



Sacramento County Dependency Drug Court Year Seven Outcome and Process Evaluation Findings

Prepared for:
Sacramento County Juvenile Dependency Drug Court Committee

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July 2010

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EXECUTIVE SUMMARY

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.

The focus of this report includes: 1) a description of the program participants; 2) findings regarding treatment engagement, retention and completion; and 3) 12, 18, and 36 month findings regarding child safety and permanency. For this report, the 24 month findings are presented in Appendix A. For a complete description of the DDC model and programmatic components, please contact the authors for a report issued in April 2002.

Evaluation Objectives

The objectives of the dependency drug court (DDC) evaluation study are to determine the impact of participation in DDC on parental involvement and engagement in treatment and on child placement outcomes, relative to an equivalent group of parents in the child welfare system. Specifically, the evaluation examines the extent to which participation in DDC:

- Increases clients' alcohol and other drug (AOD) treatment compliance rates
- Increases the number of parents with AOD involvement who are screened, assessed, and timely placed in the most appropriate treatment modality
- Increases successful family reunification rates
- Decreases the average length of stay of children in out-of-home care
- Decreases related out-of-home costs
- Increases collaboration between the Court, Child Protective Services (CPS), and AOD treatment agencies

This evaluation report includes information on nine groups of parents and children, a comparison group and eight cohorts of DDC participants. Comparison participants are those who entered the dependency system prior to implementation of the DDC and who would have met the criteria for

participation in the DDC. This group received standard CPS and Alcohol and Drug Services (ADS), entering the CPS system between January 1 and May 30, 2001. Court-ordered participants are those who entered the dependency system between October 1, 2001 and September 30, 2009 and received EIS and Specialized Treatment and Recovery Services (STARS) services, as well as being court-ordered to receive DDC supervision. Each court-ordered cohort year begins on October 1 and ends on September 30 of the next year. For most of the analyses in this report, the court-ordered cohorts are combined.

Program Outcomes

Program outcomes have been assessed in two primary areas: ADS services and CPS outcomes. Process measures and outcomes of AOD treatment include differences between groups on participation in treatment, the timeliness of treatment services, length of stay in treatment, and satisfactory completion of treatment. CPS outcomes include placement types at 12, 18, 24 and 36 months post-start date. In addition, time to reunification, impact of parent's primary drug problem on placement status, and recidivism and re-entry to foster care were examined.

Sacramento Child Welfare Population

The number of hotline calls received in Sacramento County decreased from Project Year Three to Project Year Six but has increased dramatically in the past two years. In addition, the percent of families and children in protective custody for which an intake petition was filed increased substantially over time.

In Year Eight, DDC children represented 31.7% of the children in the Sacramento Child Welfare system. Even though DDC children have represented an increasingly larger percentage of children with intake petitions (with the exception of Year Seven), this finding is surprising given that substance use disorders are a factor in a majority of child welfare cases. Thus, it was expected that the DDC children would account for a larger percentage of the child welfare caseloads.

Dependency Drug Court Participants

- **The percentage of parents with AOD identified in petitions has risen substantially in the past four years**

It is estimated that 72.3% of parents named in the petitions had AOD allegations. The percentage of parents with AOD in the petition steadily

decreased from Year One to Year Four, but rose to over 85% in Years Six and Seven and dropped slightly in Year Eight to 83.8%.

- **Seventy percent of parents with AOD in the petition never engage in EIS services**

The numbers of parents receiving a preliminary assessment prior to being court ordered to DDC and STARS represent only 30% of the eligible parents. Thus, 70% of parents with AOD in the petition are not engaging in EIS services. Many of these parents, however, are later assessed after being court ordered to DDC and STARS at the dispositional hearing or their cases are transferred to voluntary services (i.e., informal supervision) where they receive STARS only services. The primary reason the parents do not engage in services is due to the parent not attending the detention hearing (39.9%), incarceration (19.9%), living out of county (9.9%), or already being engaged in substance abuse treatment (8.0%).

- **There was a sizeable increase in the number of parents and children that entered the DDC during Year Eight**

While there had been a dramatic decrease in the number of court-ordered parents and children who entered the DDC in Year Six and Year Seven cohorts, there was a 41.3% increase in the number of parents and 34.2% increase in the number of children who entered the DDC from Year Seven to Year Eight.

- **The comparison and DDC participants are primarily women with high unemployment, low educational attainment, and a host of other challenges**

There were no differences between the comparison and DDC participants on any of the parent demographic characteristics, including gender, age, or race/ethnicity. Approximately 70% percent of the comparison and DDC parents were women, with an average age of 32.1 years of age. Almost half the comparison and DDC parents were Caucasian (49.8%), 20.8% were African American, 20.4% were Hispanic and 3.2% were American Indian/Alaskan Native and Asian/Pacific Islander.

No differences were observed in any of the baseline characteristics, except primary drug. Parents in the comparison and DDC groups were largely unemployed; 44.8% had less than a high school education; 31.4% had disability impairment; 34.4% reported a history of chronic mental illness, and 38.8% were homeless at treatment admission. Overall, 20% of the

comparison and DDC women reported being pregnant at treatment admission.

In terms of primary drug, significantly more comparison parents (19.6%) reported using cocaine/crack as their primary drug than DDC parents (10.3%). While none of the comparison group reported that prescription drugs were their primary drug, 2.5% of the DDC parents reported that their primary drug was prescription drugs. Rates of prescription drug use have increased over time.

- **Women differed from men on all of the baseline characteristics, except level of education**

The female participants were significantly less likely to be employed than the male participants. In contrast, female participants were more likely to have a disability impairment, were more than twice as likely to report chronic mental illness, and were much more likely to be homeless at treatment admission than male participants. This is the first report in which there were no differences in level of education by gender.

The female participants were more likely to report methamphetamine, cocaine/crack and prescription drugs as their primary drug; whereas the male participants were more likely to report alcohol and marijuana as their primary drug type. No gender differences were found in terms of heroin use.

- **Children of participants were predominately school aged with no differences in gender**

No gender differences were found between the children in the DDC and comparison group. Regarding race/ethnicity, there were significantly more American Indian/Alaskan Native children in the comparison group (4.6%) compared to the DDC group (1.5%), but no other race/ethnicity differences were observed. Children in the comparison group were significantly older than the DDC children.

There are small differences in the percentage of court-ordered children involved in the DDC program compared to those represented in the population of children with substantiated abuse/neglect cases. However, there are larger differences between race/ethnic breakdown of court-ordered children and substantiated cases compared to the overall county child population. A lower percentage of Asian/Pacific Islanders were observed in the DDC group compared to the percentage they comprise of the county population. In contrast, there was a higher percentage of African American children in the DDC program relative to the county population.

Program Outcomes

Treatment Participation

- **Court-ordered participants had higher rates of treatment participation, including the mean number of treatment admissions**

Court-ordered participants had higher rates of treatment participation, including the mean number of treatment admissions, than the comparison group. Women had higher rates of treatment participation and more treatment admissions than men.

Timing of Treatment

- **Court-ordered parents were more likely to have been in treatment in the three months prior to and following their project start date**

Data regarding timeliness of participation in DDC program components were analyzed using the case start date of the various program elements. Since many cases were served in voluntary Family Maintenance for extended periods prior to a child's removal from parental care and dependency court intervention, the date at which the family is ordered into Family Reunification services at the dispositional hearing was used to calculate timeliness. For the purposes of this report, we are calling this date the "project start date."

Court-ordered parents were more likely to have been in treatment in the three months prior to or after their project start date than comparison parents; whereas the comparison parents were more likely to have been in treatment more than six months after the project start date. It is possible that the earlier entrance into treatment is due to the engagement of clients by the EIS workers at their first detention hearing or by engagement with the STARS workers prior to being court-ordered to the DDC. Women were more likely to attend treatment four to six months prior to DDC entry, more than six months prior DDC entry and more than six months following their entry into the DDC program; whereas the men were more likely to attend treatment in the three months following their entry into the DDC program.

Treatment Discharge Status

- **For the first time, court-ordered parents had higher rates of satisfactory discharge from treatment than comparison parents**

For the first time, the DDC (65.9%) participants were significantly more likely to have a satisfactory discharge than comparison (56.8%) participants. No gender differences were observed in terms of treatment discharge status.

- **Treatment is often successful regardless of primary drug type; 65.9% of parents had a successful treatment outcome**

Satisfactory treatment completion rates were highest for parents who reported their primary drug problem as alcohol and lowest for users of heroin. Users of methamphetamine also had higher satisfactory discharge rates than users of cocaine/crack and prescription drugs.

Male participants who reported alcohol as their primary drug problem were more likely to have a satisfactory discharge compared to female alcohol users. In addition, male methamphetamine users were more likely to have satisfactory discharges from treatment than female methamphetamine users. There were no other gender differences in discharge status by primary drug.

Time in Treatment

- **Nearly 42.3% of the comparison and DDC parents in AOD treatment stayed in treatment for more than six months**

No differences were observed between the DDC and comparison groups in the number of months in treatment. The comparison group, however, spent more total time in treatment and averaged more days per treatment episode than the court-ordered parents. In addition, there were gender differences in terms of total time in treatment and average days per episode.

Treatment Modality

- **The majority of treatment episodes involved outpatient treatment**

Seventy percent of the substance abuse treatment episodes for comparison and DDC parents involved outpatient treatment.

Compliance with DDC Requirements

Data regarding parents' compliance with program requirements are reported twice a month by STARS to CPS, legal counsel, drug court coordinator, and the court. The twice-monthly reports of compliance begin immediately upon acceptance to the STARS program and include drug screens, required treatment and group sessions, and unexcused absences from sessions.

- **The rates of noncompliance decreased substantially while a parent was participating in STARS**

During their first month in STARS, 25.5% of the parents were noncompliant in at least one area which could include positive urine tests, missed urine tests, missed required treatment or group sessions, or unexcused absences from sessions. Overall, the DDC parents averaged 4.5 noncompliances during their participation in the STARS program.

- **The percent of parents with a positive urine test decreased dramatically over time**

During their first month in STARS, 28.6% of all DDC parents had a positive urine test. Year Two, Year Three, Year Seven and Year Eight parents had the highest rates of positive urines during their first month in the STARS program. By month two, the percent of parents testing positive was relatively equal between DDC cohorts, except for the Year Eight cohort which remained at 35.8%.

- **The number of required treatment sessions, required contacts and group sessions has dropped for the Year Eight cohort**

The average number of required treatment sessions has increased significantly over time, doubling between Year One (when the average was 31.2 sessions) and Year Seven (when the average was 65.6 sessions). The average number of treatment sessions required for the Year Eight cohort (Mean=61.9) decreased slightly, however. Regarding absences from treatment, the percentage of excused absences rose from Year One to Year Seven but fell in Year Eight. In contrast, the mean number of absences rose steadily from Year One to Year Seven but dropped in Year Eight. The average number of required STARS contacts has decreased over the years from high in Year Two (Mean=59.5) to a low in Year Eight (Mean=41.5), while the percent of contacts kept by the parents has increased (with the exception of Year Eight). A similar pattern holds for face to face contacts, which have comprised the bulk of STARS contacts with DDC participants. There has been a steady and significant climb in the number of 12-Step or other Support Group sessions being required of DDC participants over time. In Year One, parents were required to attend an average of 70.6 group meetings, compared to parents in Year Five and Year Six, who were required to attend an average of 88 meetings during their time in the program. The average number of group sessions required has decreased in Year Eight (Mean=74.1).

- **Almost 21% of the DDC parents received jail as a sanction for noncompliance**

From the onset of the DDC through March 30, 2009, parents in Level I or II could receive up to four days in jail as a sanction. Any parent who agreed to enter residential treatment could receive a "stay" on the jail time once they completed the residential treatment. If they failed to complete residential treatment, the parents were ordered to serve the jail time.

On March 30, 2009, the Supreme Court of California ruled that "the juvenile court may not use its contempt power to incarcerate a parent solely for the failure to satisfy aspects of a voluntary reunification case plan" (In re Nolan W, March 30, 2009). As a result of this ruling, the Sacramento DDC immediately ceased using jail as a sanction for noncompliance. The results presented below represent the parents who received jail as a sanction prior to the Supreme Court ruling.

Overall, 20.7% of the parents in DDC received jail as a sanction. The Year Two (32.3%) and Year Seven (29.6%) cohorts were significantly more likely to have had jail as a sanction than the other cohorts. In addition, Year Four parents (24.9%) were significantly more likely to have received jail as a sanction than Year One parents (17.7%).

Graduation from the Dependency Drug Court

Out of the 2,873 parents that have taken part in the DDC, 33.6% graduated from the DDC after 180 days of continuous compliance, 24.7% received certificates for 90 days of continuous compliance, and 41.8% did not meet either landmark. Thus, 58.2% of parents in the DDC reached at least 90 days of continuous compliance. The graduation rates have increased by cohort, rising from 22.2% in Year One to 45.6% in Year Seven. The majority of parents who did not complete the DDC failed to appear at DDC hearings, followed by services being terminated for noncompliance, incarceration or being out of county.

Impact of Jail as a Sanction on Graduation

- **Parents who reached 90 or 180 days compliance were less likely to have had jail as a sanction**

Overall, 55.8% of parents who received jail as a sanction failed to reach 90 days compliance; 23.2% received a certificate for 90 days continuous compliance; and only 21.1% graduated from the DDC.

Parents were categorized into three groups based on their compliance and jail status to examine the impact on graduation: 1) 100% compliant (n=426), 2) noncompliant but never received jail as a sanction or received jail as a sanction but it was stayed (n=1,982), and 3) noncompliant and served jail time or noncompliant or served jail time but also had jail stayed (n=437). Parents who were 100% compliant were significantly more likely to graduate (64.3%) from the DDC than parents who were noncompliant. This is in contrast to 31.2% percent of parents who were noncompliant and never received jail as a sanction or had jail stayed. Less than 17% of parents who served jail time or served jail and had jail stayed went on to graduate from the DDC.

Child Protective Services Outcomes

Permanency of Child Placement

- **More court-ordered children reunified with their families**

At 12, 18, 24 and 36 months, significantly more court-ordered children had reunified with their families than comparison children. Comparison group children were significantly more likely to be in adoption, guardianship or long-term placement than DDC children. There were differences in rates of being in FR services by time period with no differences found at 18 and 36 months between groups.

The 12 month reunification rates have steadily risen with each DDC cohort but dropped in Year Seven. The 18 and 36 month reunification rates have increased with each cohort year. The 24 month reunification rose steadily but dropped for the last cohort (Year Six) to reach that time point.

Time to Reunification

- **There was no difference in time to reunification**

There was no statistically significant difference between the groups in terms of time to reunification at any of the time periods. In September 2002, state law was clarified that individuals would still receive reunification services unless they had failed court-ordered treatment in the past. Prior to this change, parents who had failed prior treatment may have been excluded from reunification services unless they were able to show by clear and convincing evidence that it was in the minor's best interest to receive services. This change may account for the lack of differences in time to reunification.

Impact of Parental Graduation from the DDC on Child Reunification Rates

- **Children whose parents graduated from the DDC were more likely to reunify**

Parents who graduated from the DDC after 180 days of continuous compliance were significantly more likely to have reunified with their children at all time points compared to parents who only completed 90 days continuous compliance or parents who did not reach either landmark. For example, 62.2% of the children whose parents graduated from the DDC were reunified by 12 months. In contrast, 45.6% of the children whose parents received a 90 day certificate for continuous compliance had reunified by 12 months and only 19.0% of the children whose parents did not meet either landmark were reunified by 12 months. By 36 months, 74.2% of children whose parents had graduated from the DDC were reunified.

Impact of Noncompliance on Child Reunification Rates

At all time points, child reunification rates were associated to the number of sanctions the parents received for noncompliance. Parents with no sanctions had the highest reunification rates. Those with five or more sanctions had the lowest reunification rates at all time periods. At 12 months, parents who never received a sanction had a 67.5% reunification rate compared to 25.4% of parents who received five or more sanctions.

Parents who were 100% compliant were significantly more likely to be living with their children at all time points than: 1) Parents who were noncompliant but never received jail as a sanction or those who received jail as a sanction but had jail stayed and, 2) Those who served jail time or those who served jail time and also had jail stayed.

Impact of Parent's Primary Drug on Child Placement

- **Child placement outcomes were affected by the primary drug use by the parent**

Parents with methamphetamine or marijuana as their primary drug problem had the highest reunification rates at all time points compared to all other parents. Parents with other primary drugs such as heroin, alcohol, cocaine/crack, and prescription drugs had varying reunification rates over time.

- **Child placement outcomes were affected by the race/ethnicity of the child**

African American children were significantly less likely to have reunified with their families at 12, 18, and 24 months than Hispanic or Caucasian children. In contrast, African American children were significantly more likely than Hispanic children to be in Guardianship, long-term placement, or an "other" placement at 12 months. At 18, 24 and 36 months, African American children continued to be more likely to be in long-term placement.

Child Placement Outcomes Over Time

Reunification rates increased over time, peaking at 24 months then decreasing slightly at 36 months. The reunification rate for the comparison group at 36 months was significantly lower than the DDC groups at all time periods. Rates of adoptions increased over time for the DDC cohorts and were lowest for the comparison group. The comparison group was significantly more likely to be in guardianship or long-term placement compared to the DDC participants. Rates of children in FR decreased substantially over time and were often due to re-entry or recidivism.

Re-Entry to Foster Care and Recurrence of Maltreatment

Definitions of re-entry to foster care following reunification and recurrence of maltreatment comply with the Child and Family Service Review (CFSR) measures.

- **While the DDC Re-Entry to Foster Care Rates were above State averages, they were substantially below those of Sacramento County**

There is no Federal standard for this composite measure. From October 1, 2001 to September 30, 2007, California's average re-entry to foster care rate was 12.1%. During the same time, Sacramento County averaged a 19.7% re-entry rate. The comparison group averaged a re-entry rate of 5.3% and the DDC group had a re-entry rate of 14.7%.

All of the comparison children who re-entered care moved on to a permanent plan of adoption, guardianship, or long term placement. The majority of court-ordered children who had re-entered foster care ultimately had a permanent plan of adoptions/guardianship or was subsequently reunified with their parents. Just over half of the children who re-entered care were returned to placement due to alcohol or drug use on the part of the parents. The re-entry included 11% of the parents who had mental

health issues independent or in combination with substance use and 5.9% of the children re-entered care due to domestic violence issues.

- **The DDC Recurrence of Maltreatment Rates Were Lower Than Federal, State or County Averages**

From October 1, 2001 to September 30, 2008, California averaged a recurrence of maltreatment rate of 8.2%. During the same time, the recurrence rate in Sacramento County was 9.4%. The overall recurrence of maltreatment rate for the comparison group was 5.2% and for the DDC group was 3.6% within six months of the project start date.

Cost Analyses

- **The DDC program has produced substantial cost savings due to increased reunification rates**

It is estimated that the DDC has saved \$33,790,979 in foster care costs alone, due to the higher 24 month reunification rate of court-ordered children relative to the comparison group.

Recommendations

- **There is a need to create a sample of DDC-eligible non-enrolled parents**

Due to the smaller size and dated experience of the current comparison group, the Steering Committee should direct the evaluation subcommittee to draw a sample of DDC-eligible but non-enrolled parents in the 2007-2008 cohort year for in-depth comparisons on the key child welfare- and treatment-related variables. This analysis should include a more in-depth understanding of the cost implications for the County of the DDC program effects.

