduce detention and other sanctions. The Project also aims to increase the awareness of court and juvenile justice stakeholders of the need for more developmentally appropriate language in juvenile court.

Twomey, J. E., Miller-Loncar, C., Hincley, M., & Lester, B. M. (2010). *After family treatment drug court: Maternal, infant, and permanency outcomes.* *Child Welfare*, 89(6), pp. 23-41.

This study reports on maternal functioning, infant developmental, and permanency outcomes for 52 families following maternal participation in a family treatment drug court (FTDC) for perinatal substance users. Although the majority of families experienced positive child welfare outcomes, over time, maternal functioning deteriorated and infant developmental concerns were identified. Even when promising interventions like FTDC are used, long-term needs of families affected by perinatal substance use need to be considered and addressed.

U.S. Department of Health and Human Services. (2003). *Framework and Policy Tools for Improving Linkages Between Alcohol and Drug Services, Child Welfare Services and Dependency Courts. Substance Abuse and Mental Health Services Administration, National Center on Substance Abuse and Child Welfare.* Retrieved from <http://www.ncsacw.samhsa.gov/files/NewFramework.pdf>

This paper describes the ten-element framework of system linkages that are necessary for effective collaboration between the substance abuse treatment, child welfare, and dependency court systems. It presents the opportunities and challenges that may be encountered by the systems in developing a collaborative approach to the issue of substance use disorders among parents in the child welfare and dependency court population. Reasons for the inclusion of the dependency court as a third partner in the collaborative are discussed, and the specific roles and responsibilities of each system are delineated. The paper describes seven program sites which are implementing the collaborative approach.

U.S. Department of Justice, Office of Justice Programs. (1997). *Defining Drug Courts: The Key Components.* The National Association of Drug Court Professionals. Drug Court Standards Committee. Retrieved from <http://www.ndci.org/sites/default/files/ndci/KeyComponents.pdf>

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local service providers, and the greater community. State-level organizations representing AOD issues, law enforcement and criminal justice, vocational rehabilitation, education, and housing also have important roles to play. The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives.

U.S. Department of Justice, Office of Justice Programs. (2003). *Juvenile Drug Courts: Strategies in Practice - Monograph.* Bureau of Justice Assistance. Retrieved from <https://www.ncjrs.gov/pdffiles1/bja/197866.pdf>

Juvenile Drug Courts: Strategies in Practice was created by a diverse group of juvenile drug court practitioners, researchers, and educators from across the country who were brought together by the National Drug Court Institute (a division of the National Association of Drug Court Professionals) and the National Council of Juvenile and Family Court Judges. The group included representatives from courts, prosecution, public defense, treatment, probation, court administration, academia, education, and training.

U.S. Department of Justice, Office of Justice Programs. (2004). *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model – Monograph*. Bureau of Justice Assistance. Retrieved from <https://www.ncjrs.gov/pdffiles1/bja/206809.pdf>

This article presents ideas, discussions and conclusions of a 1999 focus group on Family dependency treatment courts. The focus group explored the pros and cons of various approaches to the development and operation of FDTCs, formulated a mission and goals for the court, and took the first steps toward devising a national strategy for advancing the FDTC model.

U.S. Department of Health and Human Services. (2014). *Brief: Grants to Expand Services to Children Affected by Methamphetamine in Families Participating in Family Treatment Drug Court: Children Affected by Methamphetamine (CAM)*. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse. Retrieved from https://www.ncsacw.samhsa.gov/files/CAM_Brief_2014-Final.pdf

Improving outcomes for families affected by parental substance use disorders and child welfare involvement starts with a cross-systems commitment and coordinated approach to address the multiple and complex needs of parents and children. Through collaborative efforts around the country, evidence is emerging of what families need to succeed in their efforts to reunify with their children and maintain their recovery. The brief summarizes the experiences, lessons learned, and outcomes of the collaborative efforts of the Children Affected by Methamphetamine (CAM) grant program (October 2010 – September 2014). The brief also provides an overview of the grant program, the grantees, and key implementation lessons learned and highlights the CAM program's interim safety, permanency, recovery, and well-being outcomes for the 1,850 families served during the first three years of the grant.

U.S. Department of Health and Human Services. (1999). *Blending Perspectives and Building Common Ground. A Report to Congress on Substance Abuse and Child Protection*. Washington, DC.: U.S. Government Printing Office. Retrieved from <http://aspe.hhs.gov/HSP/subabuse99/subabuse.htm>

In a field where difficult decisions are made every day, child welfare workers face particular dilemmas when working with the extremely troubled families whose complex and multiple problems include both substance abuse and child maltreatment. Central to their challenge is that addiction to alcohol and other drugs can be a chronic, relapsing disorder and recovery can be a long term process. At the same time, children have an immediate need for safe and stable homes in which to grow up.

U.S. Department of Health and Human Services. (2010). *Substance Abuse Specialists in Child Welfare Agencies and Dependency Courts Considerations for Program Designers and Evaluators*. HHS Pub. No. (SMA) 10-4557 Rockville, MD.: Substance Abuse and Mental Health Services

Administration. Retrieved from
<https://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf>

This paper focuses on one particular model of collaboration, the placing of substance abuse specialists in either child welfare offices or dependency courts. The purpose of co-locating substance abuse specialists is to ensure that parents are assessed as quickly as possible, to improve parent engagement and retention in treatment, to streamline entry into treatment, and to provide consultation to child welfare and dependency court workers.⁹ In addition to briefly describing substance abuse specialist programs and their various components, this paper includes findings from eight qualitative interviews of programs that place substance abuse specialists in child welfare offices or dependency courts. The interviews highlight ways in which early decisions about the program's collaborative structure influence other design decisions. Understanding how design decisions are related to one another can help jurisdictions to systematically create substance abuse specialist programs that best meet their specific needs and use resources most efficiently. This information is intended to provide those interested in creating a substance abuse specialist program with valuable data on programmatic and collaborative structures, lessons learned about program design, problems or challenges faced by these programs, and how the issues were resolved. Table 1 at the end of the appendix includes a summary of key components of the programs.

U.S. Department of Health and Human Services, Administration for Children and Families. (2014). *Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine and other Substance Abuse: Fourth Annual Report to Congress*. Retrieved from www.cffutures.org/files/RPG_4th_Rpt_to_Congress_508.pdf

This Brief illuminates key lessons learned by the Regional Partnership Grant (RPG) Program about improving outcomes for children and families in the child welfare system who are affected by substance use disorders. This Executive Summary provides additional detail on the RPG program, performance measurement results, and implementation barriers, successes, and lessons experienced during the course of the five-year project period.

U.S. Department of Health and Human Services. (2014). *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57*. HHS Publication No. (SMA) 13-4801. Rockville, MD.: Substance abuse and Mental Health Services Administration. Retrieved from <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

This publication was developed to assist behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce.

United States General Accounting Office. (1998). *Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers*. Washington, DC. Retrieved from <http://www.gao.gov/archive/1998/he98182.pdf>

This document provides information on (1) the extent and characteristics of parental substance abuse among foster care cases, (2) the difficulties foster agencies face in making timely permanency decisions for foster children with substance abusing parents, and (3) initiatives that address reunifying families or achieving other permanency outcomes in a timely manner for foster children whose parents are substance abusers.

Walker, M. A. (2009). Program characteristics and the length of time clients are in substance abuse treatment. *Journal of Behavioral Health Services & Research*, 36(3), pp. 330-343.

Is there a relationship between the characteristics of drug addiction treatment programs and an important correlate of better outcomes, the length of time clients are in treatment? Previous research has consistently shown longer periods in treatment and a range of services each have a salutary effect on client outcomes after treatment. Much of this research has examined the characteristics of clients. Program attributes are another important consideration. Multivariate analysis of data collected from a national survey of outpatient drug addiction treatment programs shows offering a range of services along with several other program characteristics are relevant to the duration of treatment. When a range of services are available, this has a positive association with both the number of months programs report clients are in treatment and with the number of counseling sessions programs report clients receive over the course of treatment. Ultimately, this should lead to better outcomes for clients.

Wheeler, M. & Fox, C. L. (2006). *Drug court practitioner fact sheet: Family dependency treatment court: Applying the drug court model in child maltreatment cases*. National Drug Court Institute. Alexandria, VA. Retrieved from <http://www.ndcrc.org/sites/default/files/fdtdc.pdf>

This is a fact sheet for Drug Court Practitioners providing a brief historical background on FDCs, ASFA, and family-focused practices. Authors believe that FDTCs have enhanced the ability of family court, child protection agencies, and treatment systems to respond to families in crisis.

Whitehead, S. (2015). *Building better courts: Lessons from London’s family drug and alcohol court*. Centre for Justice Innovation. New Economics Foundation (NEF), London, United Kingdom.

London’s Family Drug and Alcohol Court (FDAC) is a strikingly successful example of courts innovating to deal with complex problems. FDAC works with substance misusing parents who are at risk of having their children removed. By working with a specialist treatment team and calling in parents for regular progress reviews, FDAC judges give families a chance to stay together where possible. Today the court is backed by independent evaluators and is working to spread its approach. But what did it take to achieve this? What can other court innovators learn from FDAC’s experience? This report examines the factors behind the court’s success – from the birth of the idea, to the end of the pilot.

York, J., Lamis, D. A., Garfinkel, P. W., Bluestein, N. P., Boxx, M., Ellis, A., Sullivan, S. and Donaldson, S. (2012). *Family Drug Treatment Courts and Social Determinants of Health*. *Family Court Review*, 50: 137–149. doi: 10.1111/j.1744-1617.2011.01435.x

The goal of this manuscript is to examine how key ingredients of FDTCs are related to social determinants of health and the potential for this framework to be integrated into FDTCs. A specific FDTC is described and evidence-based wrap services are used to illustrate opportunities to improve the health of women and children involved in FDTCs. Some of the recommendations made by the author include developing policy statements and publications which address the evidence base for targeting health issues specific to women and children. Other issues that need to be addressed include cultural competency and culturally-adapted FDTC programs. Additionally, more long-term evaluation outcome studies are needed in order to track clients once they exit the court.