- **Strategies for increasing the number of eligible families must be addressed**

The Year Eight DDC children represent only 31.7% of the children with petitions filed. Given the latest EIS statistics that 83.8% of the parents had alcohol or other drugs reported in the petition, the very small percentage of eligible families entering the DDC is concerning and warrants investigation and the implementation of program strategies to markedly increase the rates of those participating in the DDC. It is suggested that a workgroup be charged with determining the programmatic reasons for the low penetration

rate and reporting back with recommendations for increasing the rate of DDC participation.

- **Strategies for increasing the graduation rates from the DDC should be developed**

The DDC Steering Committee should continue to examine ways to effectively increase the graduation and compliance rates of DDC participants as they have been shown to significantly affect parent reunification with children. Continuous process improvement methods such as those developed by the Network for the Improvement of Addiction Treatment (NIATx) and the Casey Family Foundation's Break Through Series should be explored for joint ADS, CPS and court improvements in engagement and retention strategies.

- **There is a need for monitoring of the DDC data to examine the trajectory of Year Seven parents over time**

The decrease in 12 month reunification rates for the Year Seven cohort is concerning. It will be important to monitor the placement outcomes of the children in this cohort to determine if the reduction in reunification rates continues. If so, it will be important to determine the cause for the reduction in reunification rates.

- **There is a need for continued monitoring of the DDC data to examine the effects of the Supreme Court Decision regarding the discontinuation of jail as a sanction**

The Steering Committee should continue to monitor DDC data to examine differences pre- and post-Supreme Court decision to determine longer-term effects on the program model and to determine if programmatic changes are needed. In addition, the Steering Committee should work with other interested parties across the State to share the County's experience, further define the implications of the Supreme Court decision, and determine the political will and feasibility to pursue legislative or court-related solutions to impact the Court's decision on the effectiveness of the Sacramento Model. In addition, the Steering Committee should continue to monitor the pre- and post-decision effects on court attendance, compliance and child permanency outcomes.

INTRODUCTION

This is the seventh annual report on the Sacramento County Dependency Drug Court. The focus of this report includes: 1) a description of the program participants; 2) findings regarding treatment engagement, retention and completion; and 3) 12, 18, 24 (see Appendix A), and 36 month trend data regarding child safety and permanency. For a complete description of the DDC model and programmatic components, please contact the authors for a report issued in April 2002.

The primary components of the program for purposes of data collection and analysis are:

- Identification of parents with substance use disorders at the detention hearing
- Completion of a preliminary assessment by an Early Intervention Specialist (EIS)
- Intake at the Specialized Treatment and Recovery Specialist (STARS) program
- Participation in alcohol and drug (AOD) treatment/recovery services
- Compliance with court orders
- Child placements and outcomes, collected via Child Protective Services (CPS) Division data systems
- Dependency Court hearing actions and statistics

Program Objectives

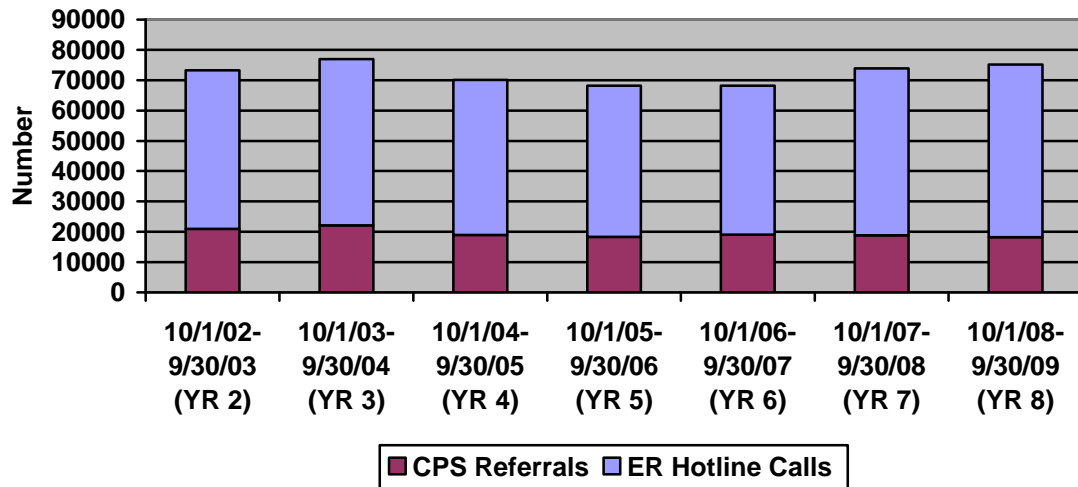
The objectives of the dependency drug court (DDC) evaluation study are to determine the impact of participation in the DDC on parental involvement and engagement in treatment and on child placement outcomes relative to an equivalent group of parents in the child welfare system. Specifically, the evaluation examines whether participation in DDC:

- Increases parents' AOD treatment compliance rates
- Increases the number of parents with AOD involvement who are screened, assessed, and timely placed in the most appropriate treatment modality
- Increases successful family reunification rates
- Decreases the average length of stay of children in out-of-home care
- Decreases related out-of-home costs
- Increases collaboration between the Court, Child Protective Services (CPS), and AOD treatment agencies

Characteristics of the Sacramento Child Welfare Population

Figure 1 presents the number of families and children who were the subject of child abuse and neglect hotline calls in Sacramento County, and the number and percentage of referrals for which there were CPS referrals. These data are shown by project year and by DDC families, adults and child participants.

Figure 1. Sacramento County Child Welfare Statistics

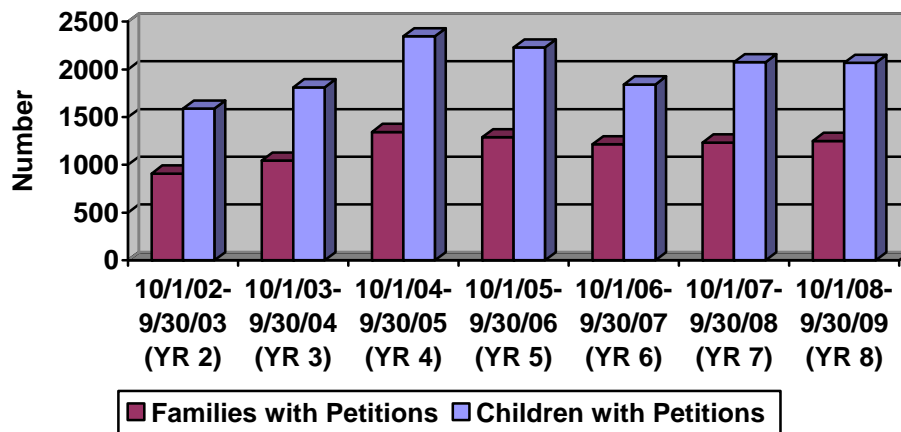


Note: Equivalent information is not available for Project Year One and contains information on families (not individual parents).

The number of Emergency Response hotline calls received in Sacramento County decreased 10.5% from Project Year Three to Project Year Six. There was an increase, however, of 16.0 % in hotline calls from Project Year Six to Project Year Eight. There was a similar trend among CPS referrals. There was a 17.0% decrease in the number of referrals to CPS from Year Three to Year Five. There was an increase in the number of CPS referrals during Year Six but the number of referrals decreased somewhat in Years Seven and Eight.

The percent of families and children in protective custody for which an intake petition was filed increased substantially over time (see Figure 2). For example, during project Year Two, 43.7% of the families referred for investigation had subsequent intake petitions filed. This percentage rose to 80.9% in Year Eight. The trend was similar for children in protective custody with petitions filed.

Figure 2. Sacramento County Families and Children with Child Welfare Petitions

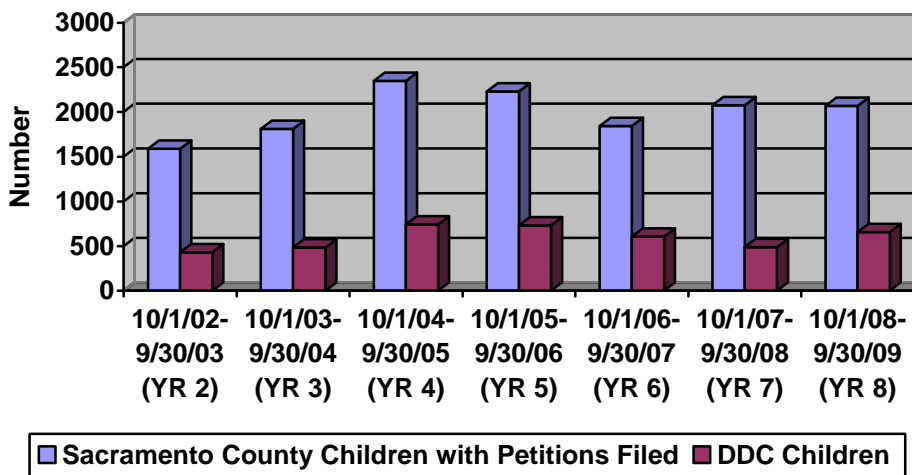


In summary, the number of hotline calls in Sacramento County decreased from Project Year Three to Project Year Six but increased dramatically in the past two years. In addition, the percent of families and children in protective custody for which an intake petition was filed increased substantially over time.

Characteristics of DDC Evaluation Participants

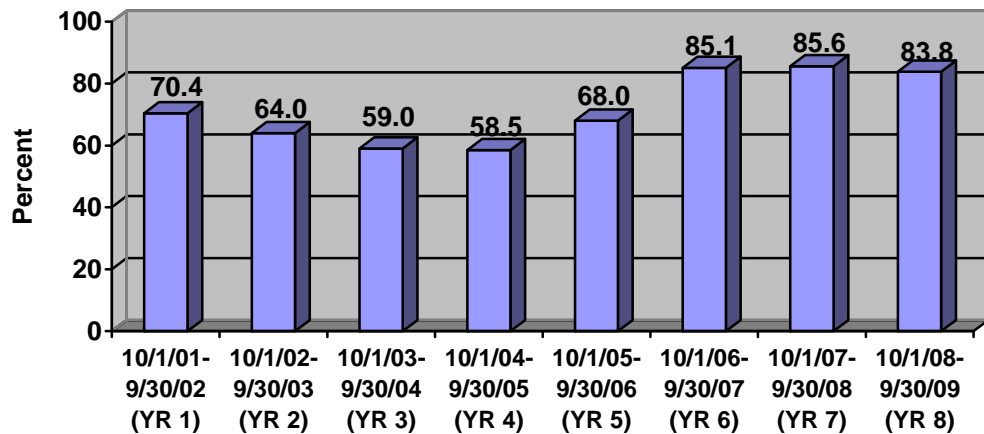
DDC children have represented an increasingly larger percentage of children in protective custody with intake petitions filed (See Figure 3). DDC children made up 26.8% of all intake petitions filed in Year Two, and have consistently comprised nearly one third of all petitions filed (except in Year Seven).

Figure 3. Number of Sacramento Petitions Filed and DDC Children



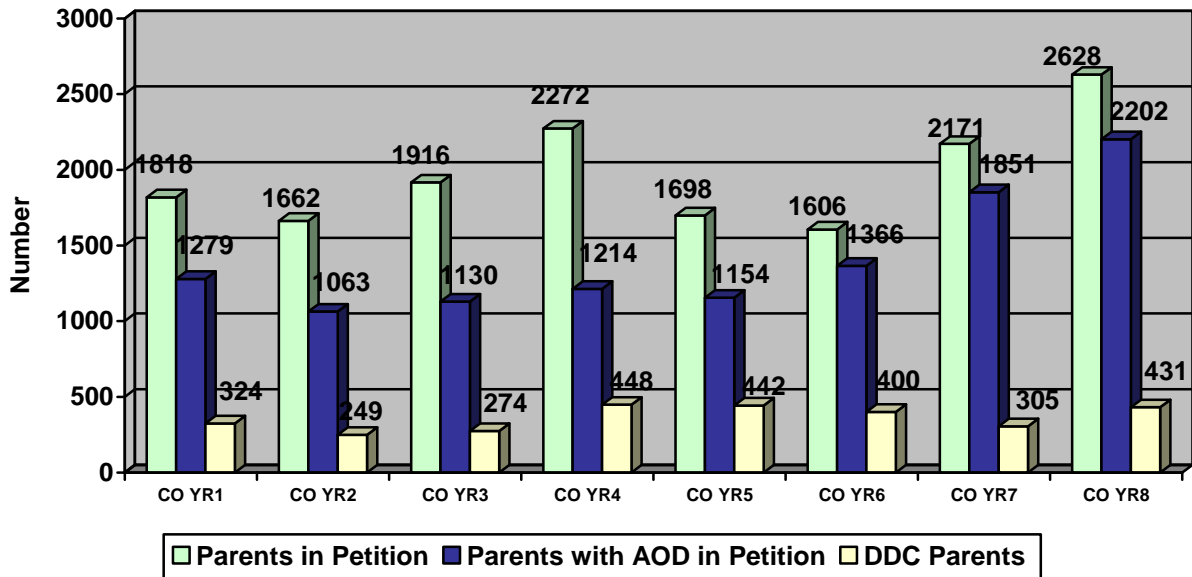
From January 1, 2001 to September 30, 2009, there were 15,573 parents named in petitions (see Figure 4). It is estimated that 72.3% (n=11,259) of parents named in the petitions had AOD allegations. The percentage of parents with AOD in the petition steadily decreased from Year One to Year Four, but rose to over 85% in Years Six and Seven and dropped slightly in Year Eight to 83.8%.

Figure 4. Percent of Petitions with Parental AOD



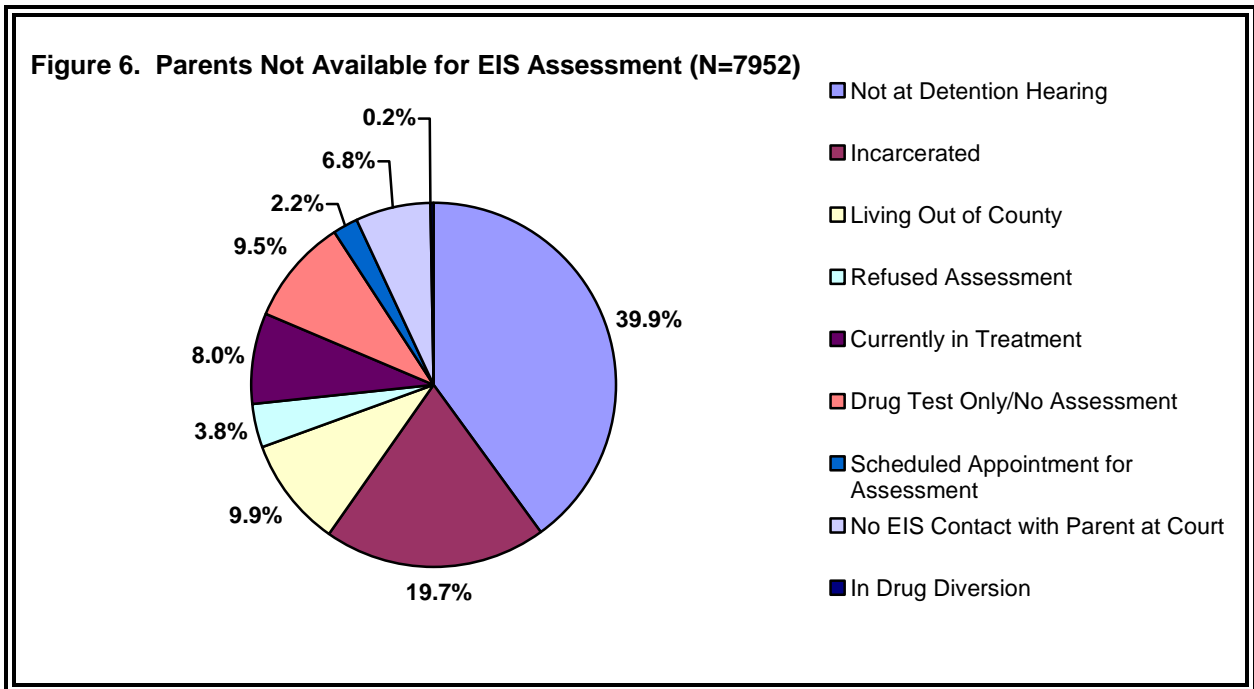
There were 173 comparison participants that entered the dependency system prior to STARS implementation (January through May 2001) and met the criteria for DDC. This group received standard CPS and ADS Divisions services. Thus, a client who was identified as having an AOD problem was directed to the ADS Division for a preliminary assessment and then directed to participate in outpatient or residential treatment, without the benefit of a recovery specialist or the specialized court services in the DDC model. Court-ordered participants are those who entered the dependency system between October 1, 2001 and September 30, 2009, who may have received EIS services and were court-ordered to receive DDC and STARS supervision. Each court-ordered cohort begins on October 1 and ends on September 30 of the next year (see Figure 5).

Figure 5. Total Parents in Petition, Parents with AOD in Petition and Court Ordered Parents



For the majority of analyses in this report, the court-ordered participants have been combined. The highest enrollment year was Year Four, when the number of parents increased 38.3% and the number of children increased 71.5% over the Year One cohort. While, there had been a dramatic decrease in the number of parents and children that entered the DDC in Years Six and Seven, there was a significant increase in the number of parents that entered the DDC in Year Eight. There was a 41.3% increase in the number of parents and 34.2% in the number of children who entered the DDC in from Year Seven to Year Eight.

Currently, over 70% of parents with AOD in the petition never engage in EIS services. There were a variety of reasons why the parents may not complete the EIS assessment. For example, 39.9% of the parents who did not engage in EIS services failed to attend the detention hearing, 19.9% were incarcerated, 9.9% lived out of county, 8.0% were already in treatment, and the remainder had various other reasons for their non-availability (see Figure 6).



In summary, DDC children have represented an increasingly larger percentage of children with intake petitions during the past four years. They still represent less than one-third of the children in the Sacramento Child Welfare system, however. This finding is surprising given that substance use disorders are a factor in a majority of child welfare cases. Thus, it was expected that the DDC children would account for a larger percentage of the child welfare caseloads. Statistics from EIS indicate that the percentage of parents with AOD in the petition has increased substantially over the past few years. Over 70% of parents with AOD in the petition never engage in EIS services, however. In Year Eight, there was a dramatic increase in the number of court-ordered parents and children who entered the DDC.