Cost Savings

Children and Family Futures. *Sustainability Matrix*. Retrieved from <http://www.cffutures.org/files/publications/Sustainability%20Matrix.pdf>

The purpose of this matrix is to assist agencies in inventorying current funding, document funding effectiveness, identify potential sources of future funding, select priorities for future funding, redirect funding, and assess political and community support.

Children and Family Futures. (2009). *Sustainability Discussion Guide – Marketing Your Program: Creating the Sales Document*. Retrieved from <http://www.cffutures.org/files/publications/Marketing%20discussion%20guide%20101909.pdf>

Sustainability planning requires a series of logical steps that move from the project's launching to its results, and on to its future funding. Project Managers are often charged with demonstrating the *effectiveness* of what is being sustained—showing that an innovation worked, specific outcomes that have been achieved while proving to prospective funders that the innovation was successful and should be refunded. Also, they are charged with articulating the organizational *impact* of the innovation. This discussion guide is intended to assist programs think through the critical elements in a marketing approach, while providing guidance about what to include – and what not too.

Evaluation and Outcome Studies

Bales, W., Blomberg, T., & Mestre, J. (2013). *Palm Beach County Family Drug Court evaluation – Final Report*. College of Criminology and Criminal Justice. Center for Criminology and Public Policy Research.

This report presents the findings of a process and outcome evaluation of the Palm Beach County Family Drug Court (FDC). Overall the authors found this particular FDC to be a good program with overall positive outcomes. The authors make some recommendations on how to improve the FDC including administrative, program, client recruitment & retention, self-evaluation, and strategic planning and sustainability improvements.

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). *The Sacramento dependency drug court: Development and Outcomes*. *Child Maltreatment*, 12(1), pp. 161. DOI: 10.1177/1077559507300643

This article provides a description of various types of DDCs and reports 24-month reunification rates from the Sacramento DDC. Results indicated that DDC participants had higher rates of treatment participation than did comparison participants. In addition, at 24 months, 42% of the DDC children had reunified versus 27.2% of the comparison children. There were no differences in treatment completion or child reunification rates by parent's primary drug problem. Rates of recidivism were extremely low for both the DDC and comparison groups and did not differ significantly. The results of the present study are encouraging and suggest that rigorous, controlled studies are merited to further evaluate the effectiveness of DDCs.

Boles, S., & Young, N. K. (2010). *Sacramento County Dependency Drug Court year seven outcome and process evaluation findings*. Irvine, CA.: Children and Family Futures

The Sacramento County Dependency Drug Court (DDC) began in October 2001. The Sacramento DDC was developed as part of a system-wide reform effort to address the needs of families with substance use disorders in the child welfare system. The Sacramento DDC operates parallel to the dependency case proceedings, which are conducted on a regular family court docket. Compliance

reviews and management of the recovery aspects of the case are heard by the DDC officer throughout the life of the parents' participation in the dependency drug court. Parents begin DDC services promptly to pre-empt the possibility of noncompliance of court orders regarding substance abuse treatment participation.

Broussard, R. D. (2012). Factors correlated to graduating from the Fourteenth Judicial District (Louisiana) adult drug treatment court program. *Journal of the Institute of Justice and International Studies*. 12, pp. 1. Retrieved from http://centralspace.ucmo.edu/xmlui/bitstream/handle/10768/96/RBroussard_CriminalJustice.pdf?sequence=1

Drug courts have gained immense popularity throughout the United States as alternatives to traditional sentencing. For programs to continue to be effective, administrators have to understand which factors are correlated to graduation. This study used a retrospective cross-sectional design with a sample consisting of the entire population (n=38) of past participants in the Fourteenth Judicial District (Louisiana) Adult Drug Treatment Court Program between June 2007 and January 2011. Bivariate analysis and t test results indicated that older white participants, who were employed and had attained a high school diploma or GED prior to entering the program, were more likely to graduate than others without these specific characteristics. Policy and research implications include limiting the size of the program and developing standard definitions for offender characteristics to be used for future studies.

Bruns, E. J., Sather, A., Wiggins, E., & Trupin, E. (2008). *Evaluation of the King County family treatment court: results of team member and key stakeholder interviews*. University of Washington School of Medicine. Division of Public Behavioral Health and Justice Policy.

The goal of this study was to learn about the effectiveness of the court from the perspective of the King County Family Treatment Court (KCFTC) team and key stakeholders. This article presents the results of a process evaluation where respondents provided both quantitative and qualitative responses to questions regarding 1) success in meeting goals; 2) serving target population; 3) eligibility and referral process; 4) process and functions; 5) adherence to best practices; 6) short-term outcomes; 7) teamwork and collaboration; 8) overall strengths, weaknesses and areas for improvement. Early findings suggest that key stakeholders feel that the FDTC is meeting its goals.

Bruns, E. J., Pullman, M., Wiggins, E., & Watterson, K. (2011). *King County family treatment court outcome evaluation – final report*. Division of Public Behavioral Health and Justice Policy. Department of Psychiatry and Behavioral Sciences. University of Washington School of Medicine.

This report presents findings from a two-year study comparing King County Family Treatment Court (FTC) participants to a comparison group of parents and children not participating in FTC. Results of the study show that in FTC participants 63% were more likely to be admitted and use treatment services than those not participating in FTC, participants took half as long to enter treatment, remained in treatment longer and were more likely to be successfully discharged from treatment. Children in FTC spent less time in out-of-home placement and less time in the child welfare system, they were more likely to be permanently reunified with parents. Results also

showed differences in race/ethnicity, showing that participants of color had more positive outcomes than those in the comparison group.

Bruns, E. J., Pullman, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. *Child Maltreatment, 17(1)*, pp. 218. DOI: 10.1177/1077559512454216

This article presents findings from a study looking at family treatment drug courts (FTDC) participants and non-participants. Results showed that FTDC participants had more review and motion hearings, were more likely to enter treatment, entered treatment faster, received more treatment, and were more likely to complete treatment. Children participants were more likely to spend less time in out-of-home care, ended child welfare system involvement sooner, and were more likely to be permanently placed, and more likely to return to parental care.

Burrus, S. W. M., Mackin, J. R., & Aborn, J. A. (2008). *Baltimore City Family Recovery Program (FRC) independent evaluation: Outcome and cost report*. Portland, OR: NPC Research. Available at [http://www.npcresearch.com/Files/Baltimore City FRC Outcome and Cost 0808.pdf](http://www.npcresearch.com/Files/Baltimore%20City%20FRC%20Outcome%20and%20Cost%200808.pdf).

This article presents the findings from an outcome study conducted at the Baltimore City Family Recovery Program (FRP). The FRP is similar to Family Drug Court (FDCs) as it serves families involved with child welfare due to parental substance abuse. This particular study focused on the different outcomes for FRP and non-FRP participating parents, and also undertook a cost study of the program to look at the cost of the FRP transactions.

Burrus, S. W. M., Worcel, S. D., & Aborn, J. A. (2008). *Harford County Family Recovery Court (FRC) Evaluation Process, Outcome and Cost Report*. Portland, OR.: NPC Research.

The Harford County Family Recovery Court (FRC) serves families involved with child welfare due to substance abuse. This program aims to bring sobriety and quality of life to parents and, in turn, increase the likelihood of reunification for families. To be eligible for the program the participant must be a parent named in a Child in Need of Assistance (CINA) petition and be determined, through an assessment, to have a substance abuse issue. NPC Research conducted a process, outcome, and cost study of the Harford County Family Recovery Court. This evaluation was guided by several research questions under one of three evaluation components. In summary, this evaluation: 1. Examined the historical and current context of the FRC (process study); 2. Examined the extent to which the FRC is meeting its stated goals and desired child welfare, treatment, and criminal justice outcomes (outcome study); and 3. Provided a cost analysis comparing the FRC to traditional case processing (cost study).

Burrus, S. W. M., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: child welfare cost savings of a family drug court. *Juvenile and Family Court Journal, 62(3)*, pp. 1-14.

This article presents the findings of the effects of Family Drug Court (FDC) treatment and child welfare outcomes, as well as analyzes the program and outcome costs. Results from this study are in line with previous study showing that FDCs have positive treatment outcomes for parents and positive child welfare outcomes. This article adds to the literature a cost analysis perspective, as the authors claim that because FDC involved families utilized less Foster care and were more likely to achieve reunification, these FDC cases were less costly.

Carey, S. M., Finnigan, M., Crumpton, D., & Waller, M. (2006). California drug courts,: outcomes costs, and promising practices: An overview of phase II in a statewide study. *Journal of Psychoactive Drugs, SARC Supplement 3*, 345-356.

This study focused on creating a research design that can be utilized for statewide and national cost-assessment of drug courts by conducting in-depth case studies of the costs and benefits in nine adult drug courts in California. A Transactional Institutional Costs Analysis (TICA) approach was used, allowing researchers to calculate costs based on every individual's transactions within the drug court or the traditional criminal justice system. Results in the nine sites showed that the majority of agencies save money in processing an offender through drug court. Overall, for these nine study sites, participation in drug court saved the state over \$9 million in criminal justice and treatment costs due to lower recidivism in drug court participants. Based on the lessons learned in Phases I and II, Phase III of this study focuses on the creation of a web-based drug court cost self-evaluation tool (DC CSET) that drug courts can use to determine their own costs and benefits.

Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs*. Portland, OR: NPC Research. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf>

For close to 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of March 2008, there were 1,853 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2008).

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010a). *Jackson County Community Family Court process, outcome, and cost evaluation: Final Report*. Portland, OR: NPC Research. Available at http://www.npcresearch.com/Files/Jackson_Byrne_0610.pdf

This report presents the findings of a process, outcome, and cost evaluation of the Jackson County Community Family Court. The researchers looked at the courts' adherence to the 10 Key Components of FDCs. Results find that the Jackson County Court has successfully implemented a program which incorporates the guidelines of the 10 Key Components of drug courts. The authors also made some key recommendations for improvement of the court model including modification to data sharing and the court case management information system.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010b). *Marion County Fostering Attachment Treatment Court – Process, outcome and cost evaluation: Final report*. Portland, OR: NPC Research. Available at http://www.npcresearch.com/Files/Marion_Byrne_Final_0610.pdf.

This report presents the findings of a process, outcome, and cost evaluation of the Marion County Fostering Attachment Treatment Court (FATC). The researchers looked at the courts' adherence to the 10 Key Components of FDCs. Results find that FATC has successfully implemented a program which incorporates the guidelines of the 10 Key Components of drug courts. The authors also made some key recommendations for improvement of the court model including modification to data sharing and the court case management information system.

Carey, S. M., & Waller, M. S. (2010). *Oregon Drug Court Cost Study: Phase III: Statewide Costs Promising Practices – Final Report*. Portland, OR: NPC Research, Inc.

To determine whether Oregon's drug court programs were cost beneficial, it was necessary to gather information on program costs and recidivism-related costs. To calculate recidivism related

costs a recidivism study was performed with a comparison group, to determine the relative benefits of drug court compared to traditional court processes. Finally, to determine what practices were best practices for Oregon's drug courts, a process analysis was performed on the drug courts included in this study

Center for Interventions, Treatment and Addictions Research. (2002). *Evaluation report: Butler county's family drug court program*. Wright State University, Dayton, Ohio: Authors. Retrieved from https://www.med.wright.edu/sites/default/files/citar/sardi/files/pdf_familydrugcourt.pdf

This article presents the findings of an evaluation conducted at the Butler County Family Drug Court Program. The findings suggest that FDTC involvement positively impacts the behavior of clients related to substance abuse, domestic violence, parenting needs, and compliance with court.

Coll, K. M., Stewart, R. A., Morse, R., & Moe, A. (2010). *The Value of Coordinated Services with Court-Referred Clients and Their Families: An Outcome Study*. *Child Welfare, 89(1)*, 61-79.

This study assessed the effectiveness of building partnerships with community resources and systems for court-referred clients and their families through a participant outcome evaluation. Specific variables studied included change in substance abuse patterns, family well-being, child safety, and recidivism. Results from pre-post testing revealed that a model with a single case coordinator who collaborated across service providers was particularly effective with court-referred clients and their families for increasing family intimacy and child well-being and for decreasing family danger and conflict. Discussion and recommendations are included.

Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). *A Randomized pilot study of the engaging moms program for family drug court*. *Journal of Substance Abuse Treatment, 38(3)*, pp. 263-274. doi:10.1016/j.jsat.2010.01.002.

This article presents the findings of a pilot test of the Engaging Moms (EMP) for Family drug court intervention, the study examines the effectiveness of EMP compared to case management services. Results show that EMP has promise in a drug court setting. Results showed improvement in child welfare outcomes, alcohol use, family functioning, risk for child abuse, and mom's mental and physical health.

Ferguson, A., Hornby, H., & Zeller, D. (2007). *Evaluation of the Lewiston family treatment drug court – a process and intermediate outcome evaluation*. Prepared for The Maine Judicial Branch Family Division.

This evaluation's purpose was to determine if the Lewiston Family Drug Court Program was more effective than traditional court settings in reducing substance abuse among parents, and increase the likelihood of parent-child reunification. The evaluation looks at the core functional and operational components of the court and uses the Ten Key Components as benchmarks for best practices, design and operation of the program. According to evaluation findings, this court was very successful at meeting the guidelines set forth in the Ten Key Components. The authors made some recommendations for the court as well.

Green, B. L., Rockhill, A., & Burrus, S. (2002). *What helps and what doesn't: Providers talk about meeting the needs of families with substance abuse problems under ASFA: Summary of findings*. Portland, OR.: NPC Research, Inc. Retrieved from <http://npcresearch.com/wp-content/uploads/Executive-Summary-what-works.pdf>

This report presents results from a research study designed to understand how child welfare (DHS); substance abuse treatment; and the legal system (including judges, referees, lawyers, and

others are (or are not) working together to meet the needs of substance-abusing families involved with child welfare.

Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment, 12(1)*, pp. 43

This study examines the effectiveness of Family Treatment Drug Courts in four different FTDCs. Results show that FTDCs had improved outcomes for both parents and children. Authors claim that FTDCs have “added value” in facilitating positive child welfare outcomes beyond positive treatment experiences.

Green, B. L., Rockhill, A. M., & Burrus, S. W. M. (2008). The Role of Inter-Agency Collaboration for Substance-abusing Families Involved with Child Welfare. *Child Welfare, 87(1)*, pp. 29-61.

Meeting the needs of families involved with the child welfare system because of a substance abuse issue remains a challenge for child welfare practitioners. In order to improve services to these families, there has been an increasing focus on improving collaboration between child welfare, treatment providers, and the court systems. This paper presents the results from qualitative interviews with 104 representatives of these three systems that explore how the collaborative process works to benefit families, as well as the barriers and supports for building successful collaborations. Results indicate that collaboration has at least three major functions: building shared value systems, improving communication, and providing a “team” of support. Each of these leads to different kinds of benefits for families as well as providers and has different implications for building successful collaborative interventions. Despite these putative benefits, providers within each system, however, continue to struggle to build effective collaborations, and they face such issues as deeply ingrained mistrust and continued lack of understanding of other systems’ values, goals, and perspectives. Challenges that remain for successful collaborations are discussed

Green, B. L., Furrer, C. J., Worsel, S. D., Burrus, S. W. M., & Finigan, M. W. (2009). Building the evidence base for family drug treatment courts: results from recent outcome studies. *Drug Court Review, 6(2)*, pp. 52-82

This article summarizes the findings of four outcome studies of Family Drug Treatment Courts. Results show that FDTCs can improve treatment outcomes, increase the likelihood of family reunification, and reduce the time children spend in Foster care. The authors advise that further research in the FDTTC field is necessary.

Harwin, J., Ryan, M., Tunnard, J., Pokhrel, S., Alrough, B., Matias, C., & Momenian-Schneider, S. (2011). *The family drug and alcohol court (FDAC) evaluation project final report*. London: Brunel University. Available at http://www.brunel.ac.uk/_data/assets/pdf_file/0017/91340/fdac_final_report.pdf.

This report presents the findings from the evaluation of the first pilot Family Drug and Alcohol Court (FDAC) in Britain. This article describes the evaluations’ main purpose which was to estimate costs, identify set-up and implementation lessons, compare FDAC with ordinary care proceedings and indicate if this approach may lead to better outcomes for children and parents. Results show more control or cessation of substance misuse, higher rates of reunification and more rapid permanency placements when reunification was not possible.

Harwin, J., Alrouh, B., Ryan, M., & Tunnard, J. (2014). *Changing lifestyles, keeping children safe: an evaluation of the first Family Drug and Alcohol Court (FDAC) in care proceedings.* Brunel University. London.

This report presents findings from the evaluation of a pilot family drug and alcohol court (FDAC) in London. The findings show that FDAC improves treatment outcomes for parents and improved reunification rates for children.

Mackin, J. R., Aborn, J. A., Sanders, M. B., Kissick, K., & Carey, S. M. (2013). *Marion County fostering attachment treatment court follow-up process and outcome evaluation report.* U.S. Department of Justice Document No. 244165.

This report presents the findings of a process, outcome, and cost evaluation of the Marion County Fostering Attachment Treatment Court (FATC). The researchers looked at the courts' adherence to the 10 Key Components of FDCs. Results find that FATC has successfully implemented a program which incorporates the guidelines of the 10 Key Components of drug courts. The authors also made some key recommendations for improvement of the court model.

National Institute on Drug Abuse. (2012). *Principles of drug abuse treatment for criminal justice populations: A research-based guide (p. 5).* NIH Publication No. 11-5316. Bethesda, MD: Author. Retrieved from <http://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations/principles>

This booklet—a complement to NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide*—is intended to describe the treatment principles and research findings that have particular relevance to the criminal justice community and to treatment professionals working with drug abusing offenders. It is divided into three main sections: 1) research findings on addicted offenders distilled into 13 essential principles, 2) a series of frequently asked questions (FAQs) about drug abuse treatment for those involved with the criminal justice system, and 3) a resource section that provides Web sites for additional information.

Rivera, M. (2008). *Healing families: An outcome evaluation of a community family court.* *Juvenile and Family Court Journal*, 59(1), 17-32. doi:10.1111/j.1755-6988.2007.00002.x

In this paper, a model community family court program that seeks to break the intergenerational cycle of crime and substance abuse by treating families holistically will be presented. This model court seeks to reduce crime and provide safe and permanent homes for children of substance-abusing parents. In this community family court, the prototypical problem-solving court has been both focused and expanded. The community family court provides a focused response designed to address the unique combination of problems facing families on a family-by-family basis. At the same time, supervision and treatment services have been expanded to include every family member and all open court cases including criminal charges, juvenile delinquency, dependency, and civil cases. An overview of the court's evolution and discussion of integrated services designed to provide a wraparound style intervention will be highlighted as key contributors to the largely positive results of this community family court's evaluation.

Shannon, L. M., Jackson, A., Perkins, E., & Neal, C. (2014). *Examining gender differences in substance use, participant characteristics, and treatment outcomes among individuals in drug court.* *Journal of Offender Rehabilitation*, 53(6), 455

The study purpose was to examine gender differences in factors of potential importance (i.e., substance use, mental health, treatment motivation, criminal activity/thinking) which may help predict treatment outcome among a sample of individuals in drug court. Baseline data were collected via face-to-face interviews from a sample of individuals participating in drug court (N = 515). The multivariate logistic regression analysis showed: age ($p < .001$), employment ($p < .001$), and number of months of lifetime incarceration ($p < .001$) were significant predictors of program completion. Based on study findings, gender may not be a critical factor on program completion in drug court. Rather, the multivariate analysis suggests several of these other characteristics are the critical factors in understanding completion of the drug court program

Worcel, S., Furrer, C., Green, B. L., & Rhodes, B. (2006). *Family Treatment Drug Court Evaluation: Final Phase I Study Report*. Portland, OR: NPC Research. Retrieved from

This report presents the findings of a 4-year study conducted investigating the short and long-term child welfare and treatment outcomes for families involved with these programs. Based on the research findings, FDTCS appear to be successful in improving outcomes for children and families.