FINDINGS

Parent Demographic and Baseline Characteristics

Table 1 shows the demographic characteristics for parents in the comparison and DDC group. No differences were found in gender, age, or race/ethnicity. The comparison and DDC parents were 69.8% women, with a mean age of 32.1 years of age. Race/ethnicity information for the comparison and court ordered cases is limited as it is drawn from CalOMS data which is collected when a client enters publicly funded substance abuse treatment. Overall, the majority of the comparison and DDC parents were Caucasian (49.8%), 20.8% were African American and 20.4% were Hispanic. American Indian/Alaskan Native and Asian/Pacific Islander clients each represent 3.2%

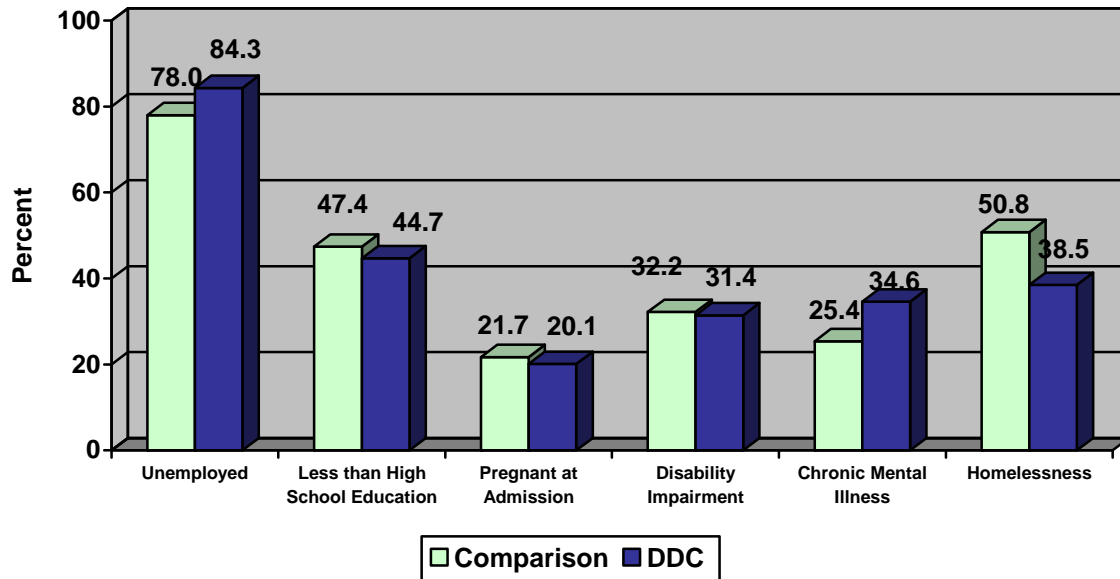
and 2.8% of the comparison and DDC parents, respectively. The percent of African Americans participating in the DDC continues to rise.

Table 1: Parent Demographic Characteristics					
	Comparison (n=111)		DDC (n=2873)		Significance
	N	%	N	%	P
Gender					
Male	39	35.1	861	30.0	.245
Female	72	64.9	2012	70.0	
Race/Ethnicity*					
American Indian/Alaskan	2	1.9	70	2.8	.752
Asian/Pacific Islander	3	2.9	79	3.2	
African American	25	24.0	510	20.7	
Hispanic	19	18.3	504	20.5	
Caucasian	54	51.9	1224	49.7	
Other	1	1.0	75	3.0	
Mean Age (range)	33.4 (21-55)		32.0 (18-67)		.076

*Note: Includes only those with a treatment episode. Thus, there are 104 comparison parents and 2462 DDC parents with complete race/ethnicity information.

In addition to parent demographic information, CADDs/CalOMS is the data set with the most complete data on parent baseline characteristics and contains data from all the publicly funded treatment programs that the parents have attended. It should be noted that CADDs/CalOMS information for the comparison group is limited. There were no differences in any of the baseline characteristics (see Figure 7), except primary drug. Results indicate that 84.1% of the parents in the comparison and DDC groups were unemployed. In addition, 44.8% of the comparison and DDC parents had less than a high school education, 31.4% have disability impairment, 34.4% of the parents reported chronic mental illness, and 38.8% reported being homeless at treatment admission. Overall, 20% of the comparison and DDC women reported being pregnant at treatment admission.

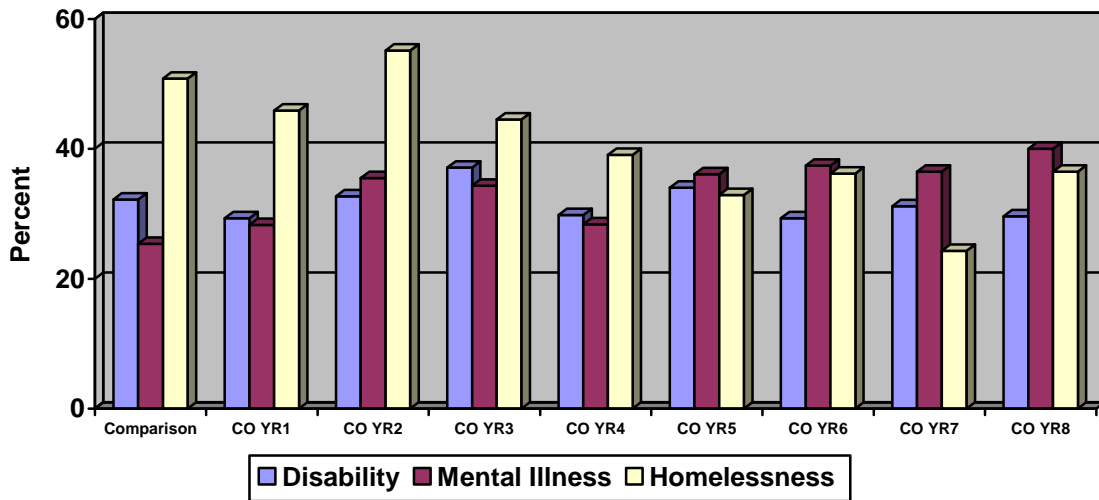
Figure 7. Parent Baseline Characteristics



*Note: Males are excluded from the analyses. Thus, there are 46 women in the comparison group and 1800 women in the DDC group. Includes all treatment episodes (n=158 comparison, n=6574 DDC) and parents may have multiple treatment admissions.

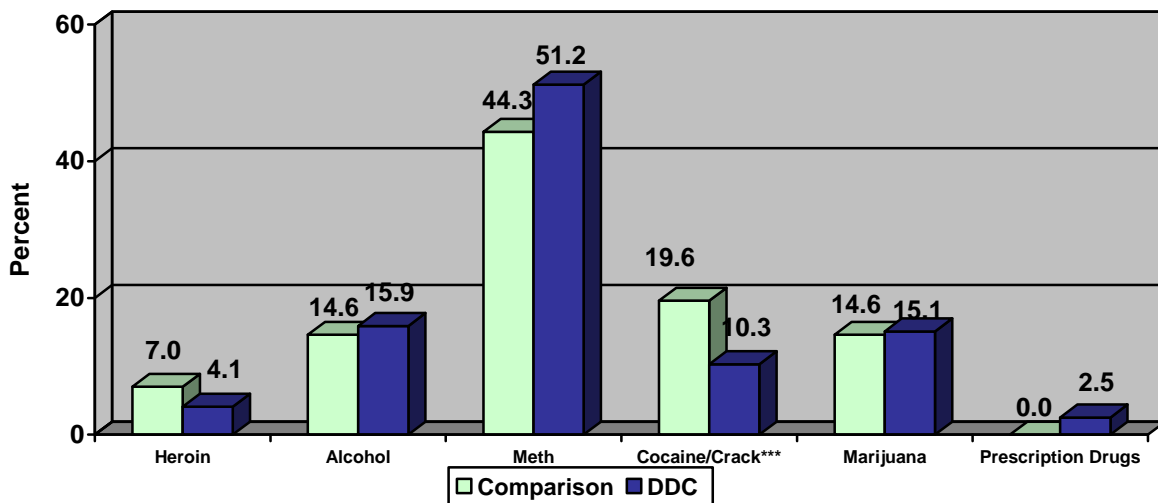
Figure 8 provides an examination of the rates of disability impairment, chronic mental illness and homelessness over time for each of the client’s treatment episodes. The rates of disability impairment were highest for the Year Three cohort (37.1%) and lowest for the Year One and Year Six cohorts at 29.3%. Rates of chronic mental illness have increased over time and were highest for the Year Six cohort (40.0%). Similar to disability impairment, the rates for chronic mental illness were lowest for the Year One cohort (28.3%). Rates of homelessness had decreased steadily for the DDC cohorts until the past two years. The homelessness rate for the comparison group was 50.8% and the Year Two DDC cohort had the highest rate of homelessness at 55.1%. The rate of homelessness for the Year Seven cohort had dropped to 24.3% but has risen to 38.5% in Year 8.

Figure 8. Rates of Disability Impairment, Chronic Mental Illness and Homelessness by Cohort



In terms of primary drug, significantly more comparison parents reported using cocaine/crack as their primary drug than DDC parents (19.6% vs. 10.3%). There were no comparison parents who reported prescription drug use or an “other” substance such as inhalants or benzodiazepines as their primary drug problem. Figure 9 presents the primary drug rates of the most prevalent substances used by comparison and DDC parents.

Figure 9. Primary Drug of Comparison and DDC Parents

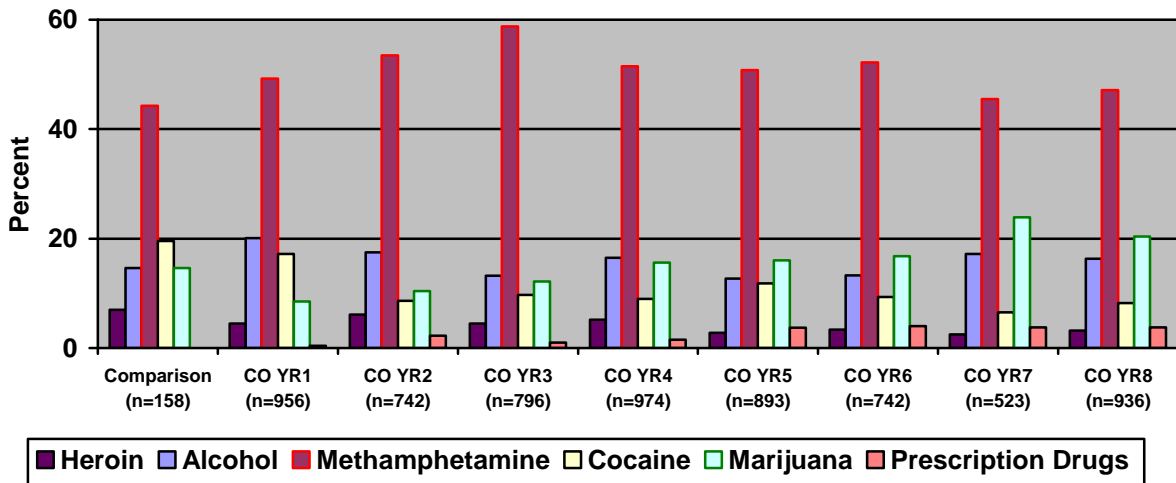


p < .001

There have been changes in primary drug use over time (see Figure 10). While methamphetamine has always been the most prevalent primary drug,

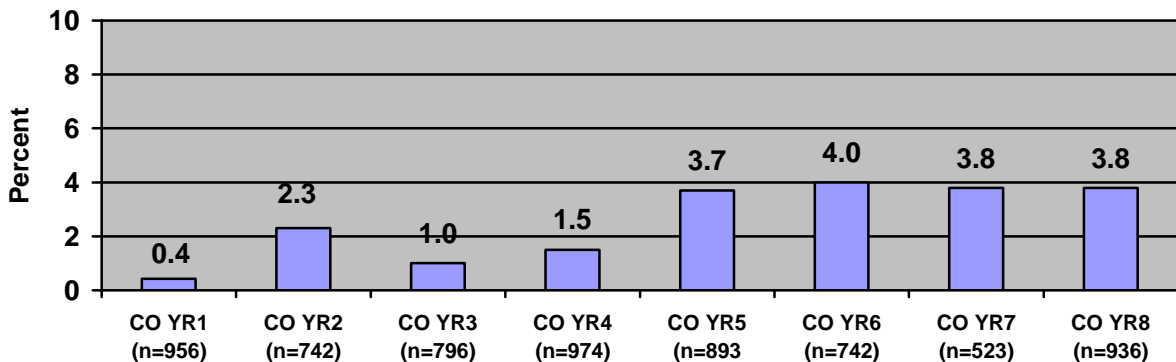
it peaked in Year Three and declined until this past year. In contrast, marijuana as the primary drug has continually risen since Year One but fell slightly in Year Eight. Heroin continues to be the least prevalent primary drug while alcohol as a primary drug has risen and fallen over the past years.

Figure 10. Primary Drug by Cohort



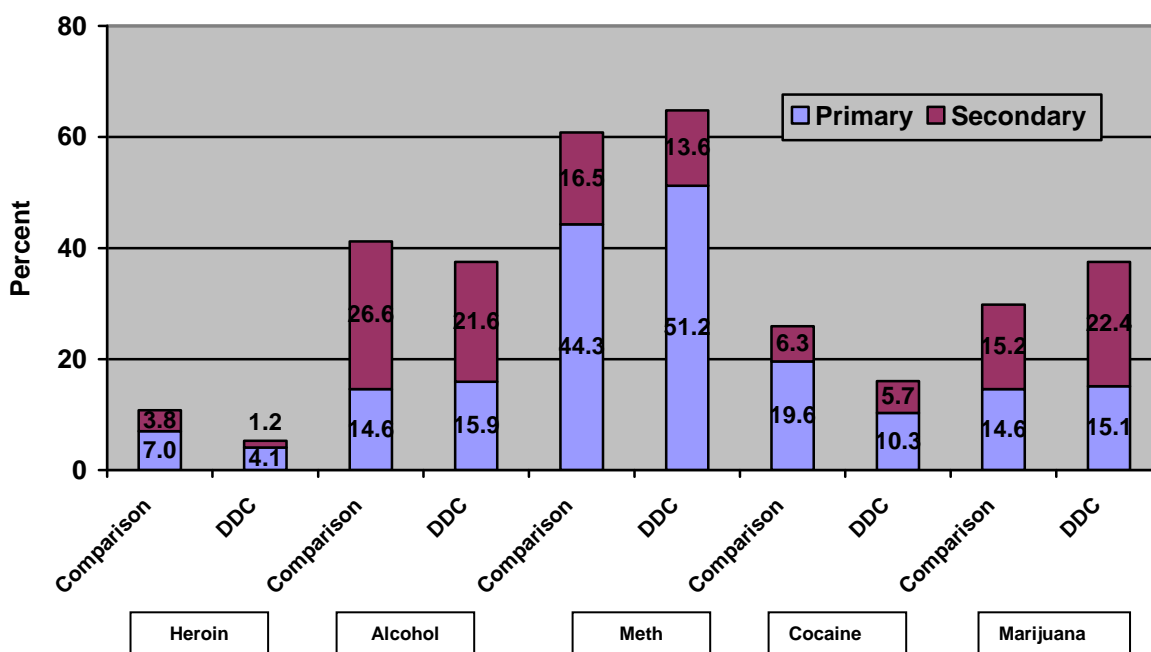
Of special interest for the past two years has been the use of prescription drugs by the parents (see Figure 11). None of the comparison parents reported that prescription drugs were their primary drug. In contrast, 2.5% (n=163) of the DDC parents reported prescription drugs as their primary drug problem. In general, rates of prescription drug use as a primary drug problem has increased over time (except for a dip in Year Three). The Year One (.4%) parents were significantly less likely to report primary prescription drug use than parents in all other cohorts except Year Three.

Figure 11. Prescription Drug as Primary Drug by Cohort



In addition to examining primary drug, we also examined the secondary drug for the clients' multiple treatment episodes (see Figure 12). Cumulatively, 10.8% of the comparison group and 5.3% DDC participants reported heroin as either their primary or secondary drug; 41.1% of the comparison and 37.5% of the DDC participants reported alcohol as their primary or secondary drug; 60.8% and 64.8%, respectively, reported methamphetamine; 25.9% and 16.0% respectively, reported cocaine/crack; and 29.7% and 37.5%, respectively, reported marijuana.

Figure 12. Primary and Secondary Drug



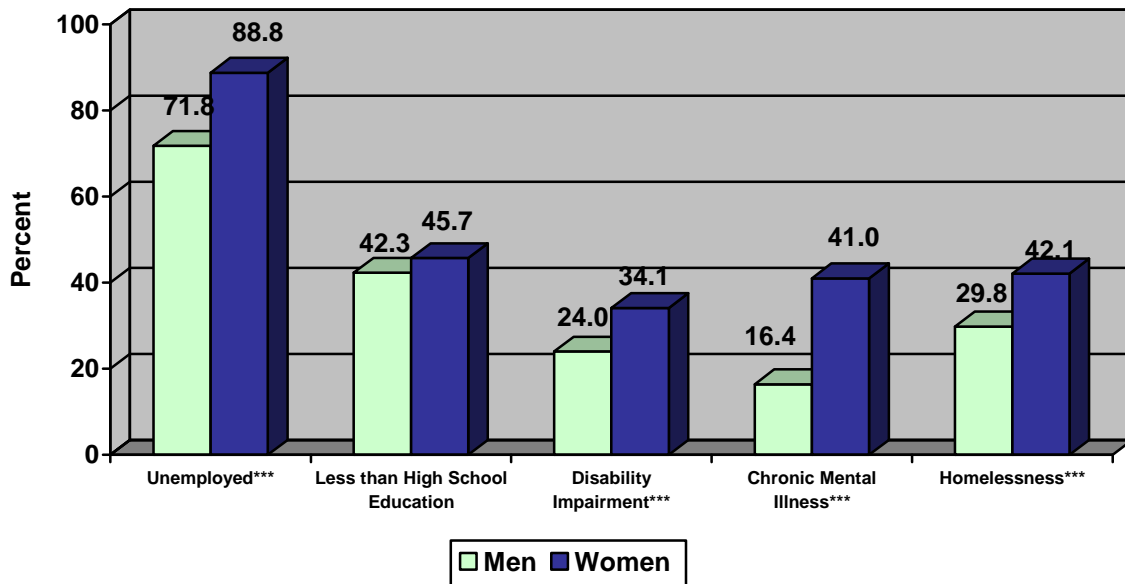
In summary, there were no significant differences between the groups in terms of gender, age, race/ethnicity, or other baseline characteristics such as employment, education, being pregnant at treatment admission, disability impairment at admission, rates of chronic mental illness or homelessness. African American and Hispanic clients comprised the second largest racial/ethnic group. Comparison parents were more likely, however, to report cocaine/crack as their primary drug problem.

Gender Analysis of Baseline Characteristics

In addition to examining differences on the baseline characteristics, we also examined gender differences (see Figure 13). Women (88.8%) were significantly more likely to be unemployed than men (71.8%). The women

(34.1%) were more likely to have a disability impairment than men (24.0%) and had higher rates of chronic mental illness (41.0%) than men (16.4%). The women (42.1%) were also more likely to be homeless at treatment admission than men (29.8%). For the first time, there were no statistical gender differences in education levels, with 44.8% of the men and women having less than a high school education.