Worcel, S. D., Green, B. L., Furrer, C. J., Burrus, S. W. M., & Finigan, M. A. (2007, March). *Family Treatment Drug Court Evaluation: Final report*. Portland, OR: NPC Research. Retrieved from http://www.npcresearch.com/Files/FTDC_Evaluation_Final_Report.pdf.

This report presents the findings of a 4-year study conducted investigating the short and long-term child welfare and treatment outcomes for families involved with these programs. Based on the research findings, FDTCS appear to be successful in improving outcomes for children and families. The evaluation also presents findings on how and for whom the FDTCS work.

Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W. M., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, 17(1), pp. 427-443.

This article presents findings if a 4-year study conducted investigating the short and long-term child welfare and treatment outcomes for families involved with these programs. Findings suggest that FDCs improve outcomes for both parents and children involved with FDTCS.

Zeller, D., Hornby, H., & Ferguson, A. (2007, Jan.). *Evaluation of Maine's Family Treatment Drug Courts: A preliminary analysis of short and long-term outcomes*. Portland, ME: Hornby Zeller Associates.

This article presents findings from an evaluation study of Maine's Family Treatment Drug Courts (FTDC). The findings of the study suggest that this states' FTDC improve outcomes for families and children involved in the program.

Treatment and Child Welfare Outcomes

Belcher, H. M. E., Butz, A. M., Wallace, P., Hoon, A. H., Reinhardt, E., Reeves, S. A., & Pulsifer, M. B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children*, 18(1), pp. 2-15. Retrieved from https://depts.washington.edu/isei/iyc/belcher_18_1.pdf

Intrauterine illicit drug exposure may lead to a variety of adverse neurobehavioral and neurodevelopmental outcomes. Providing early intervention to reduce the impact of maternal substance abuse on the developing fetus may have significant benefits for the child and family. In this article, we report on 3 promising intervention programs designed to improve the well-being of parents with drug dependence and their children. The initiation of these programs spans from pregnancy through early childhood. All 3 programs are community-based, using comprehensive culturally relevant developmental models. The first program was developed to provide comprehensive care for pregnant women with drug dependence and their newborns. Project STRIVE (Support, Trust, Rehabilitation, Initiative, Values, and Education) provided substance abuse treatment, intensive center- and home-based social work, and parent education onsite at a high-risk obstetric and pediatric clinic. The second program, the Early Infant Transition Center, enrolled newborns with a history of neonatal abstinence syndrome and their mothers. Based in a renovated row house in East Baltimore, one block away from a major urban hospital, the Early Infant Transition Center provided 24-hour nursing care, on call physicians and nurse practitioners, social workers, parent education, and onsite sleeping accommodation for parents during their infant's recovery. The third program, Home-U-Go Safely, used community-based nurses to give home-based health monitoring, education, and support to new mothers with a history of cocaine and/or opiate dependence

Berger, L. M. (2002). Estimating the benefits and costs of a universal substance abuse screening and treatment referral policy for pregnant women. *Journal of Social Service Research, 29(1)*, pp. 57-84.

Prenatal substance exposure poses a significant public health problem in terms of both its economic costs to society and the health and development of those children affected. While substance abusing pregnant women and their children could benefit from early identification and appropriate interventions, drug testing of infants is controversial, and there is currently no national policy regarding the drug testing of infants, nor substance abuse screening for pregnant women. This paper provides a cost-benefit analysis of a universal substance abuse screening and treatment referral policy for pregnant women. Results suggest that the monetary benefits of such a policy will only outweigh its costs if it does little to increase post-birth child protective services reporting and/or foster care placement rates. Thus, additional policies regarding the ways in which screening results are utilized may be important factors in determining the effects of a universal substance abuse screening policy for pregnant women

Berlin, L. J., Shanahan, M., & Carmody, K. A. (2014). Promoting supportive parenting in new mothers with substance-use problems: A pilot randomized trial of residential treatment plus an attachment-based parenting program. *Infant Mental Health Journal, 35(1)*, pp. 81-85.

This pilot randomized trial tested the feasibility and efficacy of supplementing residential substance-abuse treatment for new mothers with a brief, yet rigorous, attachment-based parenting program. Twenty-one predominantly (86%) White mothers and their infants living together in residential substance-abuse treatment were randomly assigned to the program (n = 11) or control (n = 10) group. Program mothers received 10 home-based sessions of Dozier's Attachment and Biobehavioral Catch-up (ABC) intervention. Postintervention observations revealed more supportive parenting behaviors among the randomly assigned ABC mothers.

Bryan, B., & Havens, J. (2008). Key linkages between child welfare and substance abuse treatment: Social functioning improvements and client satisfaction in a family drug treatment court. *Family Court Review, 46(1)*, pp. 151-162. doi: 10.1111/j.1744-1617.2007.00189.x

This article summarizes early findings regarding social functioning and client satisfaction from a longitudinal study of women receiving treatment in a family drug treatment court located in the Midwestern United States. Drug treatment court participants were interviewed at program entry

and when they had completed 6 months of treatment. Family drug court participants reported significant improvements in employment status and increases in earned income after 6 months of treatment. Respondents also reported improved social functioning and high overall levels of satisfaction with treatment. Findings and implications for future research include the need for more research FDTCs, larger treatment samples, comparison groups, and agency cooperation are also needed.

Chang, H. N., & M. Romero. (2008). *Present, engaged and accounted for: The critical importance of addressing chronic absence in the early grades*. National Center for Children in Poverty. Mailman School of Public Health. Columbia University. Retrieved from http://www.nccp.org/publications/pub_837.html

At the core of school improvement and education reform is an assumption so widely understood that it is rarely invoked: students have to be present and engaged in order to learn. That is why the discovery that thousands of our youngest students are academically at-risk because of extended absences when they first embark upon their school careers is as remarkable as it is consequential. Schools and communities have a choice: we can work together early on to ensure families get their children to class consistently or we can pay later for failing to intervene before problems are more difficult and costly to ameliorate.

Choi, S., & Ryan, J. P. (2006). *Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice*. *Child Maltreatment, 11(4)*, pp. 313–325.

A significant number of substance-abusing parents in the child welfare system do not complete substance abuse treatments. Consequently, their children experience longer stays in substitute care settings, and the risk of the termination of parental rights is increased. This study identifies and determines the specific factors that explain the completion of substance abuse treatment for substance-abusing caregivers in child welfare. The sample includes 871 caregivers enrolled in the Illinois Alcohol and Other Drug Abuse waiver demonstration. Approximately 22% of these caregivers successfully completed all required levels of substance abuse treatment. The multivariate models indicate that age, employment status, and legal involvement were significantly associated with the likelihood of completing substance abuse treatment. Heroin users were significantly less likely to complete treatment as compared with alcohol, cocaine, and marijuana users. The findings are discussed in terms of policy and practice implications for public child welfare systems.

Chuang, E., Moore, K., Barrett, B., & Young, M. S. (2012). *Effect of an integrated family dependency treatment court on child welfare reunification, time to permanency and re-entry rates*. *Children and Youth Services Review, 34(9)*, pp. 1896-1902.

This study examined the effect of participation in an integrated FDTC (Hillsborough County FDTC) on family reunification, time to permanency, and re-entry into care. Findings of this study reflect that FDTC participation improves families' likelihood of reunification and decreased re-entry into care within 12 months of achieving permanency. However, FDTC participation also significantly increased time to permanency.

Clark, H. W. (2001). *Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications*. *Child Welfare, 80*, pp. 179-198.

In FY 1993 and FY 1995, the federal government awarded 27 five-year grants that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women and their children. These projects provided comprehensive culturally and gender-specific treatment. Preliminary aggregated data collected in a national cross-site evaluation of 24 of these projects are encouraging with respect to infant mortality and morbidity, treatment retention and completion rates, and behavioral changes in the participating mothers at six months postdischarge. Local evaluations reflect other benefits of treatment. Cost data are expected to demonstrate the efficiencies and benefits of these projects compared to no treatment.

Conners, N. A., Bradley, R. H., Mansell, L. W., Liu, J. Y., Roberts, T. J., Burgdorf, K., & Herrell, J. M. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. *American Journal of Drug and Alcohol Abuse*, 30(1), 85-100.

This study examines the life circumstances and experiences of 4084 children affected by maternal addiction to alcohol or other drugs. The paper will address the characteristics of their caregivers, the multiple risk factors faced by these children, their health and development, and their school performance. Data were collected from mothers at intake into 50 publicly funded residential substance abuse treatment programs for pregnant and parenting women. Findings from this study suggest that children whose mothers abuse alcohol or other drugs confront a high level of risk and are at increased vulnerability for physical, academic, and social-emotional problems. Children affected by maternal addiction are in need of long-term supportive services.

Curti, G. H., & Moreno, C. M. (2012). Recovery spaces and therapeutic jurisprudence: A case study of the family treatment drug courts. *Social & Cultural Geography*, 13(2), pp. 161-183.

Working through feminist and post-structural understandings of law and different body-space relations of family treatment and recovery, in this paper we empirically investigate the nature and workings of therapeutic jurisprudence in drug treatment and child welfare management programs based in San Diego, California, and involved in the family treatment drug court (FTDC) system. What is at the forefront in this paper are different critical geographical conceptualizations of the double articulating productive and inhibiting forces inherent to the workings of FTDCs. Through the presentation of two family narratives of different familial, corporeal, spatial, and institutional encounters, movements, and transformations, we argue for alternative, attentive, and empowering understandings of family recovery.

Falconer, M. K., Lederman, C. S., Pecora, P. J., Thompson, C. K., & DiLorenzo, P. (2012). Family-Centered Practice in Florida: Family Court Actions and Perceptions. *Juvenile and Family Court Journal*, 63(3), pp. 1-19.