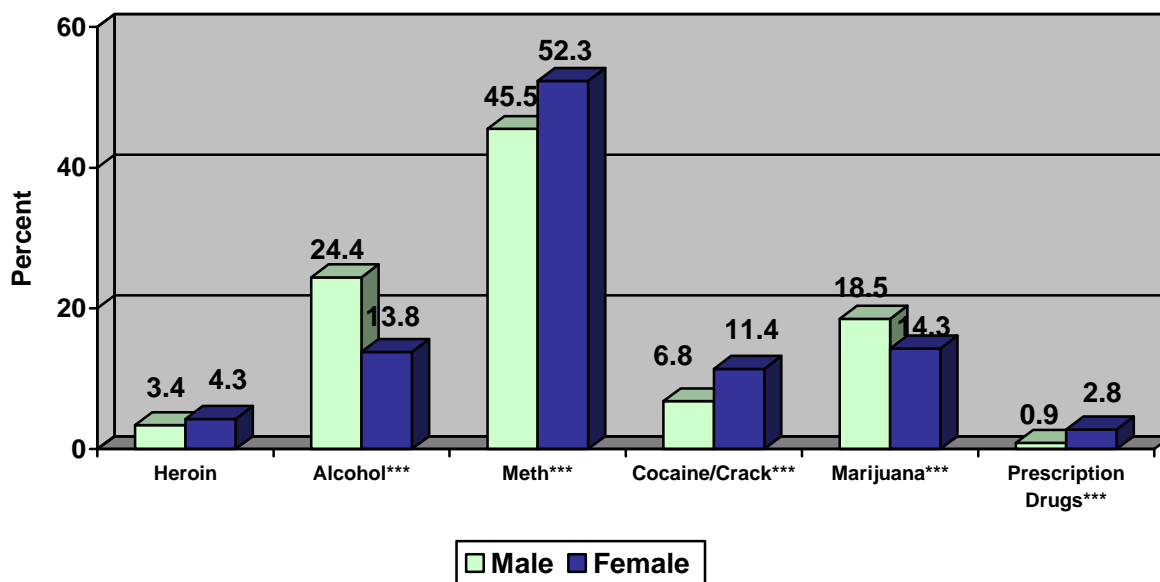
Figure 13. Parent Baseline Characteristics by Gender



***p<.001

Consistent with previous reports, there were gender differences in terms of primary drug (see Figure 14). Men were more likely to report alcohol and marijuana as their primary drug (24.4% and 18.5%, respectively) than women (13.8% and 14.3%, respectively). In contrast, the women had significantly higher rates of methamphetamine, cocaine/crack, prescription drug, and "other" (including inhalants and barbiturates) drug use than men. No gender differences were found in terms of heroin use.

Figure 14. Primary Drug of Male and Female Parents



***p<.001

In summary, there were significant gender differences in the rates of employment, disability impairment at admission, rates of chronic mental illness, homelessness, and primary drug type. For the first time, there were no gender differences in education levels between the men and women.

Preliminary Assessments

The preliminary assessments contain information that is useful to describe the DDC program participant's level of functioning in several domains. It is important to note that not all parents have received a preliminary assessment. Those with private insurance or who were court-ordered to the DDC but never reported to the STARS program for the preliminary assessment are not in the dataset. Analysis of the preliminary assessments revealed gender differences in all but four areas of functioning: family relations, social supports, job/education, and housing (see Table 2).

Women were significantly more likely to report lower functioning than men in: health status (10.9% vs. 8.2%); emotional stability (27.8% vs. 16.2%); and, overall biopsychosocial functioning (24.2 vs. 19.1%). Men (61.9%), however, reported lower functioning regarding legal problems than women (55.6%).

	Male (n=982)		Female (n=2612)		Significance
	<i>N</i>	%	<i>N</i>	%	<i>P</i>
"Low" on:					
Health Status	81	8.4	285	11.1	.019
Emotional Stability	159	16.2	726	27.8	<.001
Family Relation	288	29.3	855	32.7	.051
Social Supports	382	38.9	1036	39.7	.677
Legal Problems	608	61.9	1453	55.6	.001
Job/Education	314	32.0	879	33.7	.341
Housing	271	27.6	771	29.5	.258
Overall Biopsychosocial Functioning	188	19.1	631	24.2	.001

In summary, women reported lower health status, emotional stability, family relations and overall functioning. Men were more likely to report lower functioning regarding legal problems.

Child Characteristics

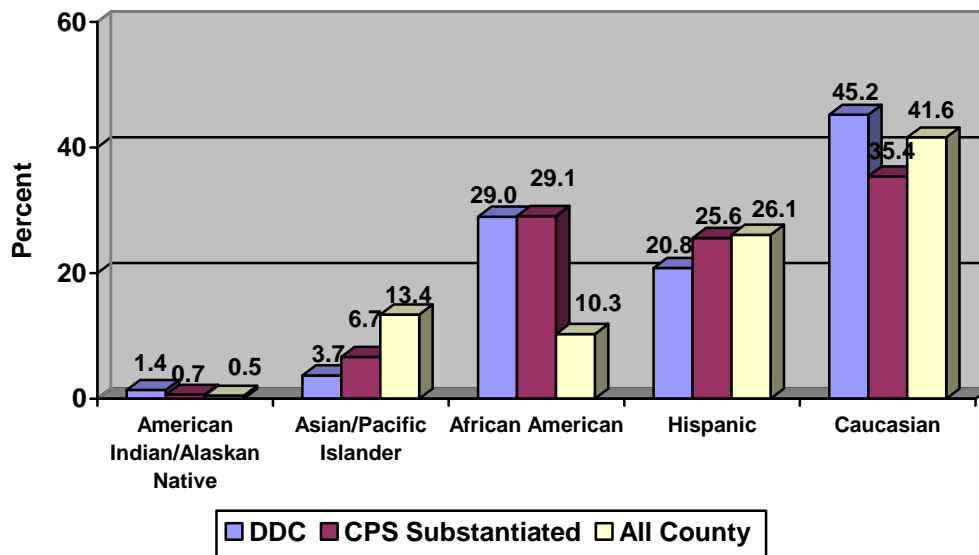
Characteristics of children of parents in the comparison group and DDC program are shown in Table 3. No differences were found between the groups in terms of gender, with 51.1% of the comparison and DDC children combined being girls and 48.9% being boys. There was one significant race/ethnicity difference: there were significantly more American Indian/Alaskan Native children in the comparison group (4.6%) than the DDC group (1.5%). It is important to note that American Indian/Alaskan Native Children represent only 1.5% of the comparison and court-ordered groups. No other race/ethnicity differences were observed. Children in the comparison group (Mean=7.8 years), however, were significantly older than the DDC children (Mean=5.9 years).

	Comparison (n=173)		DDC (n=4567)		Significance
	<i>N</i>	%	<i>N</i>	%	<i>P</i>
Gender					
Male	78	45.1	2240	49.0	.306
Female	95	54.9	2327	51.0	
Race/Ethnicity					
American Indian/Alaskan	8	4.6	63	1.4	.006
Asian/Pacific Islander	3	1.7	168	3.7	
African American	55	31.8	1323	29.0	
Hispanic	31	17.9	949	20.8	
Caucasian	76	43.9	2064	45.2	
Mean Age (range)	7.8 (1-19)		5.9(0-18)		<.001

We also explored similarities between children of parents involved in the DDC program and county population statistics. There are small differences in the percentage of court-ordered children involved in the DDC program compared to those represented in the population of children with

substantiated abuse/neglect cases. However, there are larger differences between race/ethnic breakdown of court-ordered children and substantiated cases compared to the overall county child population. As shown in Figure 15, a lower percentage of Asian/Pacific Islanders are in DDC (3.7%) or have substantiated cases (6.7%) than are in the county population (13.4%). In contrast, there are a higher percentage of African American children in the DDC program (29.0%) and having substantiated cases (29.1%) than are in the county population (10.3%).

Figure 15. Comparison of DDC Children with County Statistics



Overall, there were no gender differences between the comparison and DDC children. There were differences in terms of race/ethnicity and age of the children. Differences were also observed in the race/ethnicity comparison of the DDC sample to Sacramento County statistics.

PROGRAM OUTCOMES

Program outcomes were assessed in two primary areas: AOD treatment outcomes and child protective services outcomes. Process measures and outcomes of AOD treatment included differences between groups on participation in treatment, the timeliness of treatment services, length of stay in treatment, and satisfactory completion of treatment. Child protective services outcomes included placement types (i.e., reunification, adoption, guardianship, etc) at 12, 18, 24 (see Appendix A) and 36 months, and recidivism and re-entry into care following reunification.

Alcohol and Other Drug Treatment Outcomes

Treatment Participation

Participation in AOD treatment was determined by examining whether the parent had ever been admitted to a publicly funded treatment program (see Table 4). Analyses indicate that there was a significant difference between the two groups of parents: significantly more court-ordered participants (85.7%) had ever been in AOD treatment compared to comparison parents (53.2%). There were also significantly more treatment admissions for the court-ordered (N=6575, Mean=2.3) parents than the comparison (N=158, Mean=1.4) parents. It is important to note that a parent can have multiple treatment admissions during their time in the DDC study. The differences in participation rates may be due to the fact that the comparison group did not have the advantage of a STARS worker keeping them connected with treatment services.

	Comparison (n=111)		DDC (n=2873)		Significance
	<i>N</i>	%	<i>N</i>	%	<i>p</i>
Ever in Treatment	59	53.2	2461	85.7	<.001

Note: Data are not available for those who attended private treatment centers or had private insurance to pay for treatment, since these data are not included in the CADDIS/CalOMS data system

In summary, court-ordered participants had significantly higher rates of treatment participation, including the mean number of treatment admissions, than the comparison group.

Gender Analysis of Treatment Participation

Gender differences were found in terms of treatment participation rates and mean number of admissions to treatment. Female (89.5%) participants were significantly more likely to have ever been admitted to AOD treatment than their male (76.8%) counterparts (see Table 5). Similarly, female (N=5318 admissions, Mean=2.6) participants had significantly more treatment admissions than the male (N=1256 admissions, Mean=1.5) participants.

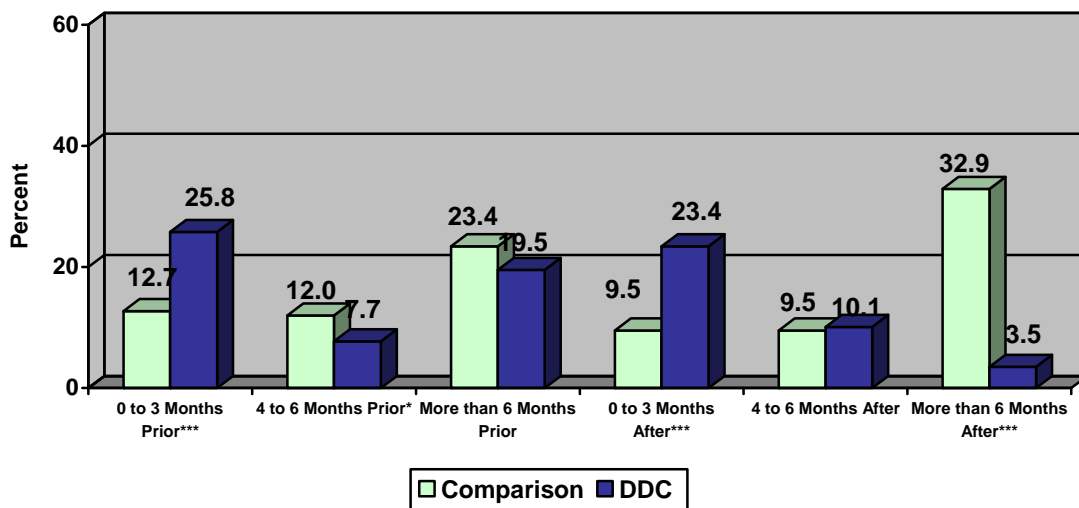
	Male (n=861)		Female (n=2012)		Significance
	<i>N</i>	%	<i>N</i>	%	<i>p</i>
Ever in Treatment	661	76.8	1800	89.5	<.001

Timing of Treatment

Data regarding timeliness of participation in DDC program components were analyzed using the start date of the various program elements. Since many cases were served in voluntary Family Maintenance for extended periods prior to a child’s removal from parental care and dependency court intervention, the date at which the family is ordered into Family Reunification services at the dispositional hearing was used as a primary reference point for calculating timeliness. For the purposes of this report, we are calling this date the “project start date.”

There were significant differences in the percent of parents who entered substance abuse treatment pre- and post-their project start date (see Figure 16). Court-ordered parents were significantly more likely to have been in treatment in the three months prior and after their project start date than the comparison parents. In contrast, the comparison parents were significantly more likely to have been in treatment in the four or more months prior to the project start date and more than six months after the project start date.

Figure 16. Timing of Treatment Episodes



Note: All treatment episodes are represented here; *p<.05; ***p<.001

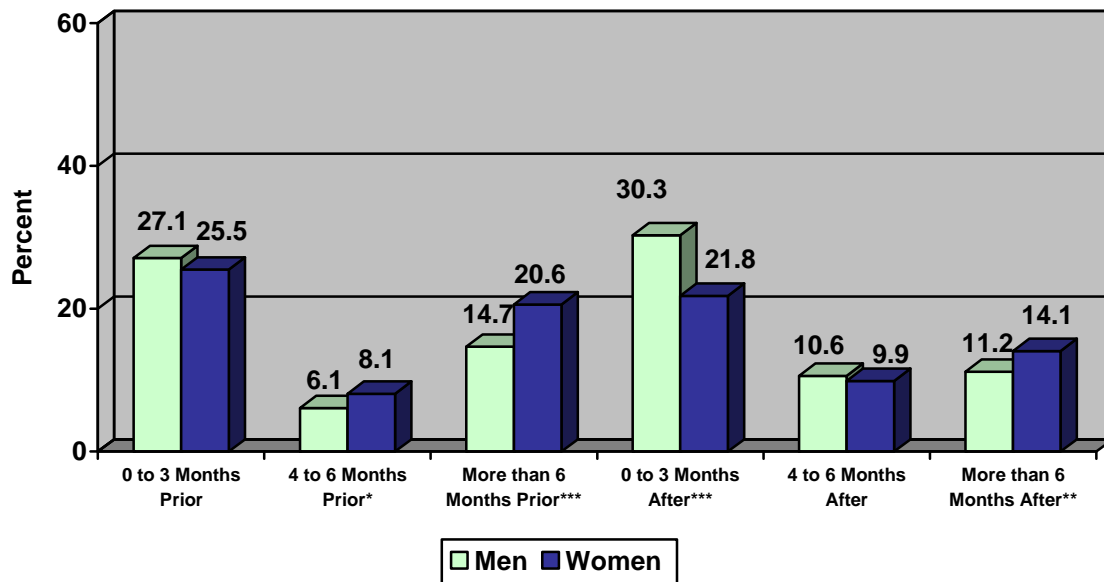
These data suggest that the advent of EIS, STARS and the DDC has led to parents entering treatment much more quickly than previously. These differences may be due to a voluntary STARS program that was initiated in June 2001 allowing parents to access services prior to their court order and may be an effect of the program model’s focus on facilitating treatment entry for parents.

In summary, differences were observed in how long before or after the project start date a treatment episode occurred, with court-ordered parents more likely to have been in treatment in the three months prior to and after their project start date than the comparison parents. This suggests that the earlier entrance into treatment is due to the engagement of clients by the EIS workers at their first detention hearing or by engagement with the STARS workers prior to being court-ordered to the DDC.

Gender Analysis of Timing of Treatment

Gender differences were observed in the timing of treatment entry (see Figure 17). Women were more likely to attend treatment four to six months prior to DDC entry, more than six months prior DDC entry and more than six months following their entry into the DDC program; whereas the men were more likely to attend treatment in the three months following their entry into the DDC program.

Figure 17. Timing of Treatment Episodes by Gender



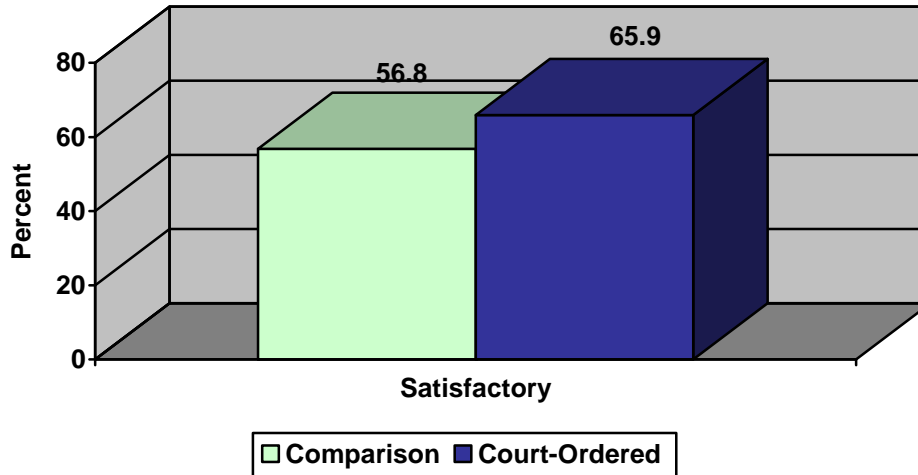
Note: All treatment episodes are represented here; *p<.05; **p<.01; ***p<.001

Treatment Discharge Status

Figure 18 shows the status of parents at discharge from the treatment episode. Satisfactory discharge status is defined as those who completed treatment (whether or not they were referred or transferred) or who left before treatment completion with satisfactory progress (whether or not they were referred or transferred). Those who left before treatment completion and had unsatisfactory progress were coded as unsatisfactory. For the first

time, the DDC (65.9%) participants were significantly more likely to have a satisfactory discharge than comparison (56.8%) participants. In addition, no gender differences were observed in terms of treatment discharge status.

Figure 18. Treatment Discharge Status



* $p < .05$; Note: All treatment episodes in which there is a discharge status are represented here. Not all episodes have a discharge status (7.6% of the comparison and 12.7% of the DDC group are missing a discharge status. Missing discharge rates peaked in Years Six (31.1%) and Year Seven (32.4%) but were 0.1% in Year Eight).

In summary, for the first time, DDC participants were significantly more likely to have a satisfactory discharge from treatment than comparison parents. There were no gender differences in terms of discharge status.

Impact of Primary Drug on Discharge Status

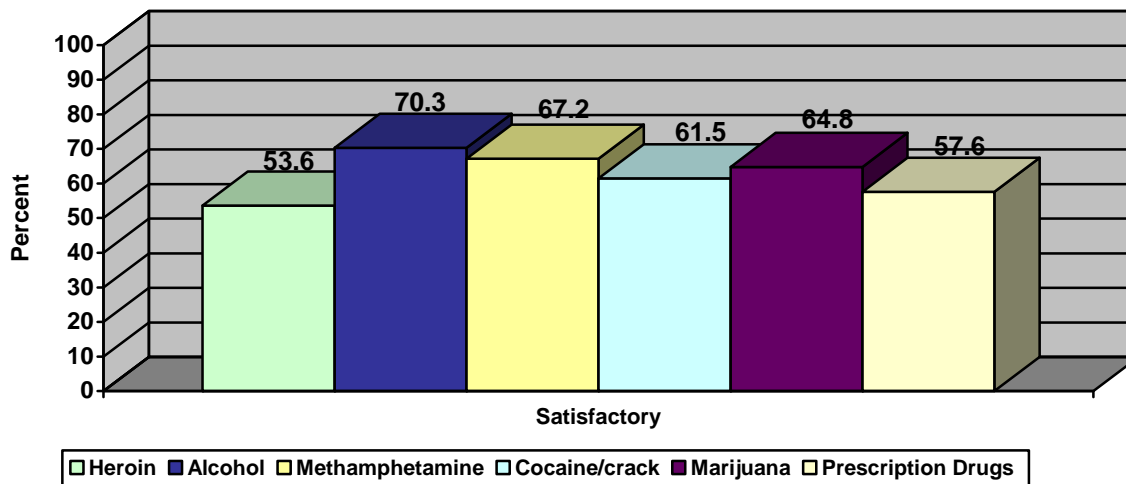
We also examined the relationship of the primary drug problem of the parents with treatment status and child placement outcomes (see Table 6 and Figure 19). We found that treatment is often successful, regardless of the primary drug problem, with DDC parents averaging a 65.9% successful discharge rate. Parents with heroin as their primary drug problem were significantly less likely to have a satisfactory discharge status than users of all other substances, except users of prescription drugs. In contrast, those who reported alcohol as their primary drug problem had significantly more satisfactory discharges than users of all other substances. Additionally, methamphetamine users were more likely to have a satisfactory discharge than cocaine/crack and prescription drug users.

Table 6: Primary Drug Problem and Treatment Discharge Status					
Primary Drug Type	Satisfactory		Unsatisfactory		Significance
	N	%	N	%	
Heroin	125	53.6	108	46.4	< .001

Alcohol	633	70.3	268	29.7
Methamphetamine	1988	67.2	970	32.8
Cocaine/Crack	376	61.5	235	38.5
Marijuana	535	64.8	291	35.2
Prescription Drugs	80	57.6	59	42.4

Note: All treatment episodes in which there is a discharge status are represented here. Not all episodes have a discharge status.

Figure 19. Treatment Discharge Status by Parent Primary Drug Problem



***p < .001

Gender Analysis and Impact of Primary Drug on Discharge Status

Gender differences were found in terms of satisfactory discharge rates by primary drug. Male participants who reported alcohol as their primary drug problem were more likely to have a satisfactory discharge compared to female alcohol users (76.6% vs. 68.1%). In addition, male methamphetamine users were more likely to have satisfactory discharges from treatment than female methamphetamine users (66.9% vs. 59.5%). (see Table 7). There were no other gender differences in discharge status by primary drug.

Primary Drug Type	Satisfactory		Significance <i>p</i>
	<i>N</i>	%	
Heroin			
Male	21	56.8	.535
Female	105	51.2	
Alcohol			
Male	210	76.6	.009
Female	442	68.1	
Methamphetamine			
Male	337	66.9	.002
Female	1217	59.5	

Cocaine/Crack			
Male	44	58.7	.721
Female	343	60.8	
Marijuana			
Male	124	67.8	.321
Female	423	63.8	
Prescription Drugs			
Male	6	50.0	.580
Female	74	58.3	

Note: All treatment episodes in which there is a discharge status are represented here. Not all episodes have a discharge status.

In summary, satisfactory treatment completion rates were highest for parents who reported their primary drug problem as alcohol and lowest for users of heroin. Users of methamphetamine also had higher satisfactory discharge rates than users of cocaine/crack and prescription drugs. Male participants who reported alcohol and methamphetamine as their primary drug problem were more likely to have a satisfactory discharge compared to female alcohol and methamphetamine users.

Time in Treatment

Table 8 shows the number of parents and their average length of time in treatment for each treatment episode. No differences were observed between the DDC and comparison groups in the number of months in treatment, with 42.3% of the comparison and DDC parents staying in treatment for more than six months. When examined in terms of days, however, the comparison group (Mean=293.2 days) had more total time in treatment than the court-ordered participants (Mean=198.2 days). The comparison group (Mean=114.5 days) also averaged significantly more days per treatment episode than did the court-ordered parents (Mean=81.7 days). The shorter time in treatment for DDC participants may be due to the impact of the STARS program in preparing parents for treatment and monitoring their treatment progress.

	Comparison		DDC		Significance
	<i>N</i>	%	<i>N</i>	%	<i>p</i>
0 to 3 Months	17	28.8	564	28.1	.577
4 to 6 Months	14	23.7	597	29.8	
More than 6 Months	28	47.5	845	42.1	
Total Time in Treatment (Days)	293.2		198.2		.004
Average Days Per Treatment Episode (Days)	114.5		81.7		.020

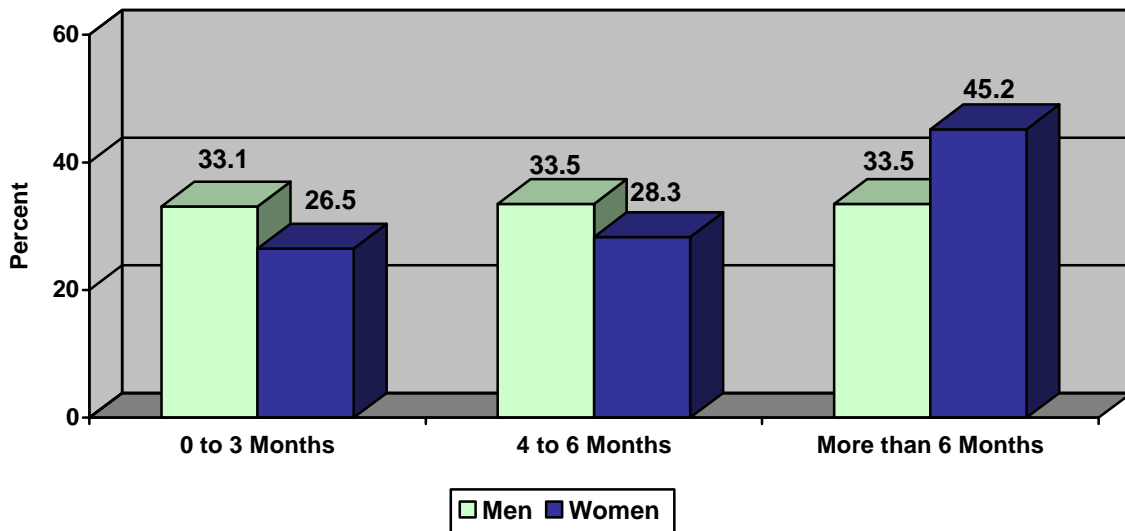
Note: All treatment episodes in which there is an admission and discharge date are represented here. Not all episodes have discharge dates.

In summary, the comparison group, spent more total time in treatment and averaged more days per treatment episode than the court-ordered parents. This is the first year in which the total time in treatment significantly differed between the comparison and DDC participants indicating that over the years the length of stay in treatment is decreasing.

Gender Analysis of Time in Treatment

Gender differences were observed in the total time in treatment and average days per treatment episode (see Figure 20). Women (45.2%) were significantly more likely to stay more than six months in treatment than the men (33.5%).

Figure 20. Total Time in Treatment by Gender



***p<.001

Treatment Modality

We also explored the data on the type of parents’ treatment (see Table 9). We classified programs by outpatient or residential care (as they represented almost all of the treatment modalities). Seventy percent of treatment episodes for the comparison and DDC parents involved outpatient treatment.

	Comparison (n=158)		DDC (n=6072)		Significance
	N	%	N	%	P
Outpatient	114	72.2	4253	70.0	.658
Residential	44	27.8	1819	30.0	

Note: All treatment episodes are represented here.

In summary, the majority of parents who entered treatment participated in outpatient treatment.

Compliance with DDC Requirements

Data regarding parents' compliance with program requirements were analyzed. These data are reported twice a month by STARS to CPS, legal counsel, drug court coordinator, and the court. The twice-monthly compliance reports begin immediately upon intake into the STARS program and include drug screens, required treatment and group sessions, and unexcused absences from sessions.

Figure 21 presents the number of parents who had twice monthly reports each month they were in the STARS. As STARS is intended to be a 12 month program.

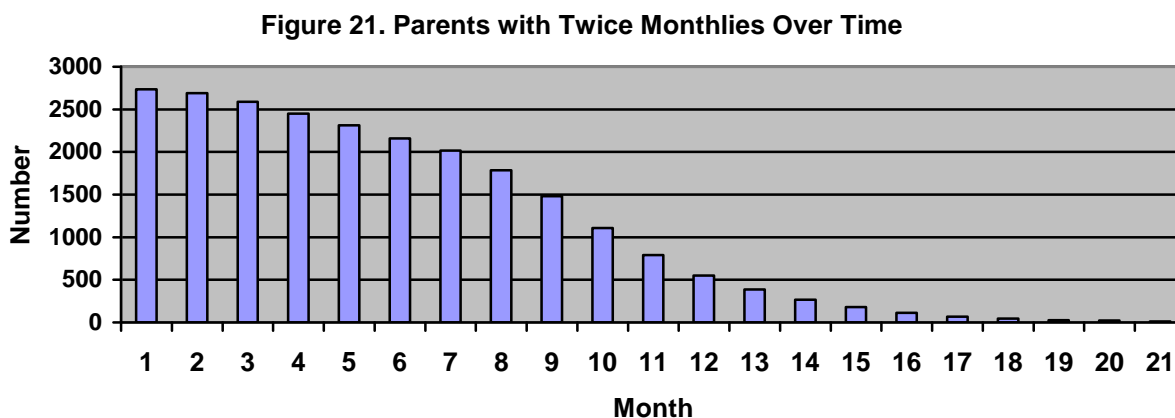
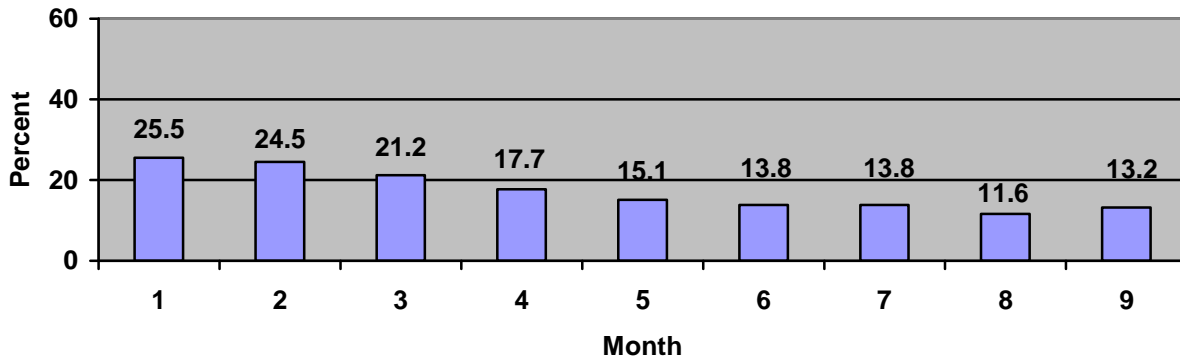


Figure 22 presents the percent of parents who had at least one noncompliance while in the STARS program by the month that the noncompliance occurred. During the first month of participation in STARS, 25.5% of the parents were noncompliant in at least one area. Due to the significant drop-off in participants after month 12, Figure 22 is truncated to only reflect compliance during the first nine months of participation.

Figure 22. Percent of Parents with Non-Compliances Over Time



Overall, the DDC parents averaged 4.5 noncompliances during their participation in the STARS program. Year Two parents (Mean=5.2) averaged significantly more noncompliance reports than Year One (Mean=4.4), Year Three (Mean=4.5), Year Seven (Mean=4.3) and Year Eight (Mean=4.2) parents (see Figure 23).

Figure 23. Mean Number of Non-Compliances by Cohort

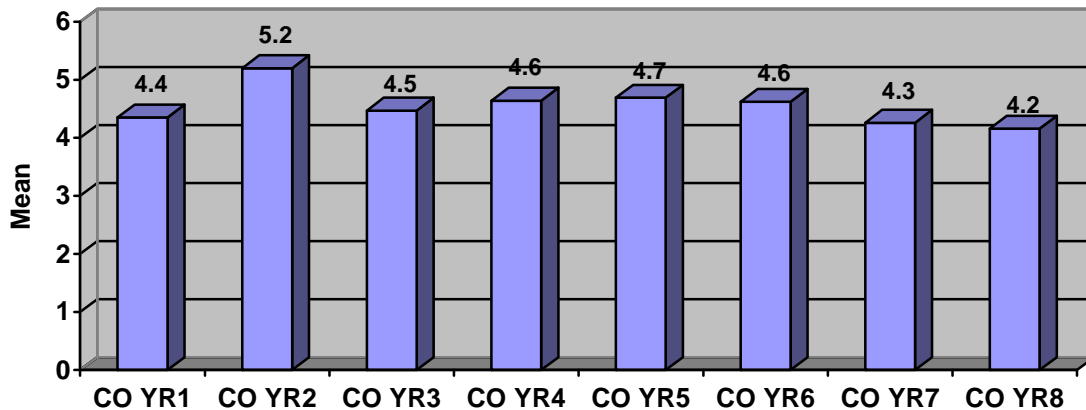
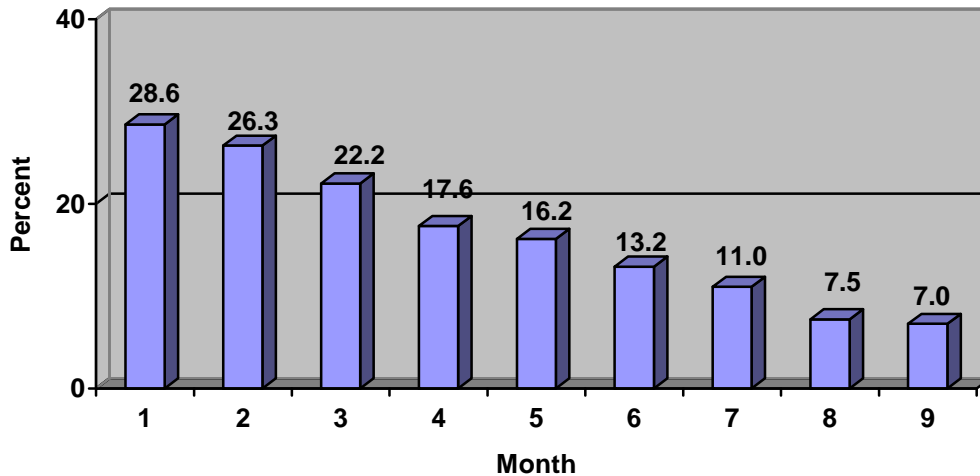


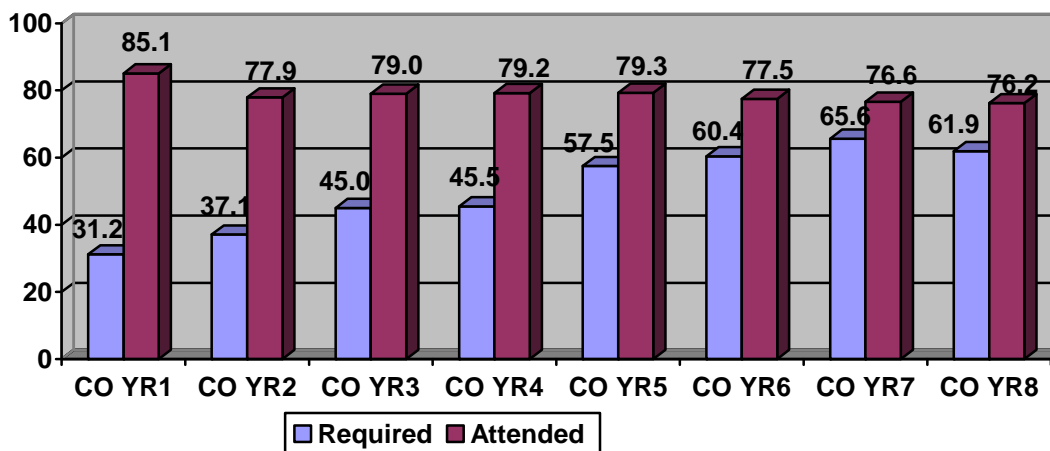
Figure 24 presents the percent of DDC parents who had a positive urine toxicology test during the various months that they participated in the STARS program. The percent of parents with a positive urine test decreased dramatically over time. During their first month in STARS, 28.6% (n=783) of all DDC parents had a positive urine test. Again, this dated is truncated to only reflect the first nine months in which participants are in the DDC and STARS. Year Two (37.6%), Year Three (36.5%), Year Seven (38.8%) and Year Eight (35.8%) parents had the highest rates of positive urines during the first month in the STARS program. By month two, the percent of parents testing positive was relatively equal between cohorts, except for the Year Eight cohort which remained at 35.8%.

Figure 24. Percent of Parents Testing Positive by Month in the STARS Program



The average number of required treatment sessions has increased significantly over time (see Figure 25), doubling between Year One (when the average was 31.2 sessions) and Year Seven (when the average was 65.6 sessions). The average number of treatment sessions required for the Year Eight cohort (Mean=61.9) decreased slightly, however. It should be noted that the Year Eight cohort is still participating in STARS and their compliance data is expected to change over time. DDC participants in Year One cohort (85.1%) attended a significantly higher percentage of sessions compared to parents in the other cohorts, who attended between 76.2% and 79.3% of their sessions.

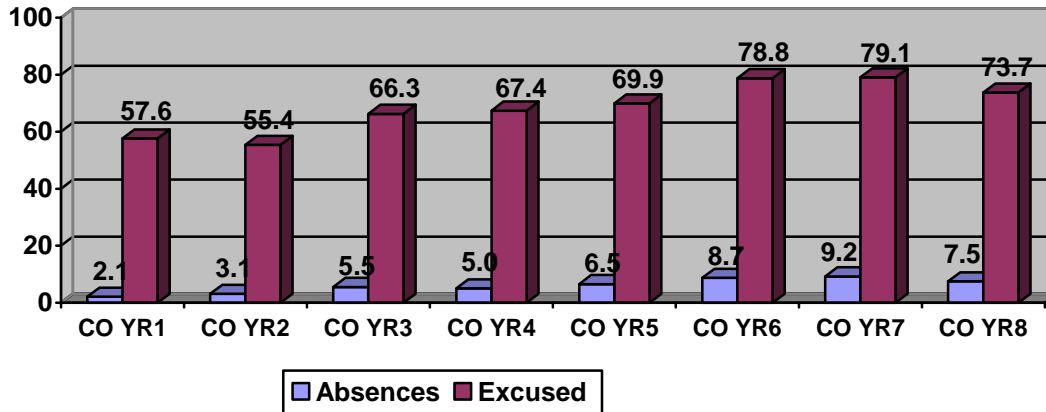
Figure 25. Mean Number of Required Treatment Sessions and Percent Attended by Cohort



**p<.01

Regarding absences from treatment, the percentage of excused absences rose from Year One to Year Seven but fell in Year Eight. In contrast, the mean number of absences rose steadily from Year One to Year Seven but dropped in Year Eight (see Figure 26).

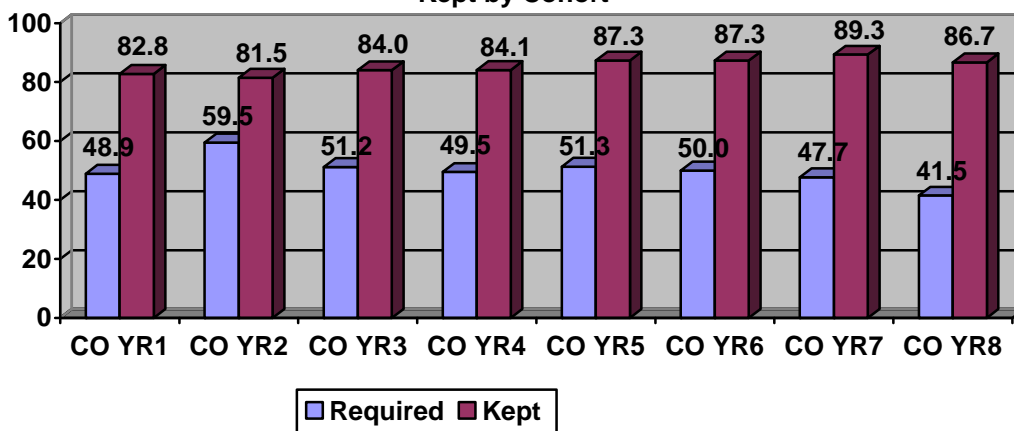
Figure 26. Mean Number of Absences and Percent of Excused Absences by Cohort



***p<.001

The average number of STARS contacts has decreased over the cohort years from high in Year Two (Mean=59.5) to a low in Year Eight (Mean=41.5) (see Figure 27), while the percent of contacts kept by the parents has increased (with the exception of Year Eight). A similar pattern holds for face to face contacts, which have comprised the bulk of STARS contacts with DDC participants.