Family and dependency courts can become valuable partners in efforts to stem the tide of child maltreatment using a family-centered strategy. Florida's response to a 2008 federal Child and Family Services Review included a commitment to implement family-centered practice in child protection services and the courts that hear these cases. Evidence of this implementation was documented in a formative evaluation conducted in 2010 and 2011. Findings based on interviews with dependency judges, Children's Legal Services attorneys, and Guardian ad Litem volunteers provide useful insights on how these practices were perceived and implemented.

Felitti, V. J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente Journal*, 6(1), pp. 44-47.

The Adverse Childhood Experiences (ACE) Study is a major research study that compares current adult health status to childhood experiences decades earlier. With the cooperation of 17,421 adult Health Plan members and with the ongoing collaboration of Dr. Robert Anda at the

Centers for Disease Control and Prevention (CDC), the study is being carried out in the Department of Preventive Medicine at Kaiser Permanente (KP) San Diego—where for many years we conducted detailed biomedical, psychological, and social (biopsychosocial) evaluations of more than 50,000 adult Kaiser Foundation Health Plan members per year

Gifford, E. J., Eldred, L. M., Vernerey, A., & Sloan, F. A. (2014). How does family drug treatment court participation affect child welfare outcomes? *Child Abuse & Neglect*, 38(1), pp. 1659-70. DOI: 10.1016/j.chiabu.2014.03.010

Parental substance use is a risk factor for child maltreatment. Family drug treatment courts (FDTCs) have emerged in the United States as a policy option to treat the underlying condition and promote family preservation. This study examines the effectiveness of FDTCs in North Carolina on child welfare outcomes. Data come from North Carolina records from child protection services, court system, and birth records. Three types of parental participation in a FDTC are considered: referral, enrolling, and completing an FDTC. The sample includes 566 children who were placed into foster care and whose parents participated in a FDTC program. Findings indicate that children of parents who were referred but did not enroll or who enrolled but did not complete had longer stays in foster care than children of completers. Reunification rates for children of completers were also higher. Outcomes for children in the referred and enrolled groups did not differ in the multivariate analyses. While effective substance use treatment services for parents may help preserve families, future research should examine factors for improving participation and completion rates as well as factors involved in scaling programs so that more families are served.

Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460-473.

Although substance abuse is one of the primary reasons that parents become involved with the child welfare system, there is surprisingly little empirical research that examines the relationship of substance abuse treatment to child welfare outcomes. In this statewide longitudinal study of 1911 women who had children placed in substitute care, we examined the influence of three key factors in the treatment process on child welfare outcomes. Results indicated that when these women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including treatment and child welfare history, substance abuse frequency and chronicity, and demographic risks. Implications of these findings for improvements in the way that treatment services are provided to women in the child welfare system are discussed.

Gregoire, K. A., & Schultz, D. J. (2001). Substance-abusing child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 80(4), pp. 433-452

The authors present findings from their study of 167 child welfare parents referred for substance abuse assessments. Relationships between gender, prior treatment, court-ordered intervention, significant others' support, and treatment and placement outcomes are examined. Findings indicate significant others' support positively influences all outcomes while court-ordered intervention is not predictive. Prior treatment is associated with continued substance abuse. Gender differences exist for assessment completion and several client characteristics. Implications for practice are drawn.

Grella, C. E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment*, 36, pp. 278-293. doi: 10.1016/j.jsat.2008.06.010

The effect of mothers' participation in substance abuse treatment on reunification with their children who are in out-of-home care is an important policy issue. This article examines the predictors of child reunification among mothers who participated in a statewide treatment outcome study. Data were integrated from multiple sources to determine the contributions of characteristics of mothers (n = 1,115), their children (n = 2,299), and treatment programs (n = 43) on reunification outcomes. Hierarchical linear modeling was used to determine the fixed and random effects of mother, child, and program characteristics. Mothers with more employment and psychiatric problems were less likely to be reunified with their children; completion of 90 or more days in treatment approximately doubled their likelihood of reunification. Mothers who were treated in programs providing a "high" level of family-related or education/employment services were approximately twice as likely to reunify with their children as those who were treated in programs with "low" levels of these services.

He, A. S., Traube, D. E., & Young, N. K. (2014). Perceptions of parental substance use disorders in cross-system collaboration among child welfare, alcohol and other drugs, and dependency court organizations. *Child Abuse & Neglect*, 38(1), pp. 939-951.

This article presents the findings of a study which examined child welfare, treatment, and court staffs' perceptions on issues related to parental substance use disorders. The objectives of the study were to a) compare differences and similarities in perceptions and values regarding CW-involved parents with SUDs among staff from CW, AOD and court organizations and b) explore possible explanations for why perceptions are different or similar among the organizations. Findings show that AOD respondents were less likely to believe parents could provide effective parenting, more likely to believe abstinence should be criterion for reunification and more likely to agree that parents should receive jail time as consequence for noncompliance, and more likely to believe that parents could succeed in treatment.

Holsapple, S., & Jensen, M. (2014). A model program for patient navigation: Using the justice system to offer a health care intervention to improve birth outcomes – understanding constrained choice and drug treatment court. *Journal of Applied Social Science*, 8(1), pp. 41.

The purpose of this article is to describe a unique and innovative program that uses an encounter with the justice system to offer a health care plan for a subset of people going through drug court. The intervention used is in the form of patient navigation to meet the needs of clients. The authors conclude that blending healthcare with the justice system provides advocacy, education, stability, and empowerment for this population and their children.

James, S., Rivera, R., & Shafer, M. S. (2014). Effects of Peer Recovery Coaches on Substance Abuse Treatment Engagement Among Child Welfare-Involved Parents. *Journal of Family Strengths*, 14(1), pp. 1-23.

The past decade has witnessed substantial increases in methamphetamine abuse in the United States. The number of individuals reporting use of methamphetamine during their previous 30 days increased from 314,000 in 2008 to 440,000 in 2012, while the number of individuals reporting use of methamphetamine for the first time in the previous year increased from 97,000 in 2008 to 133,000 in 2012 (SAMHSA, 2013). More than one-half of the referrals for publicly

funded methamphetamine abuse treatment come from the criminal justice system (SAMHSA, 2009a). The annual cost of methamphetamine use in the United States is estimated to be \$23.4 billion, including costs associated with criminal justice and social welfare services, health care, loss of productivity, premature mortality, and child imperilment (Nicosia, Pacula, Kilmer, Lundber, & Chiesa, 2009). The effects of methamphetamine use are thus widespread and socially significant.

Johnson-Motoyama, M., Brook, J., Yan, Y., & McDonald, T. P. (2013). Cost analysis of the strengthening families program in reducing time to family reunification among substance affected families. *Children and Youth Services Review*, 35(1), pp. 244-252.

Decision makers typically face uncertainty in determining whether the outcomes of promising child welfare interventions justify the investment. Despite repeated calls for cost analysis in child welfare, original studies that evaluate the costs and effects of child welfare programs have been limited. Moreover, no cost analyses have focused on family reunification programs that address the needs of substance-affected families. The purpose of this study was to evaluate the costs and effects of a federally funded implementation of the Strengthening Families Program (SFP), a 14-week family training curriculum, on time to reunification with a substance-involved child welfare population. Based on event history analysis, we find the typical child participating in SFP spends 190 fewer days in out of home care when compared to a propensity score matched comparison group of children in out-of home care receiving treatment as usual. Re-entry rates between the two groups were not significantly different at follow-up. At an average out-of-home care rate of \$86 per child per day in this state, SFP saves approximately \$16,340 per participating child in out-of-home care costs. From a cost-benefit perspective, every \$1 invested in SFP yields an average savings of \$9.83 in this Midwestern demonstration.

Marsh, J. C., Ryan, J. P., Choi, S., & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28(9), pp. 1074-1087. DOI:[10.1016/j.childyouth.2005.10.012](https://doi.org/10.1016/j.childyouth.2005.10.012)

Child welfare clients with co-occurring problems are recognized as clients who have difficulty achieving positive child welfare outcomes. The current study focuses on families in the child welfare system with co-occurring problems and the impact of such problems on the likelihood of reunification. The current study contributes to the literature on service integration by examining whether it is necessary to go beyond assessment and service access to insure families make progress in each co-occurring problem area to achieve reunification. The sample is comprised of 724 substance-abusing families enrolled in the Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) Waiver Demonstration. Data on client progress consisted of provider ratings completed quarterly to track progress related to problems of substance abuse, domestic violence, housing and mental health. The findings indicate that progress in resolving co-occurring problem areas does increase the likelihood of achieving family reunification. Thus, the provision of the child welfare service model alone is insufficient. In order for child welfare systems to increase reunification rates, services must target the specific needs of individual families and assist them in achieving progress within co-occurring problem areas. Successful integrated service programs must identify the range of specific problems that clients are dealing with and insure that they address and resolve these problems in order to increase the likelihood of family reunification.

Metsch, L. R., Wolfe, H. P., Fewell, R., McCoy, C. B., Elwood, W. N., Wohler-Torres, B....Haskins, H. V. (2001). Treating substance abusing-women and their children in public housing: Preliminary findings. *Child Welfare*, 80(2), pp. 199-220.

The Key West Housing Authority created SafePort, a residential substance abuse treatment program within public housing to provide drug treatment to parenting women. Ail family

members—women, children, and significant others—receive comprehensive assessments to determine appropriate therapeutic interventions to resolve their problems. Preliminary evaluation findings suggest that women who participate with their children are more likely to remain drug free than are those who participated without their children.

Minnes, S., Lang, A., & Singer, L. (2011). Prenatal Tobacco, Marijuana, Stimulant, and Opiate Exposure: Outcomes and Practice Implications. *Addiction Science & Clinical Practice*, 6(1), pp. 57-70.

Abuse of drugs by pregnant women both in the United States and worldwide has raised many questions regarding the effects of prenatal drug exposure on the developing fetus and subsequent child outcomes. Studies using the neurobehavioral teratology model have been undertaken to determine specific prenatal drug effects on cognitive and behavioral development. Here we summarize the findings of studies that have investigated the developmental effects of prenatal exposure to tobacco, marijuana, stimulants, and opiates. These studies consider the timing and amount of prenatal exposure; other drug exposures; maternal characteristics; and other health, nutritional, and environmental factors. We review treatment options for pregnant, substance-dependent women and therapeutic interventions for exposed children. Several well-designed and methodologically sound studies have described long-term effects of specific prenatal drug exposures on children's health and development. Some longitudinal studies now extend into late adolescence and early adulthood and assess vulnerability to substance abuse and dependence. The psychoactive substances widely used by women of childbearing age include alcohol, tobacco, marijuana, stimulants, and opioids. Here we summarize current knowledge of the effects of prenatal exposure to each of these drugs, except alcohol. The extensive research on prenatal alcohol exposure has been reviewed elsewhere ([Manji et al., 2009](#); [O'Connor and Paley, 2009](#); [Paley and O'Connor, 2009](#)). We also discuss promising findings from trials of interventions to help pregnant and postpartum substance-abusing women and prenatally drug-exposed children.

Moore, K., Barrett, B., & Young, M. (2012). Six-month behavioral health outcomes among family dependency treatment court participants. *Journal of Public Child Welfare*, 6(3), pp. 313-329.

Significant abuse problems are prevalent in families involved with the child welfare system. Family Dependency Treatment Courts (FDTCs) are partnerships among the child welfare, court, and treatment systems designed for substance-abusing parents whose children are removed from the home primarily due to abuse and/or neglect. FDTCs enable the court to mandate treatment and make child reunification dependent on treatment compliance. This study evaluated 83 individuals during the first 6 months of their participation in a FDTC program. Participants included substance-abusing parents involved in the child welfare system who were referred to FDTC. Results indicated statistically significant reductions in past-month substance use, anxiety, and depression as well as high rates of therapeutic alliance. These findings, indicating significant reductions in the frequency of parental drug and alcohol use, replicate earlier FDTC evaluations. Assuming continuing evidence of cost savings, this unique judicial and treatment approach will likely continue to spread across the United States.

Morse, D.S., Cerulli, C., Bedell, P., Wilson, J.L., Thomas, K., Mittal, M., Lamberti, J.S., Williams, G., Silverstein, J., Mukherjee, A., Walck, D., & Chin, N. (2014). Meeting health and psychological needs of women in drug treatment court. *Journal of Substance Abuse Treatment*, 46(2), pp. 150–157. <http://dx.doi.org/10.1016/j.jsat.2013.08.017>

Authors explored healthcare-related experiences of women drug court participants through combining context from the socio-ecological model with motivation needs for health behavior as indicated by self-determination theory. Five focus groups with 8 women drug court participants, 8

court staff, and 9 community service providers were examined using qualitative framework analysis. Themes emerged across the socio-ecological model and were cross-mapped with self-determination theory-defined motivation needs for autonomy, relatedness, and competence. Socio-ecological levels contained experiences either supporting or eroding women's motivation needs: 1) intrapersonal challenges participants termed an “evil cycle” of relapse, recidivism, trauma, and life challenges; 2) interpersonal context of parenting and stigma involving features of this “evil cycle”; 3) institutions with logistical barriers to legal and medical assistance; 4) community resources inadequate to support living and employment needs. Self-determination theory helps explain motivation required to address the women's healthcare needs and multiple demands at all levels of the socio-ecological model.

Patrick, S.W., Kaplan, H. C., Passarella, M., Davis, M. M., & Lorch, S. A. (2014). Variation in treatment of neonatal abstinence syndrome in US Children's Hospitals, 2004–2011. *Journal of Perinatology*, 34(11), pp. 1–6

Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome experienced by opioid-exposed infants. There is no standard treatment for NAS and surveys suggest wide variation in pharmacotherapy for NAS. Our objective was to determine whether different pharmacotherapies for NAS are associated with differences in outcomes and to determine whether pharmacotherapy and outcome vary by hospital. We used the Pediatric Health Information System Database from 2004 to 2011 to identify a cohort of infants with NAS requiring pharmacotherapy. Mixed effects hierarchical negative binomial models evaluated the association between pharmacotherapy and hospital with length of stay (LOS), length of treatment (LOT) and hospital charges, after adjusting for socioeconomic variables and comorbid clinical conditions. Our cohort included 1424 infants with NAS from 14 children's hospitals. Among hospitals in our sample, six used morphine, six used methadone and two used phenobarbital as primary initial treatment for NAS. In multivariate analysis, when compared with NAS patients initially treated with morphine, infants treated with methadone had shorter LOT (incidence rate ratio (IRR) = 0.55; $P < 0.0001$) and LOS (IRR = 0.60; $P < 0.0001$). Phenobarbital as a second-line agent was associated with increased LOT (IRR = 2.09; $P < 0.0001$), LOS (IRR = 1.78; $P < 0.0001$) and higher hospital charges (IRR = 1.84; $P < 0.0001$). After controlling for case-mix, hospitals varied in LOT, LOS and hospital charges. We found variation in hospital in treatment for NAS among major US children's hospitals. In analyses controlling for possible confounders, methadone as initial treatment was associated with reduced LOT and hospital stay.

Powell, C., Stevens, S., Dolce, B. L., Sinclair, K. O., & Swenson-Smith, C. (2012). Outcomes of a Trauma-Informed Arizona Family Drug Court. *Journal of Social Work Practice in the Addictions*, 12(3), 219-241.

This study examines outcomes including AOD use, mental health, education and employment involvement, housing stability, and reunification of 121 FDC participants who completed baseline and 6-month post-baseline self-report assessments at the Pima County FDC. At follow-up, AOD use remained low and mental health problems had decreased. Engagement in employment and education increased, as did housing stability. The authors give a brief historical background on Pima FDC, then focus on the innovative approached used of Trauma-specific treatment. The results of the study focused on attrition analysis, and changes over time including mental health, employment and education, housing, trauma treatment, and reunification rates. This study suggests that the Pima County FDC model might be effective for working with parents battling substance abuse.

Rittner, B., & Dozier, C. D. (2000). Effects of court-ordered substance abuse treatment in child protective services cases. *Social Work*, 45, pp. 131-140.

Courts often play active roles in the lives of families supervised by child protective services (CPS). Judges adjudicate dependency, mandate services, determine placements of children, and order continued supervision or termination of parental rights or services. This study examined the effects of court orders in preventing recurrence of substance abuse in the cases of 447 children in kinship care while under CPS supervision. In addition, the effects of court orders on duration of service and on numbers of placements were studied. Results suggested that court interventions had mixed outcomes. Levels of compliance with mandated substance abuse and mental health treatment did not appear to influence rates of reabuse or duration of service. Court orders appeared to affect both the number of caretakers and placements the children experienced. Children adjudicated dependent were more likely to have multiple caretakers than those under voluntary supervision.

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research, 30*, pp. 95-107. DOI: 10.1093/swr/30.2.95

Alcohol and other drug abuse is a major problem for children and families involved with public child welfare. Substance abuse compromises appropriate parenting practices and increases the risk of child maltreatment. A substantial proportion of substantiated child abuse and neglect reports involve parental substance abuse. Once in the system, children of substance-abusing families experience significantly longer stays in foster care and significantly lower rates of reunification. To address these problems, child welfare systems are developing service integration models that incorporate both substance abuse and child welfare services. This study provides an initial examination of the effectiveness of one service integration model that emphasizes the provision of intensive case management to link substance abuse and child welfare services. The authors used an experimental design and focused particular attention on two outcomes: access to substance abuse services and family reunification. The findings indicate that the families assigned to the experimental group used substance abuse services at a significantly higher rate and were more likely to achieve family reunification than were families in the control group.

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research, 30*, pp. 95-107. DOI: 10.1093/swr/30.2.95

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Shdaimah, C., & Summers, A. (2014). Families in waiting: Adult stakeholder perceptions of family court. *Children and Youth Services Review, 44*, pp. 114-119. doi:10.1016/j.childyouth.2014.06.004

This study examines perspectives of adults (primarily parents) who participated in juvenile delinquency or dependency hearings at the family division of the Baltimore City Circuit Court.

Most respondents understood the court process, felt that their voices were heard, and were satisfied with their treatment. While the majority reported fair treatment, parents were more likely than non-parents to report that judges were sometimes or usually unfair. Respondents with the same judge were more likely than respondents with multiple judges to feel that the judge cared about how they and their children were doing and less likely to feel that the judge does not know enough about the case to make a fair decision. These findings provide support for the one family, one judge docketing system, which was implemented in Baltimore's dependency cases. Observations and open-ended responses revealed concern about the chaos and discomfort of the court waiting areas. Concerns included lack of seating, space or activities for young children, and food as well as stress, confusion, and long wait times. Study findings call for more attention to the environment, which impacts stakeholder experiences of and ability to function optimally in the court process.

Smith, D., Johnson, A., Pears, K. C., Fisher, P., & DeGarmo, D. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment, 12*, pp. 150-160.

Parental substance use is a well-documented risk for children. However, little is known about specific effects of prenatal and postnatal substance use on child maltreatment and foster care placement transitions. In this study, the authors unpacked unique effects of (a) prenatal and postnatal parental alcohol and drug use and (b) maternal and paternal substance use as predictors of child maltreatment and foster care placement transitions in a sample of 117 maltreated foster care children. Models were tested with structural equation path modeling. Results indicated that prenatal maternal alcohol use predicted child maltreatment and that combined prenatal maternal alcohol and drug use predicted foster care placement transitions. Prenatal maternal alcohol and drug use also predicted postnatal paternal alcohol and drug use, which in turn predicted foster care placement transitions. Findings highlight the potential integrative role that maternal and paternal substance use has on the risk for child maltreatment and foster care placement transitions.

Somervell, A. M., C. Saylor, et al. (2005). Public health nurse interventions for women in a dependency drug court. *Public Health Nurse, 22(1)*, pp. 59-64.