Figure 27. Mean Number of Required Contacts and Percent of Contacts Kept by Cohort

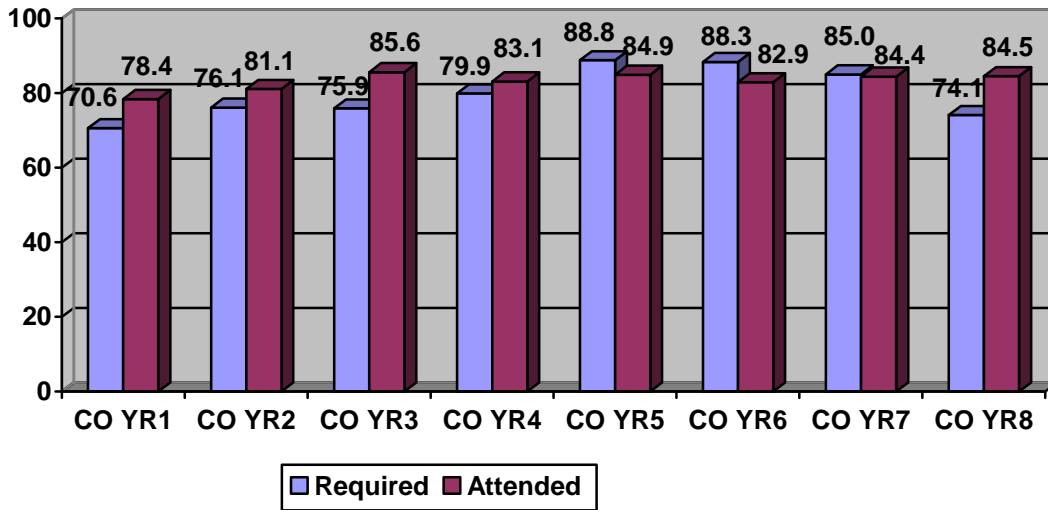


***p<.001

There has been a steady and significant climb in the number of 12-Step or other Support Group sessions being required of DDC participants over time (see Figure 28). In Year One, parents were required to attend an average of

70.6 group meetings, compared to parents in Year Five and Year Six, who were required to attend an average of 88 meetings during their time in the program. The average number of group sessions required has decreased in Year Eight (Mean=74.1).

Figure 28. Mean Number of Required Group Sessions and Percent Attended by Cohort



***p<.001

In summary, 25.5% of the parents were noncompliant in at least one area during their first month in the STARS program. The DDC parents averaged 4.5 noncompliances during their participation in the STARS program. The rates of noncompliance events decreased over time. There were cohort differences in the rates of noncompliance events, the required number of treatment sessions, absences, contacts and group sessions.

The Use of Jail as a Sanction

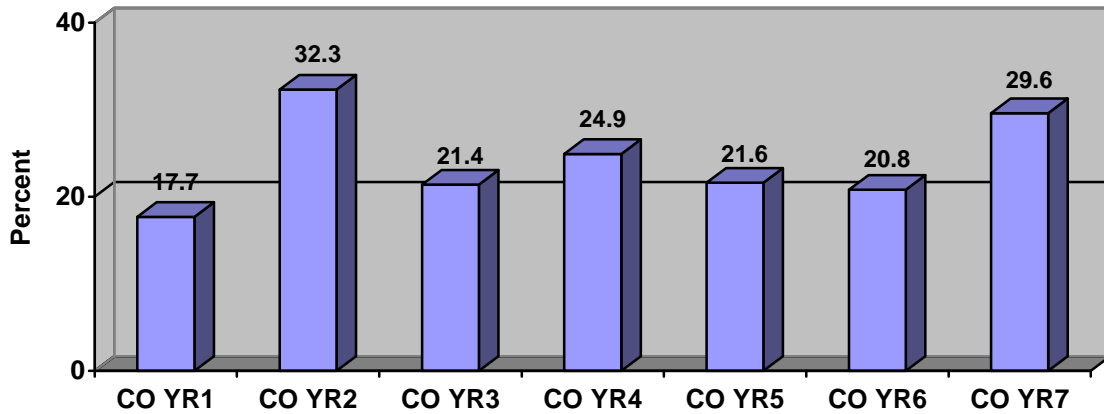
Until April 2009, the Sacramento County DDC utilized jail as a sanction and this report include data on this practice. From the onset of the DDC through March 30, 2009, parents in Level I or II could receive up to four days in jail as a sanction. Any parent who agreed to enter residential treatment could receive a "stay" on the jail time once they completed the residential treatment. If they failed to complete residential treatment, the parents will then were ordered serve the jail time.

On March 30, 2009, the Supreme Court of California ruled that "the juvenile court may not use its contempt power to incarcerate a parent solely for the failure to satisfy aspects of a voluntary reunification case plan" (In re Nolan W, March 30, 2009). As a result of this ruling, the Sacramento DDC

immediately ceased using jail as a sanction for noncompliance. The results presented below represent the parents who received jail as a sanction prior to the Supreme Court ruling. The data presented below is based on the twice monthly data set and a court orders data set.

Overall, 20.7% of the parents in DDC received jail as a sanction (see Figure 29). The Year Two (32.3%) and Year Seven (29.6%) cohorts were significantly more likely to have had jail as a sanction than the other cohorts. In addition, Year Four parents (24.9%) were significantly more likely to have received jail as a sanction than Year One parents (17.7%). Please note that the Year Eight cohort is not included here as the cohort is still participating in the STARS program and the discontinuation of jail as a sanction affects the second half of the Year Eight cohort.

Figure 29. Percent of DDC Parents Who Received Jail as a Sanction



Graduation from the Dependency Drug Court

To graduate from the Sacramento Dependency Drug Court, a parent must complete the following for 180 consecutive days:

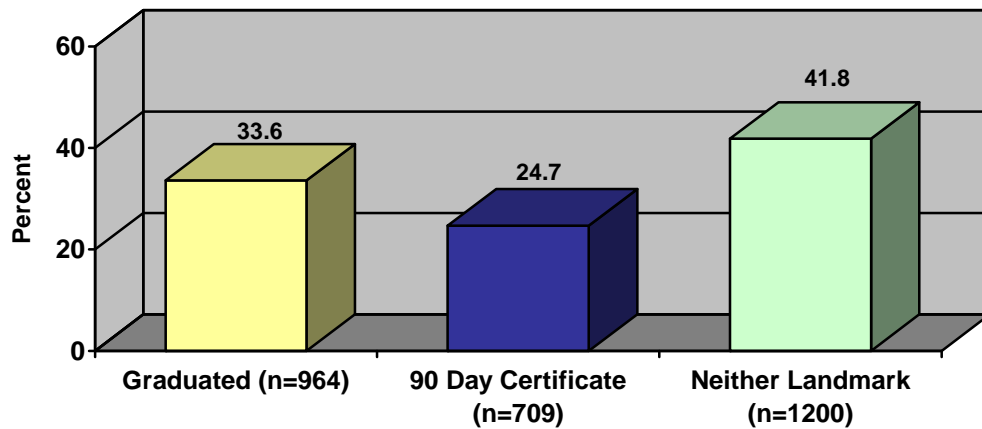
- Drug test negative 2-3 times weekly (random tests are employed);
- Attend all treatment groups or individual sessions required;
- Attend all scheduled meetings with their STARS Recovery Specialists;
- Attend three or more support group or 12-step meetings weekly;
- Attend all required DCC appearances; and,
- Complete all requirements of the Court.

It should be noted that there are DDC parents who completed 90 days of the DDC program but did not receive a certificate due to an incident of noncompliance. These parents were coded as reaching neither landmark. In

addition, there were parents who voluntarily completed the 180 days of the DDC program, some who obtained a 90 day certificate but did not graduate and some who did not earn a 90 day certificate.

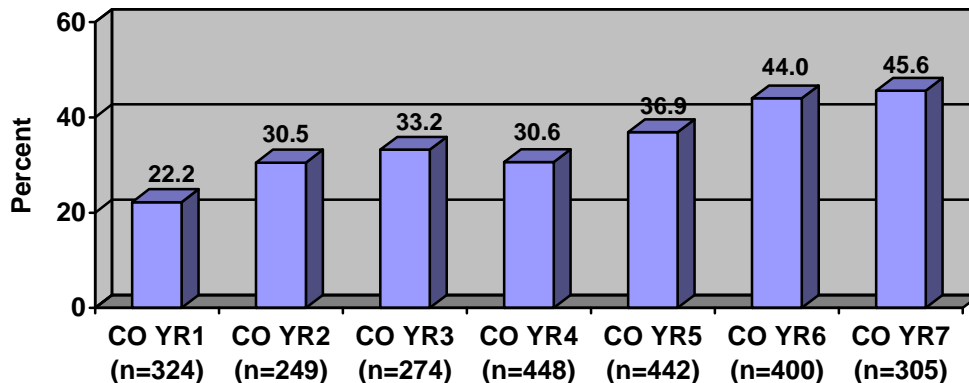
Out of the 2,873 parents that have taken part in the DDC to date, 33.6% have graduated from the DDC after 180 days of continuous compliance, 24.7% have received certificates for 90 days of continuous compliance, and 41.8% did not meet either landmark (see Figure 30). Thus, 58.2% of parents (n=1,673) had at least 90 days of continuous compliance.

Figure 30. Parental Graduation Status



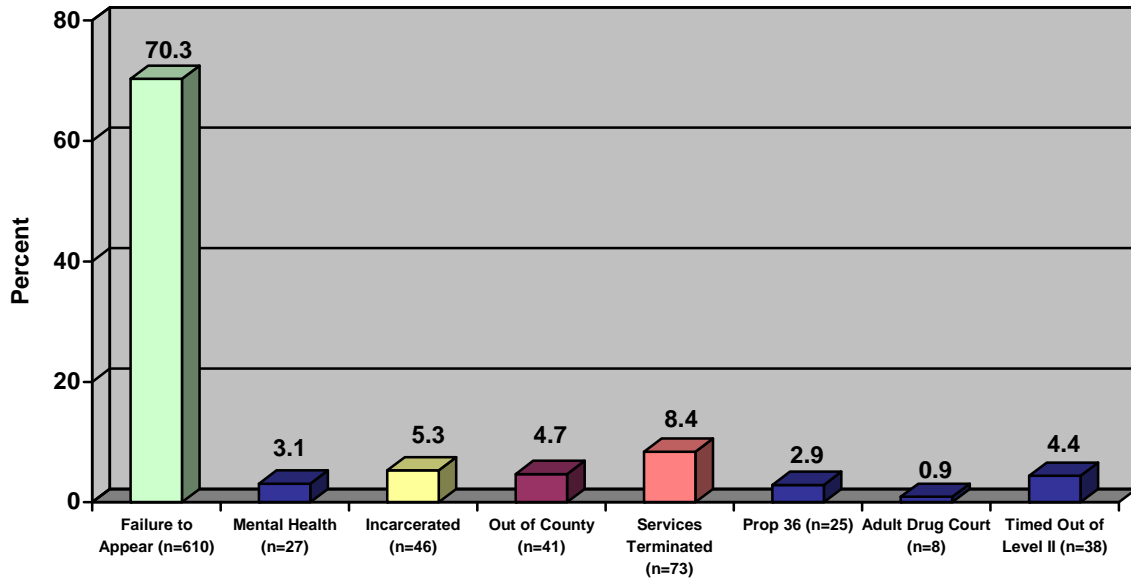
The graduation rates have increased by cohort. They were lowest in Year One at 22.2% (see Figure 31). The graduation rates for the Year Four cohort dropped slightly to 30.6%. However, the graduation rate for the Year Five cohort rose to 36.9% and reached 45.6% in Year Seven. Parents in Year Eight are still participating in the DDC and their graduation rates are not presented here.

Figure 31. Parental DDC Graduation Rates by Cohort



Over 70% of parents who did not complete the DDC were due to failing to appear. An additional 8.4% did not complete the DDC due to services being terminated, 5.3% due to incarceration, 4.7% due to being out of county, and 3.1% due to mental health issues. Figure 32 presents known reasons for why parents did not complete the DDC.

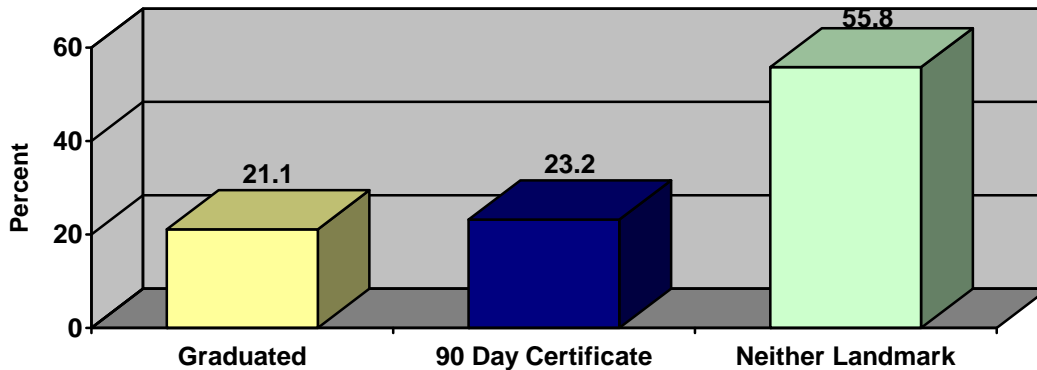
Figure 32. Reasons Why Parents Did Not Complete the DDC (n=868)



Impact of Jail as a Sanction on Graduation

Overall, 55.8% of parents who received jail as a sanction failed to reach 90 days compliance; 23.2% received a certificate for 90 days continuous compliance; and only 21.1% graduated from the DDC (see Figure 33). It should be noted that a parent can reattempt to graduate from the DDC. The number of days of compliance is reset to zero, however, following a noncompliant event.

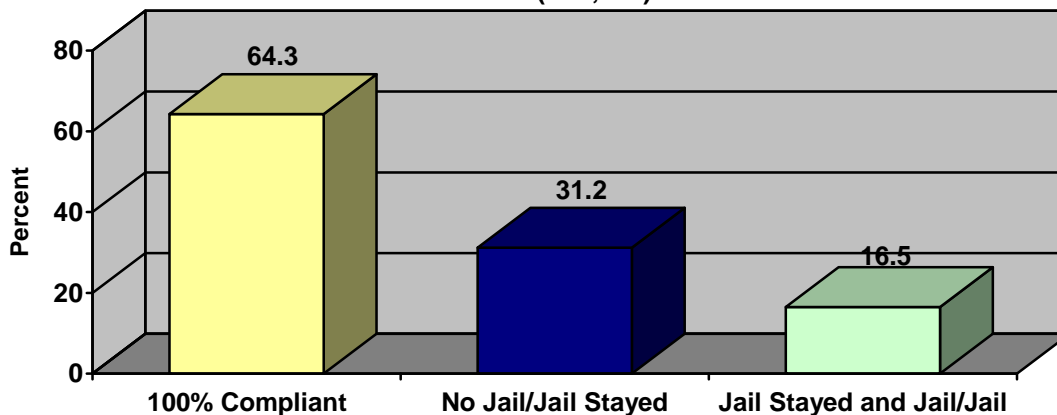
Figure 33. Impact of Jail Sanction on Graduation



We categorized the parents into three groups based on their compliance and jail status to examine the impact on graduation: 1) 100% compliant (n=426), 2) Noncompliant but never received jail as a sanction or received jail as a sanction but it was stayed (n=1,982), and 3) Noncompliant and served jail time or those who were noncompliant and served jail time but also had jail stayed (n=437).

Parents who were 100% compliant were significantly more likely to graduate (64.3%) from the DDC than parents who were noncompliant. This is in contrast to 31.2% percent of parents who were noncompliant and never received jail as a sanction or had jail stayed. Less than 17% of parents who served jail time or served jail and also had jail stayed went on to graduate from the DDC (see Figure 34).

Figure 34. DDC Graduation Rates by Compliance and Receipt of Jail Sanction (n=2,845)



In summary, 58.3% of parents reached at least 90 days compliance or graduated from the DDC. Graduation rates have continued to increase by

program year. The main reason for failing the DDC was due to failure to appear by the parent. Parents who received jail as a sanction were less likely to graduate from the DDC.

Child Protective Services Outcomes

Child placement outcomes were measured by collecting data on the last placement type of comparison at 12, 18, 24 (see Appendix A) and 36 months post project start. Children who reunified with a parent were located through a special report generated by the CPS Division. Data on alternate permanency placements were abstracted on a case-by-case basis from CWS/CMS.

12 Month Child Placement Outcomes

Data on child’s placements at 12 months is available for the comparison group and the first seven DDC cohorts (see Table 10 and Figure 35). These data are presented below. Data collection and analysis for the Year Eight cohort is ongoing. The DDC (40.2%) children were significantly more likely to reunified with their families than the comparison (19.1%) children. The percentage difference has increased from previous years.

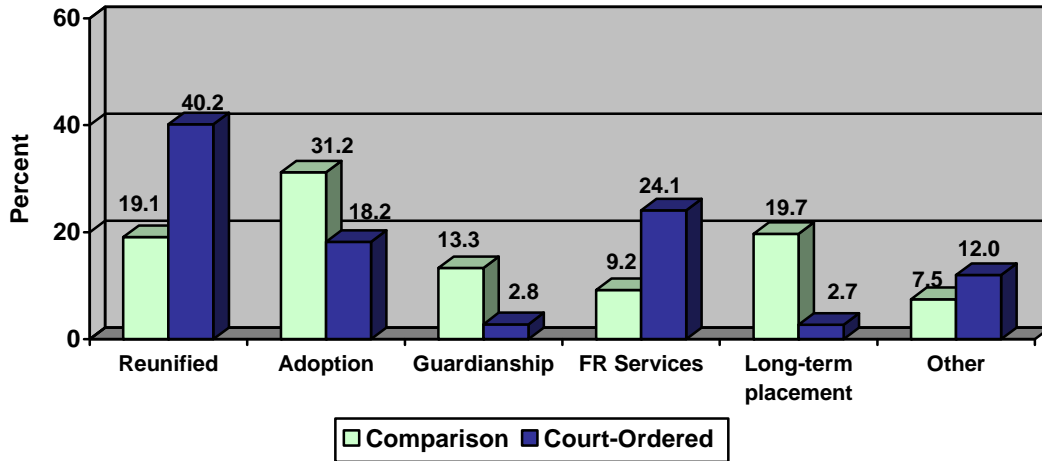
Table 10: 12 Month Child Placement Outcomes					
	Comparison*		DDC		Significance
Total	173		3911		P
	N	%	N	%	
Reunified	33	19.1	1571	40.2	p<.001
Adoption	54	31.2	712	18.2	p<.001
Guardianship	23	13.3	110	2.8	p<.001
Long term placement	34	19.7	107	2.7	p<.001
FR Services	16	9.2	941	24.1	p<.001
Continuous FR	15	93.8	838	89.1	
FR following re-entry or recidivism	1	6.2	103	10.9	
Other	13	7.5	470	12.0	p=.073

Note: “Other” includes emancipation, death of a child, case transferred out of county, unable to view case due to limited access.

The findings regarding the 12 month placements are consistent with previous years with comparison group children being more likely to be in adoption, guardianship, or long-term placement at 12 months than the court-ordered children. In contrast, the court-ordered children were significantly more likely to be reunified, in FR services, or in an “other placement” than the comparison children. The majority of children in FR services (89.1%) had been in continuous FR for the past 12 months and 9.8% were in FR following re-entry or recidivism. It is likely that children in

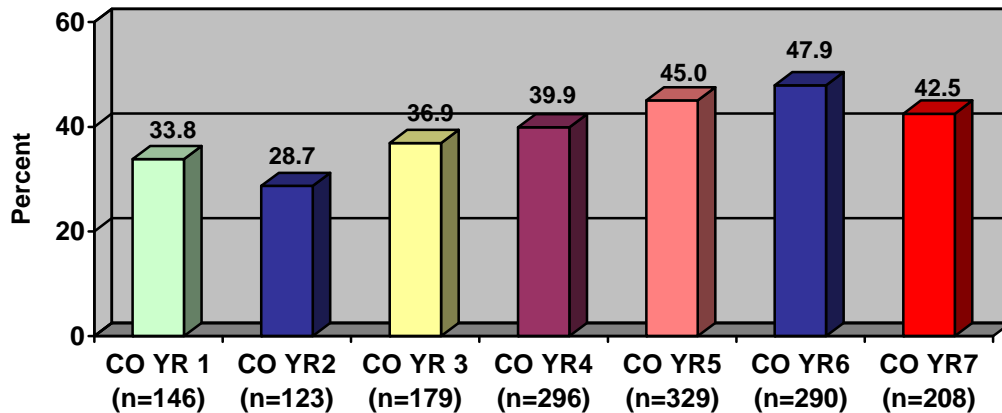
continuous FR include those whose parents who have not had their second status review hearing.

Figure 35. 12 Month Child Placement Outcomes



The 12 month reunification rates have steadily increased with each DDC cohort, with the exception of Year One. As depicted in Figure 36, the reunification rates have risen over time. With the reunification rates for each of DDC cohorts being: 33.8% in Year One, 28.7% in Year Two, 36.9% in Year Three, 39.9% in Year Four, 45.0% in Year Five, and 47.9% in Year Six.

Figure 36. 12 Month Reunification Rates by Cohort



12 Month Time to Reunification

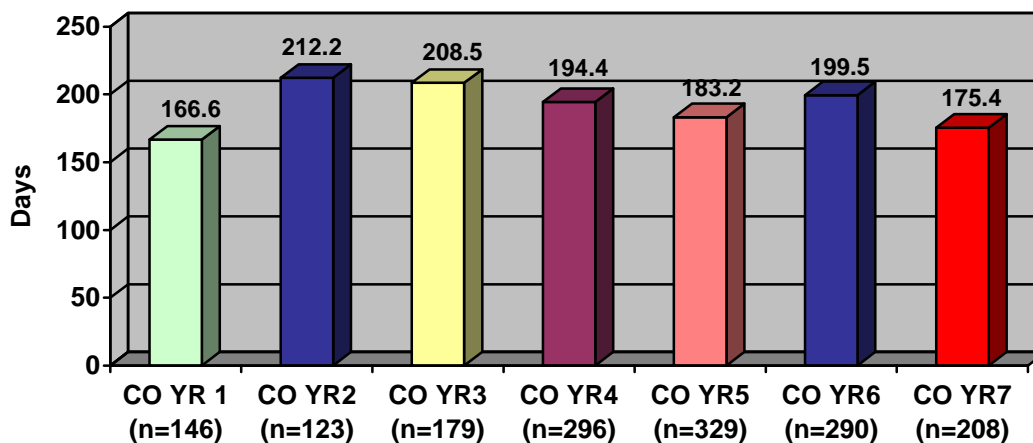
Among those who reunified within 12 months, the comparison group took longer to reunify with their families than the DDC children. This difference is not statistically significant. Among those who reunified, the average time to reunification was 204.8 days (or 6.8 months) for the comparison group and

190.9 days (or 6.4 months) for the court ordered participants. These data are shown in Table 11.

Table 11: Time to Reunification at 12 Months			
	Comparison	DDC	Significance
Number of children who reunified	33	1571	
Time to reunification (among those reunifying in 12 months)	204.8 Days	190.9 Days	.449

The times to reunification have varied over time (see Figure 37). The time to reunification was lowest for the Year One cohort (M=166.6 days) and highest for the Year Two (M=212.2 days) and Year Three (M=208.5) cohorts. The time to reunification fell slightly for the Year Four (M=194.4 days) and Year Five (M=183.2 days) cohorts. There was an increase in the 12 month time to reunification for Year Six (M=199.5 days) but a dramatic increase for the Year Seven cohort (M=175.4 days).

Figure 37. 12 Month Time to Reunification by Cohort



In September 2002, state law was clarified that individuals would still receive reunification services unless they had failed court-ordered treatment in the past. Prior to this change, parents who had failed prior treatment may have been excluded from reunification services unless they were able to show by clear and convincing evidence that it was in the minor's best interest to receive services. This change may account for the lack of differences in time to reunification.

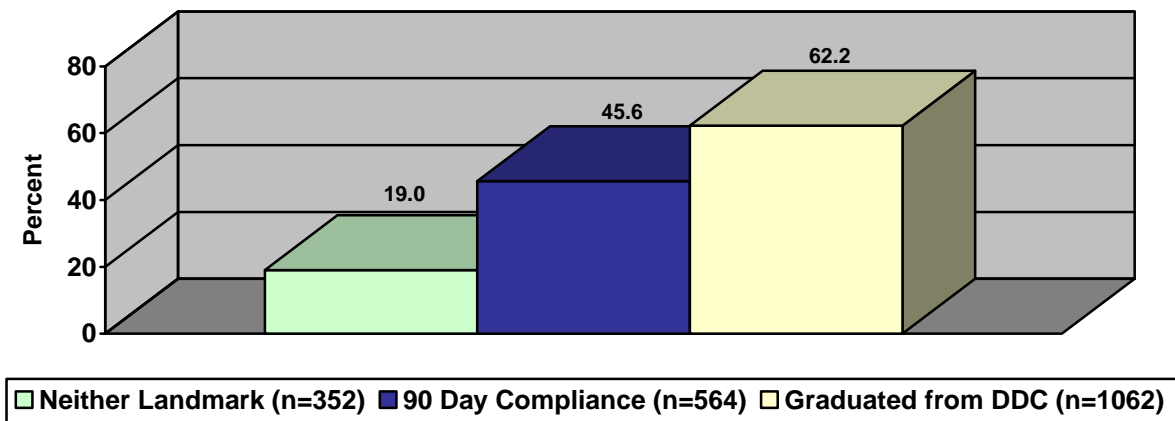
In summary, significantly fewer comparison children had reunified with their families at 12 months than court-ordered children. In addition, the 12 month reunification rates have steadily risen with each DDC cohort. In terms of placements, comparison group children were more likely to be in guardianship and long-term placement than the court-ordered group. There

was no difference in time to reunification at 12 months. The times to reunification were lowest for the Year One cohort and highest for the Year Two and Year Three cohorts.

Impact of Parental Graduation from the DDC on 12 Month Child Reunification Rates

Parents who graduated from the DDC after 180 days of continuous compliance were significantly more likely to have reunified with their children at 12 months than parents who only completed 90 days continuous compliance or those parents who did not reach either landmark (see Figure 38). For example, 62.2% of the children whose parents graduated from the DDC were reunified by 12 months. In contrast, 45.6% of the children whose parents received a 90 day certificate for continuous compliance had reunified by 12 months and only 19.0% of the children whose parents did not meet either landmark were reunified by 12 months.

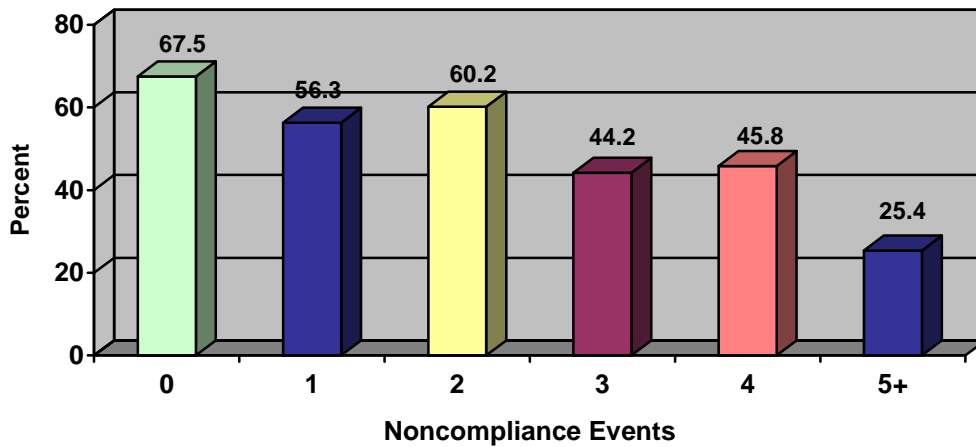
Figure 38. 12 Month Child Reunification Rates by Parental Graduation Status



Impact of Noncompliance on 12 Month Reunification Rates

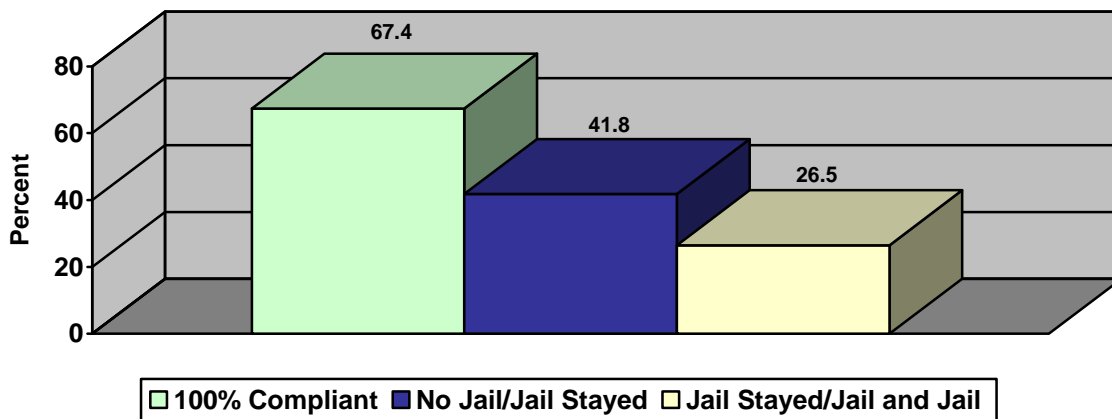
Similar to the findings with graduation status, as the number of sanctions parents received for noncompliance with DDC requirements increased, the lower the reunification rate was at 12 months. Parents who never received a noncompliance sanction had a 67.5% reunification rate with their children at 12 months. The 12 month reunification rate dropped to 56.3% for parents with one noncompliance, 60.2% for parents with two noncompliances, 44.2% for parents with three noncompliances, 45.8% for parents with four noncompliances and 25.4% for parents with five or more noncompliances (see Figure 39).

Figure 39. 12 Month Reunification Rates by Number of Noncompliance Events



Parents who were 100% compliant were significantly more likely to be living with their children at 12 months (67.4%) than: 1) Parents who were noncompliant but never received jail as a sanction or those who received jail as a sanction but it was stayed (41.8%) or 2) those who served jail time and those who served jail time and also had jail stayed (26.5%) (see Figure 40).

Figure 40. 12 Month Child Reunification Rates by Compliance and Receipt of Jail Sanction



Impact of Primary Drug of Parents on 12 Month Child Placement Outcomes

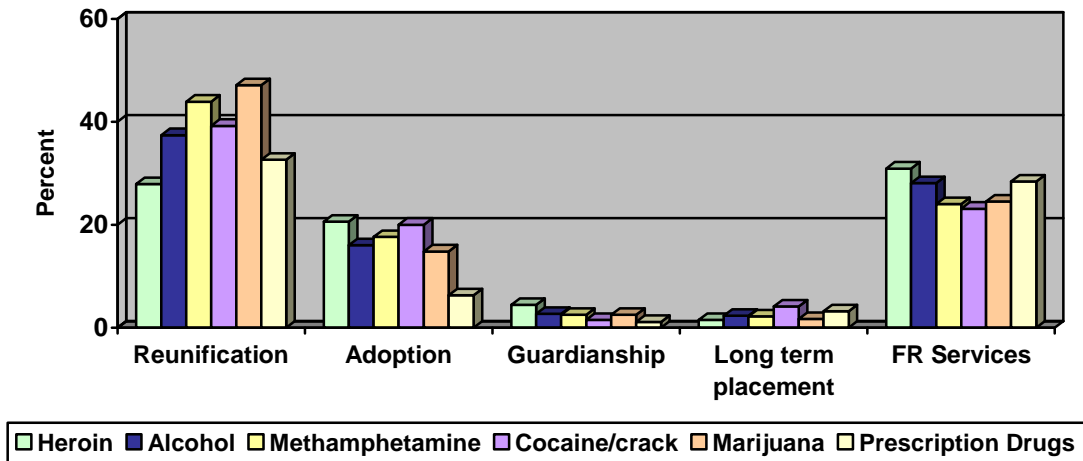
Parents with heroin as their primary drug problem had the lowest rates of reunification (27.9%) with their children at 12 months compared to all other parents (see Table 12 and Figure 41). Parents with heroin, alcohol or prescription drugs were significantly less likely to reunify with their children at 12 months compared to parents who reported methamphetamine or

marijuana as their primary drug problem. In addition, parents who reported marijuana as their primary drug problem were significantly more likely to have reunified with their children at 12 months compared to users of cocaine/crack.

	Heroin (n=82)		Alcohol (n=661)		Meth (n=2025)		Cocaine/ Crack (n=390)		Marijuana (n=813)		Prescripti on Drugs (n=95)		Signifi cance
Table 12: Impact of Primary Drug on 12 Month Reunification Rates													
	N	%	N	%	N	%	N	%	N	%	N	%	p
Reunified	19	27.9	247	37.4	889	43.9	153	39.2	383	47.1	31	32.6	<.001
Adoption	14	20.6	106	16.0	357	17.6	78	20.0	120	14.8	6	9.6	.012
Long-term placement	1	1.5	15	2.3	45	2.2	16	4.1	14	1.7	3	3.2	.196
Guardianship	3	4.4	18	2.7	51	2.5	6	1.5	20	2.5	1	1.1	.626
FR Services	21	30.9	186	28.1	486	24.0	90	23.1	199	24.5	27	28.4	.200
Other	10	14.7	89	13.5	197	9.7	47	12.1	77	9.4	27	28.4	<.001

Parents with prescription drug problems were significantly less likely to have their children in adoptions at 12 months compared to all other parents. Parents with cocaine/crack as their primary drug problem were more likely to have their children in adoptions than parents using marijuana. No differences were noted in terms of primary drug problem and children being in long term placement, guardianship or FR services at 12 months.

Figure 41. 12 Month Child Placement Outcomes by Parent Primary Drug Problem



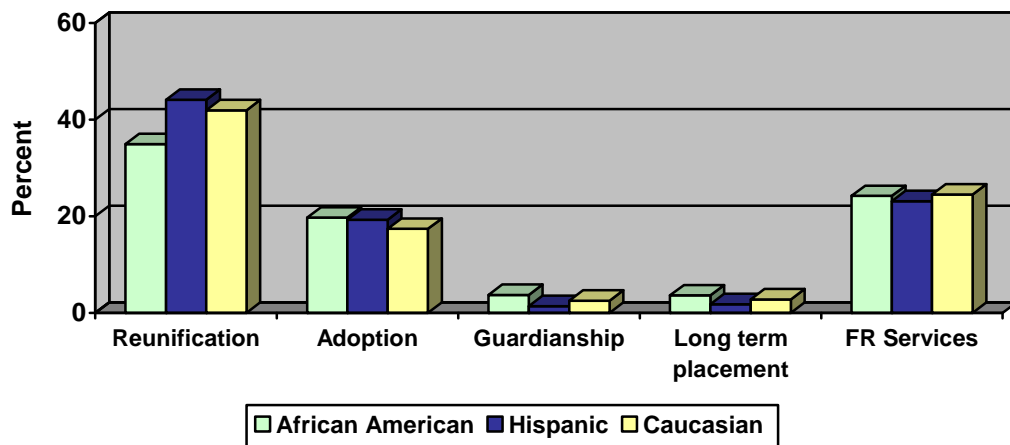
In summary, parents with heroin as their primary drug problem had the lowest rates of reunification with their children at 12 months. Parents with marijuana or methamphetamine as their primary drug problem had the highest reunification rates at 12 months.

The Relationship of the Child's Race/Ethnicity to 12 Month Child Placement Outcomes

We examined 12 month child placement rates by race/ethnicity of the child (see Table 13 and Figure 42). We limited the analyses to African American, Hispanic, and Caucasian children as they represent 95% of the entire sample. African American (34.9%) children were significantly less likely than Hispanic (44.1%) and Caucasian (41.9%) children to be reunified at 12 months. African American children were significantly more likely than Hispanic children to be in Guardianship or an "other" placement at 12 months. No differences were found in terms of adoptions, long-term placement or FR services.

	African American (n=1119)		Hispanic (n=798)		Caucasian (n=1792)		Significance
	N	%	N	%	N	%	P
Reunified	390	34.9	352	44.1	750	41.9	<.001
Adoption	221	19.7	154	19.3	311	17.4	.217
Guardianship	41	3.7	11	1.4	44	2.5	.007
Long-term placement	40	3.6	14	1.8	51	2.8	.060
FR Services	271	24.2	184	23.1	439	24.5	.727
Other	156	13.9	83	10.3	197	10.9	.023

Figure 42. 12 Month Child Placement Outcomes by Race/Ethnicity of the Child



In summary, African American children were significantly less likely to have reunified with their families at 12 months than Hispanic or Caucasian children. African American children were more likely to be in guardianship or an "other" placement.

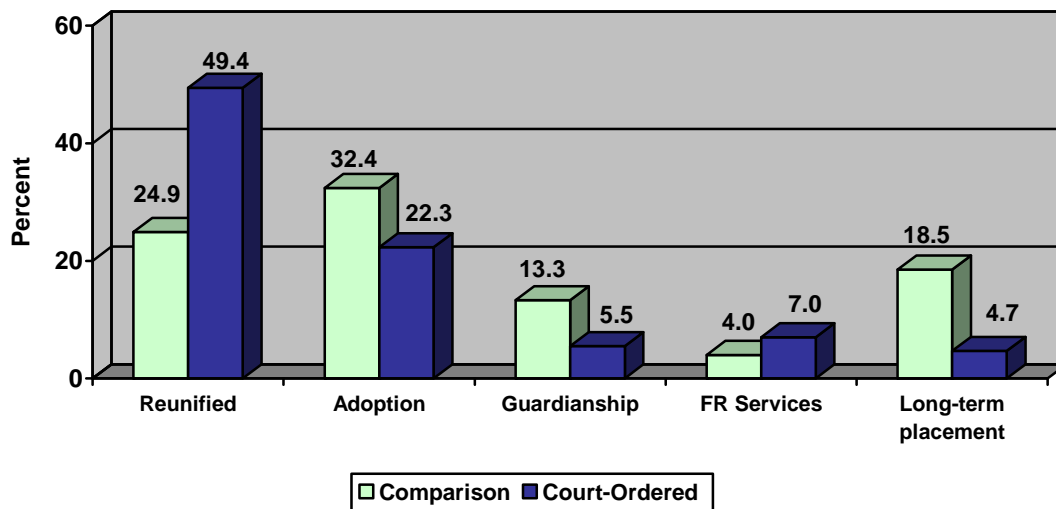
18 Month Child Placement Outcomes

To date, 18 month data is available for the comparison group and the first six court ordered cohorts. At 18 months, significantly fewer comparison (24.9%) children had reunified with their families than court-ordered children (49.4%). Comparison group children were more likely to be in adoption, guardianship, or long-term placement at 18 (see Table 14 and Figure 43). There were no differences in the percent of children in FR services at 18 months, with 57.1% being in continuous FR. At 18 months, an increasing percentage of children (42.9%) were in FR following re-entry or recidivism.