There is an increasing number of children placed in foster care due to abuse and neglect. Parents of these children often have difficult drug abuse problems leading to the removal of their children. The cost of caring for these children is staggering, reaching an estimated \$24 billion. One program in Northern California that has been created to assist parents is dependency drug court. This research utilized qualitative and quantitative data to identify the perceived needs of women who have graduated from this dependency drug court (n = 50) and what they think the public health nurse (PHN) could do to intervene in the difficult process of going through dependency drug court and reunifying with their children. Two main themes emerged from select interviews with former drug court recipients who were functioning as "mentor moms" (n = 4). Common barriers contributed to stress during recovery, and specific strategies promoted reunification and program success. Among strategies recommended by the mentor moms was a suggestion for PHNs to bridge the information gap through regular reports on the development and health of their children during the time they reside in foster care.

Sun, A. P., Shillington, A. M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare, 80(2)*, pp. 151-178.

This article includes two separate studies: the first explores the impact of caregiver AOD use on CPS case substantiation; the second compares CPS-involved and CPS-noninvolved females in

AOD treatment systems. Results suggest that cases with indications of AOD use are more likely to be substantiated than cases without; and increasing numbers of children and younger maternal ages are risk factors for CPS involvement among AOD-using women. Related findings are also presented, followed by implications for practice and research.

Swenson, C., Schaeffer, C., Tuerk, E., Henggeler, S., Tuten, M., Panzarella, P.,...& Guillorn, A. (2009). Adapting multisystemic therapy for co-occurring Child maltreatment and parental substance abuse: The Building Stronger Families Project. *Emotional & Behavioral Disorders in Youth*, 3–8.

Child maltreatment is a significant public health concern and a major risk factor for a range of childhood mental health problems such as difficulties with emotion regulation, aggressive behavior, depression, anxiety, and suicidal ideation.

Twomey, J. E., Miller-Loncar, C., Hincley, M., & Lester, B. M. (2010). After family treatment drug court: Maternal, infant, and permanency outcomes. *Child Welfare*, 89(6), pp. 23-41.

This study reports on maternal functioning, infant developmental, and permanency outcomes for 52 families following maternal participation in a family treatment drug court (FTDC) for perinatal substance users. Although the majority of families experienced positive child welfare outcomes, over time, maternal functioning deteriorated and infant developmental concerns were identified. Even when promising interventions like FTDC are used, long-term needs of families affected by perinatal substance use need to be considered and addressed.

United States General Accounting Office. (1998). *Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers*. Washington, DC. Retrieved from <http://www.gao.gov/archive/1998/he98182.pdf>

On the basis of our survey, we estimate that about two-thirds of all foster children in both California and Illinois, or about 84,600 children combined, had at least one parent who abused drugs or alcohol, and most had been doing so for at least 5 years. Most of these parents abused one or more hard drugs such as cocaine, methamphetamines, and heroin. Substance abusers often abandon or neglect their children because their primary focus is obtaining and using drugs or alcohol. They also place their children's safety and well-being at risk when they buy drugs or engage in other criminal activity to support their drug habit. Recovery from drug and alcohol addiction is generally a difficult and lifelong process that may involve periods of relapse.

Wang, C., & Holton, J. (2007). *Total Estimated Cost of Child Abuse and Neglect in the United States*. Chicago, IL: Prevent Child Abuse America. Retrieved from [http://www.kidsafevt.org/files/PreventChild%20Abuse%20Economic impact study 2007.pdf](http://www.kidsafevt.org/files/PreventChild%20Abuse%20Economic%20impact%20study%202007.pdf)

Child abuse and neglect are preventable, yet each year in the United States, close to one million children are confirmed victims of child maltreatment. An extensive body of research provides promising and best practices on what works to improve child safety and well-being outcomes and reduce the occurrence of child abuse and neglect. These efforts are essential as child abuse and neglect have pervasive and long-lasting effects on children, their families, and the society. Adverse consequences for children's development often are evident immediately, encompassing multiple domains including physical, emotional, social, and cognitive.

Young, N. K., Gardner, S. L., & Dennis, K. (1998). *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy*. Office of Juvenile Justice and Delinquency Prevention. Child Welfare League of America Press: Washington, DC. Retrieved from <http://www.ncsacw.samhsa.gov/files/RespondingtoAODProblems.pdf>

The epidemic of drug and alcohol abuse that threatens our nation has many economic and social costs, but its cost to families is our greatest national deficit. Increasing numbers of Americans are living on the outskirts of hope and opportunity, with hundreds of thousands of children and adolescents feeling the devastating effects of abuse and neglect, homelessness, violence, and economic erosion. The widespread use of alcohol and other drugs by parents and other family members intensifies these social ills. Families should be on the front line of defense in the nation's war on drugs, but in many cases, alcohol and other drugs have broken through the line. Many children and youth stand unprotected. The child welfare community cannot carry out its mandate to protect children unless there is a dialogue among professionals and caregivers from such disciplines as child welfare, substance abuse prevention and treatment, mental health, juvenile justice, public assistance, and domestic violence. It is through collaboration that effective innovations in policies, programs, and practices evolve.

Young, N., Boles, S., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*, pp. 137-149.

There are relatively few empirically sound studies or nationally representative data on the number of children in child welfare services (CWS) who are impacted by their parents' substance abuse or dependence. The two systems that could systematically monitor this population, CWS and substance abuse treatment, are not required to capture the data elements that would identify families in both systems. The studies that are based on CWS populations or parents in treatment indicate that there is a substantial overlap in client populations. This review provides a summary of the available data, provides estimates of the overlap between populations, including the number of infants born each year with prenatal substance exposure, and suggests important opportunities to close the data gap between the systems. The findings underscore both the need for obtaining accurate data within the systems and the opportunities for states to improve their cross-system data efforts as part of their outcome monitoring.

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2007). *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Pub. No. (SMA) 07-4261. Rockville, MD.: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.ncsacw.samhsa.gov/files/SAFERR.pdf>

SAFERR is a collaborative model to help child welfare, substance abuse treatment, and family court professionals make better informed decisions when determining outcomes for children and families affected by substance use disorders. The guidebook provides strategies to help improve the connections, communications, and collaborative capacities across systems. The SAFERR model is based on three overarching principles:

1. The problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.
2. Success is possible and feasible. Professionals from child welfare, substance abuse treatment, and family courts have the desire and potential to change individual lives and create responsible public policies. Family members are active partners and participants in addressing these urgent problems.

Innovative Approaches

Allen, M., & Larson, J. (1998). *Healing the Whole Family: A Look at Family Care Programs*. Children's Defense Fund. Retrieved from <http://www.childrensdefense.org/library/data/healing-the-whole-family-family-care-programs.pdf>

Healing the Whole Family: A Look at Family Care Programs describes 50 family care programs around the country surveyed by the Children's Defense Fund (CDF). CDF examined programs that treat or serve families struggling with substance abuse, homelessness, domestic violence, and teen parenting—problems that, if not addressed, all too often bring families to the door of the child welfare system. In this study, we defined family care programs as those that allow parents (usually mothers) and children to live together in supervised living arrangements for extended periods.

Children and Family Futures. (2013). *Regional Partnership Grant (RPG) Program: Final Synthesis and Summary Report*. Children's Bureau An Office of the Administration for Children & Families. Retrieved from https://www.ncsacw.samhsa.gov/files/Final_SSR.pdf

Clark, S., McGuire, J., & Blue-Howells, J. (2014). What can family drug courts learn from veterans treatment courts? *Family Court Review*, 52(3), pp. 417-424.

This article provides information on the Veterans Health Administration Veterans Justice Outreach program, and describe participants' family circumstances, social, and clinical characteristics. The authors make the link to why family dependency courts need to be aware of the needs of veterans to better serve them and their families.

Dakof, G. A., Cohen, J.B., & Duarte, E. (2009). Increasing reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal*, 60, 11-23.

This study provides a quasi-experimental test of 80 consecutive enrollments in the Miami-Dade (Florida) Dependency Drug Court in order to examine the impact of a family-based and gender specific intervention, Engaging Moms Program (EMP), on drug court graduation and family reunification. We compared EMP with case management services (CMS). Results indicated that 72% of mothers in the EMP graduated from drug court, and 70% were reunified with their children. In contrast, 38% of mothers receiving CMS graduated from drug court, and 40% were reunited with their children. EMP, then, appears to be a promising family drug court intervention.

Drabble, L. A., Jones, S., & Brown, V. (2013). Advancing trauma-informed systems change in family drug treatment court context. *Journal of Social Work Practice in Addictions*, 13(1), pp. 91-113. DOI: 10.1080/1533256X.2012.756341

A growing body of literature documents the importance of trauma-informed and trauma-specific services and systems change in both addiction treatment and child welfare fields. The overall aim of this qualitative study was to explore barriers, benefits, and facilitating factors associated with a trauma-informed systems assessment and improvement initiative conducted in the context of a family drug treatment court (FDTC). Semi-structured in-depth interviews with 12 key informants and historical analyses of project documents over a 4-year time span were conducted. Results underscore the relevance of trauma-informed systems change in collaborative contexts designed to address the complex needs of children and families. Adapted from the source document.

Edwards, L. (2013). Ethical issues in the family drug treatment court. *Juvenile & Family Court Journal*, 64(1), pp. 1-21.

This article, written by a retired family drug court judge seeks to identify and discuss ethical issues facing juvenile court judges operating in FDTCs. The article provides an ethical framework, and hypothetical situations for judges to consider as examples.

Farley, M., Golding, J. M., Young, G., Mulligan, M., & Minkoff, J. R. (2004). Trauma history and relapse probability among patients seeking substance abuse treatment. *Journal of Substance Abuse Treatment, 27*, pp. 161–167.

We estimated the prevalence of trauma history and relapse in a sample of 959 patients at two outpatient chemical dependence clinics of a managed healthcare organization. A large majority (89%) reported a history of at least one traumatic event. The most common traumatic events were serious accidents, being robbed, seeing someone killed or seriously injured, and partner violence. One third of the patients had a history of substance abuse disorder relapse. There were gender and ethnic differences in the types of traumatic events reported. There were ethnic differences in relapse rates, which were highest among African American and multicultural patients. The types of traumatic events reported differed in patients of various sexual orientations. Bisexual patients had the highest rates of relapse, even when trauma exposure was controlled. Clinical implications of the findings are discussed.

Fieldstone, L. (2014). Ensuring a place for family court services in the family court of the future: do or die. *Family Court Review, 52*(4), pp. 627-631.

This article is written from the context of budget cuts, and what essential services should be advocated for to remain a part of family courts. It provides examples from the Miami-Dade County FCS on lessons learned when faced with these decisions.

Shdaimah, C., & Summers, A. (2014). Families in waiting: adult stakeholder perception of family court. *Children and Youth Services Review, 44*(1), pp. 114-119.

The results presented in this article focus on the perspectives of adults involved in family court cases surveyed on three domains 1) whether adults understood what was happening in court; 2) whether adults felt they had a voice in the proceedings and 3) whether they felt they received fair treatment. The results of the survey and the study show that courts should do a better job at developing an environment where people can function and participate optimally in their cases. These include diminishing humiliating and dehumanizing conditions, clear signage, friendly reception, sufficient seating, and making the buying of snacks for children available.

Somervell, A.M., Saylor, C., & Mao, C.L. (2005). Public health nurse interventions for women in a dependency drug court. *Public Health Nursing, 22*(1), 59-64.

This research utilized qualitative and quantitative data to identify the perceived needs of women who have graduated from a dependency drug court what they think the public health nurse (PHN) could do to intervene in the difficult process of going through dependency drug court and reunifying with their children. Select interviews were conducted with former drug court recipients who were functioning as "mentor moms." Themes relating to successful strategies emerged from the interviews. They included respect, validation, empowerment, understanding, and support. Common barriers such as overwhelming feelings of anger, denial, and hopelessness contributed to stress during recovery. Among strategies recommended by the mentor moms was a suggestion for PHNs to bridge the information gap through regular reports on the development and health of their children during the time they reside in foster care.

Sparks, S., Risch, R., & Gardner, M. E. (2011). *¡Celebrando Familias! An innovative approach for Spanish speaking families at high risk for substance abuse disorders. Prevention Partners.*

This study evaluated the *¡Celebrating Families! (CF!)* program in Spanish-speaking populations, the curriculum was translated into Spanish, culturally adapted and piloted at three different sites: Latino Community Development Center (LCDA) Oklahoma City, OK; EMQ-Families First

(Dorsa Elementary School) San Jose, CA; and Mexican American Community Services Agency (MACSA) Collaborative in Gilroy CA. Results were consistent with the findings of the English version. Adults reported significant satisfaction with the program. Results were consistent with the LutraGroup (2007) findings for English speakers with parents also indicating significant impact on family organization, cohesion, communication, conflict solving, strengths and resilience; positive parenting, parent involvement, improvement in parenting skills, and alcohol and drug use reduction. Group leaders for youth observed very significant positive changes with 96-99% confidence levels. Youth were highly satisfied with the program but not as strongly positive as were adults and youth group leaders. Cognitive scores for the factual material were lower for youth than for adults. Additionally, an unexpected finding was the program's effectiveness as a primary prevention program at Dorsa Elementary School, one of the pilot sites. At this site five families were referred from Dependency Drug Courts. The additional 16 families voluntarily participated after learning of the program from the Dorsa school principal. These families were from a high risk community but without identified substance abuse problems.

Powell, C., Stevens, S., Dolce, B.L., Sinclair, K.O., & Swenson-Smith, C. (2014). Outcomes of a trauma-informed Arizona family drug court. *Journal of Social Work Practice in Addictions, 12*(3), pp. 219-241. DOI: 10.1080/1533256X.2012.702624

This study examines outcomes including AOD use, mental health, education and employment involvement, housing stability, and reunification of 121 FDC participants who completed baseline and 6-month post-baseline self-report assessments. At follow-up, AOD use remained low and mental health problems had decreased. Engagement in employment and education increased, as did housing stability. This study suggests that the Pima County FDC model might be effective for working with parents battling substance abuse. Adapted from the source document.

Judicial Perspectives

Belenko, S. (2000). The challenges of integrating drug treatment into the criminal justice process. *Albany Law Review, 63*(1), pp. 833.

Examines the impact of the enforcement of anti-drug laws and the consequences of drug abuse and addiction on the criminal justice system of the United States. Discussion on drug-involved offenders; Explanation on drug treatment given to offenders; Intervention points for criminal justice-based treatment.

Bolt, R. & Singer, A. (2006). Juristocracy in the trenches: Problem-solving judges and therapeutic jurisprudence in drug treatment courts and unified family courts. *Maryland Law Review, 65*(1), pp. 82-99.

This article explores the role of judges on two types of "problem-solving courts": drug treatment courts and unified family courts. It compares the behavior these "problem-solving" judges to more traditional models of judicial behavior and to activist judging at the appellate level. The authors conclude that the judges who serve on these problem-solving courts have largely repudiated the classical judicial virtues of restraint, disinterest and modesty in favor of a more activist and therapeutic stance. However, the causes and consequences of this role-shift are complex. In particular, the authors suggest that the proliferation of problem solving courts and judges is not primarily a "trickle-down" effect of activist judging at the appellate level; rather, these developments are a response to powerful political and institutional forces outside the judicial system. Legal scholars who seek to understand "juristocracy in the trenches" should

therefore broaden their analytic focus to include the ways in which these institutional forces shape the behavior of state trial court judges.

California Supreme Court bars jailing parents for treatment non-compliance. (2009). *Alcoholism & Drug Abuse Weekly*, 21(14), 3-3.

The article discusses a court case wherein a parent cannot be put to prison for not complying with substance abuse treatments. A ruling from the California Supreme Court allows parents to regain custody of their children without attending ordered treatments. According to Judge Carol Corrigan, parents cannot be forced by the court in participating in such treatments. Prior to the ruling was a woman's release after the termination of her parental rights when her child was positive for methamphetamine.

Cannavo, J. M., & Nochajski, T. H. (2011). Factors contributing to enrollment in a family treatment court. *The American Journal of Drug and Alcohol Abuse*, 37(1), 54-61. DOI:10.3109/00952990.2010.535579

This study evaluated FTC enrollment to identify predictors that may aid in the development of interventions to decrease refusal rates. A total of 229 referrals to the FTC were included in this study. Comparisons were made across a number of factors between those who chose to enroll in the FTC and those who did not. Binary logistic regression modeled the effect of independent variables on the probability of enrollment. There were high rates of mental health problems, with high rates of trauma exposure in the sample, consisting mostly of females. Race, government assistance, severity of substance use problems, motivation to change substance use behavior, and parent-child interactions were significant predictors of enrollment. The results for the study point out the need for possible specialized treatments and a need to consider how motivational elements may be addressed during the intake assessment to aid in decreasing refusal rates. Additionally, the results point toward a need for consideration of family system approaches when working with FTC participants as well as the need for further work with motivational elements and drug court participants.

Edwards, L. P., & Ray, J. A. (2005). Judicial perspectives on family drug treatment courts. *Juvenile and Family Court Journal*, 56(3), 1-27.

Family Drug Treatment Courts are a specialized calendar or docket that operates within the juvenile dependency court. These courts provide the setting for a collaborative effort by the court and all the participants in the child protection system to come together in a non-adversarial setting to determine the individual treatment needs of substance-abusing parents whose children are under the jurisdiction of the dependency court. This article is intended to give judges and others a judicial perspective on FDTCs, and to offer some assistance for those who are operating or who are considering creating one.

Edwards, L. (2010). Sanctions in family drug treatment courts. *Juvenile and Family Drug Treatment Court Journal*, 61(1), pp. 55-62.

We all know that sanctions and rewards are essential parts of the success of Family Drug Treatment Courts (FDTC), but no one is clear about what these sanctions and rewards should be. Each local court has its own set of sanctions and rewards, many borrowed from criminal drug courts, some created by available resources within the community. Now the California Supreme Court has made the decision about sanctions more complex with its decision in *In re Nolan W.1* holding that imprisonment cannot be used as a sanction in the FDTC. What are permissible sanctions in an FDTC? After *In re Nolan W.*, are fines or community service permissible? What about a reduction in visitation? What guidance has the California Supreme Court given trial

courts in these areas? This article will try to bring some clarity to these questions and also offer a framework for trial courts to consider regarding the most effective use of sanctions in FDTCS. The article concludes that imprisonment is an unnecessary sanction in FDTCS, and that sanctions in these courts should be guided solely by treatment considerations.

Kuhn, J.A. (1998). Seven-Year Lessons on Unified Family Courts: What We Have Learned since the 1990 National Family Court Symposium. *Family Law Quarterly*, 32(1), pp. 67-93.

In October 1990, the National Council of Juvenile and Family Court Judges conducted "a first of its kind" symposium that addressed the topic of unified family courts. Teams of three to five judges, court professionals, legislators, and service providers from over twenty states attended the program to identify and offer to state courts a series of recommendations for implementation of a model family court. The product of this symposium, *Recommendations for a Model Family Court*, I also known as the "Redbook," has been heavily relied upon during the last seven years by persons all over the country who have sought to improve the justice system's response to children and families by creating a unified family court.

Meyer, A. S., McWey, L. M., McKendrick, W., & Henderson, T. L. (2010). Substance using parents, foster care, and termination of parental rights: The importance of risk factors for legal outcomes. *Children and Youth Services Review*, 32(5), pp. 639-649.

Using mixed methods, we compared appellate court foster care cases where parents' rights were terminated to those in which decisions to terminate parental rights were reversed or remanded to better understand the experiences of parents struggling with alcohol and drug use. A content analysis of 60 cases was conducted; 30 cases in which parental rights were terminated, and 30 where decisions to terminate parental rights were overturned or remanded to the lower court. Parents whose rights were terminated were more likely to have mental health problems and experienced incarceration. In addition, when a composite score of risk factors was analyzed, parents whose rights were terminated had significantly more risk factors. For both groups, poverty was an equally common risk factor. Implications include universal assessments for alcohol and drug abuse for parents involved in the child welfare system and timely referrals to appropriate treatment. Further, collaboration between mental health providers, substance use treatment programs, and caseworkers to address the integration of potential risk factors may help promote successful outcomes for parents whose children are in foster care.