Table 14: 18 Month Child Placement Outcomes					
Total	Comparison 173		DDC 3422		Significance <i>P</i>
	N	%	N	%	
Reunified	43	24.9	1692	49.4	<.001
Adoption	56	32.4	764	22.3	.002
Guardianship	23	13.3	189	5.5	<.001
Long term placement	32	18.5	160	4.7	<.001
FR Services	7	4.0	240	7.0	.132
Continuous FR	6	85.7	137	57.1	
FR following re-entry or recidivism	1	14.3	103	42.9	
Other	12	6.9	377	11.1	.063

Note: "Other" includes emancipation, death of a child, case transferred out of county, unable to view case due to limited access.

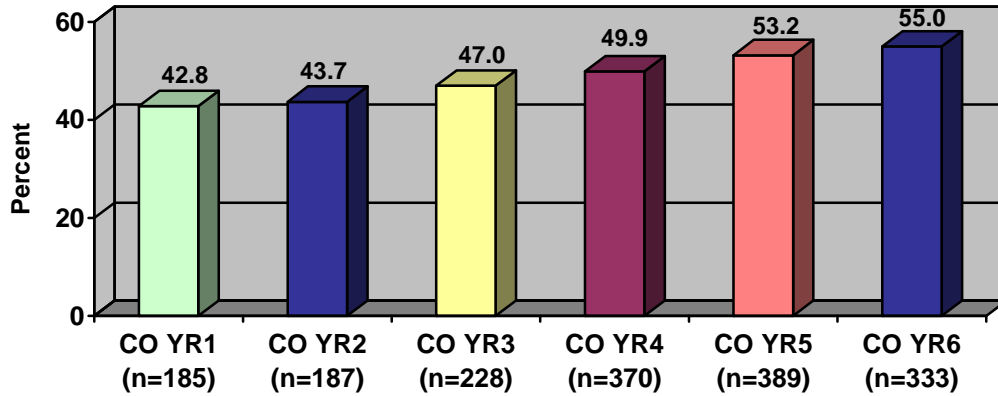
Figure 43. 18 Month Child Placement Outcomes



As was noted with the 12 month reunification rates, the 18 month reunification rates for the DDC cohort continue to increase over time. As depicted in Figure 44, the 18 month reunification rate for the Year One

cohort was 42.8%, 43.6% for Year Two, 47.0% for Year Three, 49.9% for the Year Four, 53.2% for Year Five, and 55.0% for the Year Six cohort.

Figure 44. 18 Month Reunification Rates by Cohort



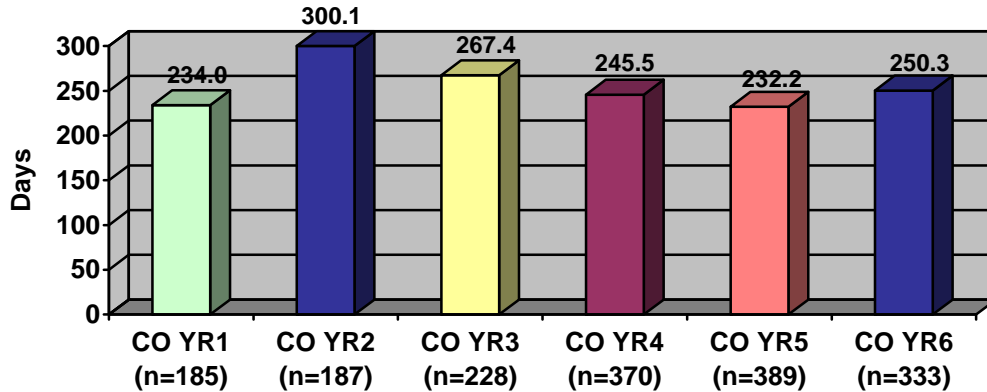
18 Month Time to Reunification

There was no difference between the groups in terms of time to reunification among those who reunified within 18 months. Among those who had reunified by 18 months, the average time to reunification was 8.4 months. As noted in previous reports, this result may be due to the effect in law changing who was allowed into the DDC. These data are shown in Table 15.

	Comparison	DDC	Significance
Number of children who reunified	43	1692	
Time to reunification (among those reunifying in 18 months)	266.1 Days	251.1	.490

The time to reunification among those who reunified within 18 months have been steadily declining since Year Two (see Figure 45). The Year One cohort had the shortest time to reunification (M=234.0 days). The time to reunification rose for the Year Two cohort (M=300.1 days), fell for cohorts Three through Five and then rose again for Year Six. The time to reunification for the Year Three cohort was 267.4 days; 245.5 days for Year Four; 232.2 days for Year Five; and 250.3 days for the Year Six cohort.

Figure 45. 18 Month Time to Reunification by Cohort

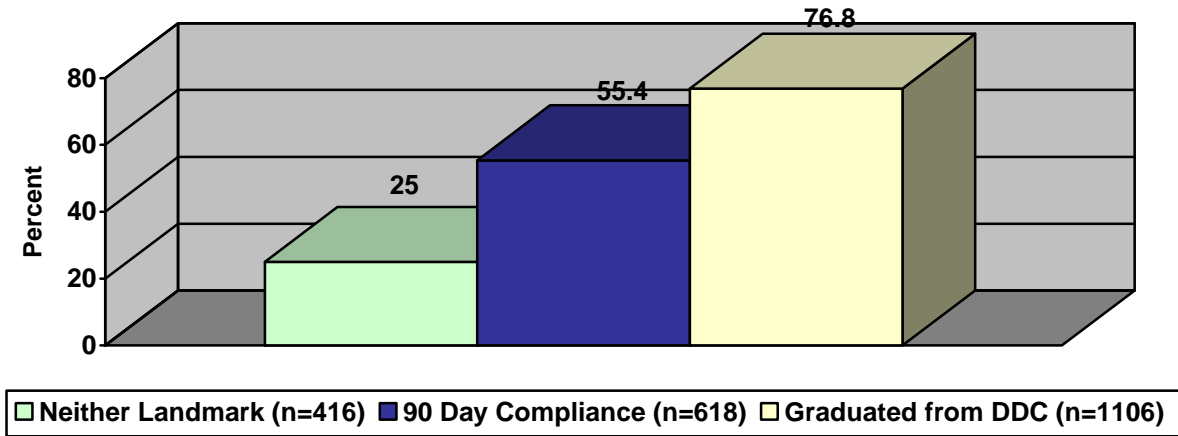


In summary, comparison children continued to have lower reunification rates than court-ordered children. The reunification rates for the DDC cohort continue to increase over time. Comparison group children continued to be more likely to be in adoption, guardianship, or long-term placement at 18 months compared to the court-ordered children. No differences were found in the time to reunification. The Year One cohort had the shortest time to reunification. The time to reunification rose slightly for the Year Six cohort.

Impact of Parental Graduation from the DDC on 18 Month Child Reunification Rates

Parents who graduated from the DDC after 180 days of continuous compliance continued to be significantly more likely to have reunified with their children at 18 months than parents who only completed 90 days continuous compliance or those parents who did not reach either landmark (see Figure 46). For example, 76.8% of the children whose parents graduated from the DDC were reunified by 18 months. In contrast, 55.4% of the children whose parents received a 90 day certificate for continuous compliance had reunified by 18 months and only 25.0% of the children whose parents did not meet either landmark were reunified by 18 months.

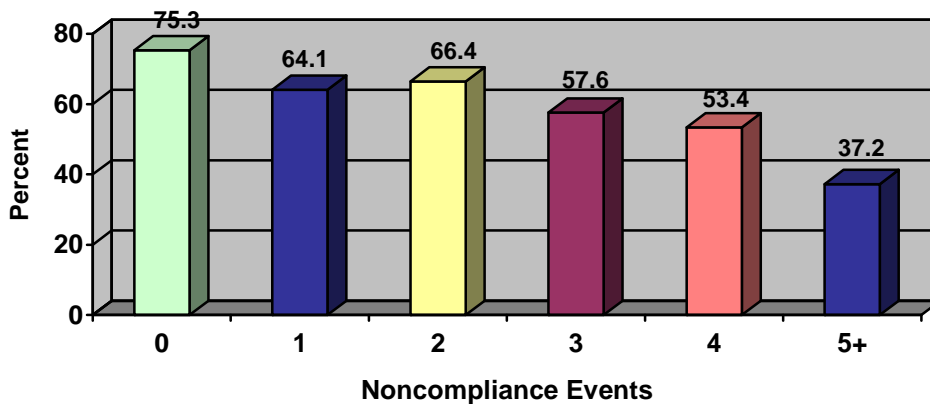
Figure 46. 18 Month Child Reunification Rates by Parental Graduation Status



Impact of Noncompliance on 18 Month Reunification Rates

Similar to the findings at 12 months, the reunification rates decreased as the number of parental noncompliance events increased. Parents who never received a noncompliance sanction had a 75.3% reunification rate with their children at 18 months. The 18 month reunification rate was 64.1% for parents with one noncompliance, 66.4% for parents with two noncompliances, 57.6% for parents with three noncompliances, 53.4% for parents with four noncompliances and 37.2% for parents with five or more noncompliances (see Figure 47).

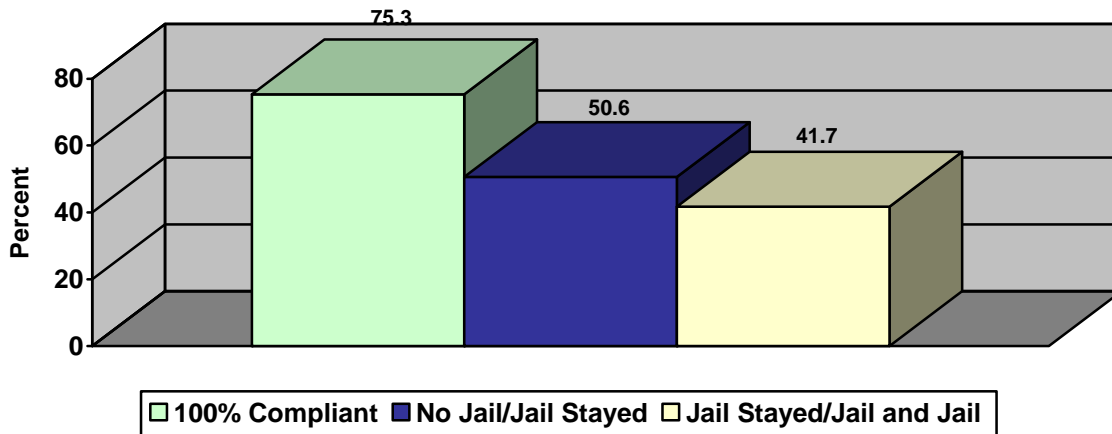
Figure 47. 18 Month Reunification Rates by Number of Noncompliance Events



Parents who were 100% compliant were significantly more likely to be living with their children at 12 months (75.3%) than: 1) Parents who were noncompliant but never received jail as a sanction or those who received jail

as sanction but it was stayed (50.6%) or 2) those who served jail time and those who served jail time and also had jail stayed (41.7%) (see Figure 48).

Figure 48. 18 Month Child Reunification Rates by Compliance and Receipt of Jail Sanction



Impact of Primary Drug of Parents on 18 Month Child Placement Outcomes

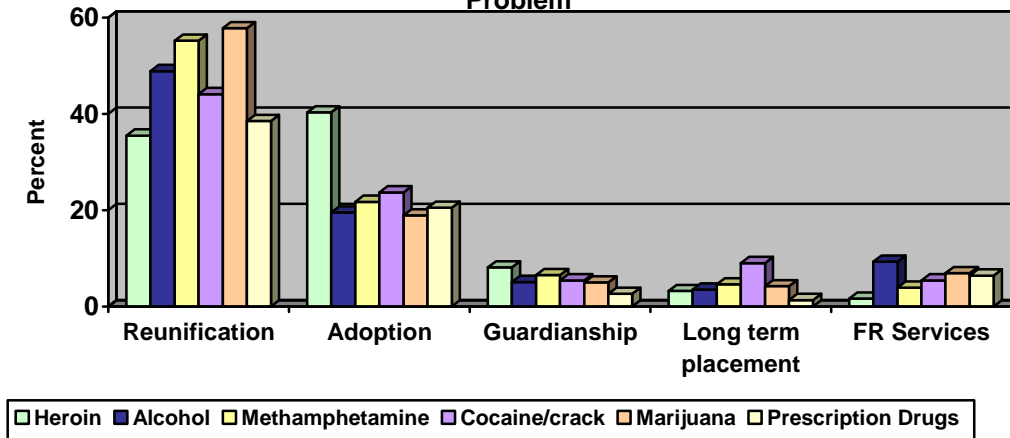
We examined 18 month child placement rates by primary drug type of the parent (see Table 16 and Figure 49). Parents with heroin (35.5%) and prescription drugs (38.5%) had the lowest rates of reunification with their children at 18 months. Heroin, alcohol, cocaine prescription drug users had significantly lower reunification rates at 18 months than users of methamphetamine or marijuana. Parents with methamphetamine and marijuana as their primary drug problem also had significantly higher reunification rates than children with cocaine/crack or prescription drugs as their primary drug problem.

	Heroin (n=62)		Alcohol (n=570)		Meth (n=1842)		Cocaine/ Crack (n=354)		Marijuana (n=663)		Prescripti on Drugs (n=78)		Signifi cance
Table 16: Impact of Primary Drug on 18 Month Reunification Rates													
	N	%	N	%	N	%	N	%	N	%	N	%	p
Reunified	22	35.5	279	48.9	1016	55.2	156	44.1	383	57.8	30	38.5	<.001
Adoption	25	40.3	111	19.5	399	21.7	84	23.7	125	18.9	16	20.5	.003
Long-term placement	2	3.2	20	3.5	71	3.9	32	9.0	28	4.2	5	6.4	.001
Guardianship	5	8.1	29	5.1	85	4.6	19	5.4	33	5.0	1	1.3	.538
FR Services	1	1.6	53	9.3	119	6.5	19	5.4	46	6.9	2	2.6	.034
Other	7	11.2	78	13.7	152	8.2	44	12.4	48	7.2	24	30.7	<.001

Parents who used heroin (40.3%) were significantly more likely to have children in adoptions than all other substance using. Parents with cocaine/crack (9.0%) as their primary drug problem were significantly more

likely to have their children in long-term placement than all other parents except prescription drug users. Parents who used alcohol (9.3%) were significantly more likely to have their children in FR services at 18 months than all parents except marijuana users. There was no impact of primary drug of parents in terms of children being or guardianship at 18 months.

Figure 49. 18 Month Child Placement Outcomes by Parent Primary Drug Problem



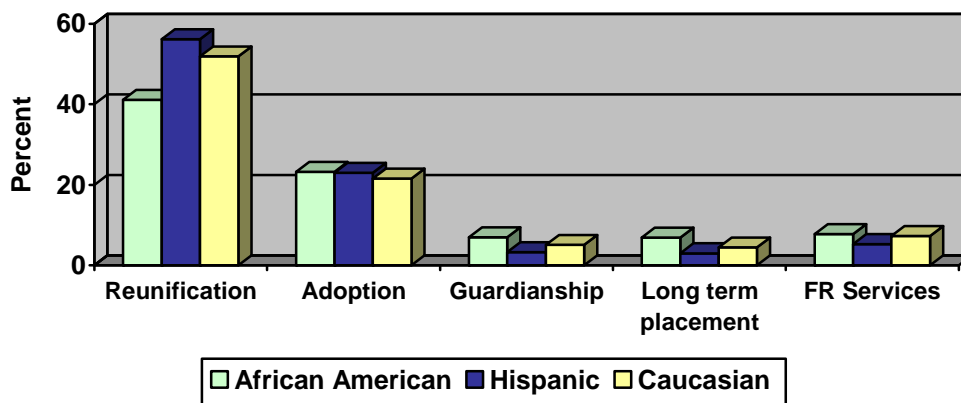
In summary, parents with prescription drugs and heroin as their primary drug problem had the lowest rates of reunification with their children at 18 months and parents with methamphetamine and marijuana as their primary drug problem had the highest reunification rates.

The Relationship of the Child’s Race/Ethnicity to 18 Month Child Placement Outcomes

We examined 18 month child placement rates by race/ethnicity of the child (see Table 17 and Figure 50). The analyses were limited to African American, Hispanic, and Caucasian children as they represent 95% of the entire sample. At 18 months, African American children (41.4%) continued to have significantly lower reunification rates than Hispanic (56.2%) and Caucasian (51.9%) children. In contrast, African American children were significantly more likely to be in guardianship than Hispanic children. In addition, African American children were more likely to be in long-term placement at 18 months than Hispanic or Caucasian children. There were no race/ethnic differences in terms of children being in adoptions or FR services at 18 months.

	African American (n=957)		Hispanic (n=697)		Caucasian (n=1594)		Significance
	N	%	N	%	N	%	P
Reunified	396	41.4	392	56.2	827	51.9	<.001
Adoption	222	23.2	160	23.0	345	21.6	.607
Guardianship	67	7.0	23	3.3	82	5.1	.004
Long-term placement	66	6.9	21	3.0	71	4.5	<.001
FR Services	75	7.8	37	5.3	117	7.3	.114
Other	113	14.5	57	9.8	127	9.6	.002

Figure 50. 18 Month Child Placement Outcomes by Race/Ethnicity of the Child



In summary, African American children continued to be less likely to have reunified with their families and were more likely to be in long-term placements at 18 months.

Please note that all 24 month outcomes are referenced in Appendix A.

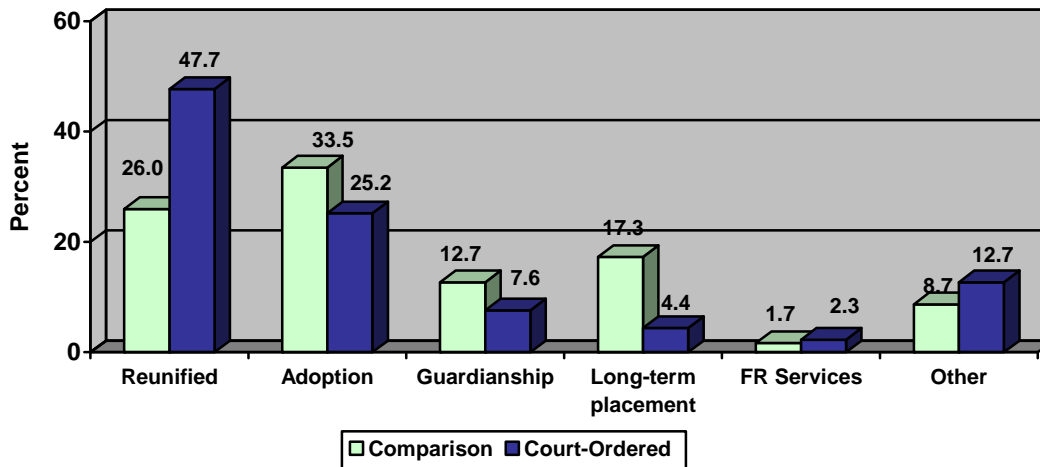
36 Month Child Placement Outcomes

Data on 36 month outcomes is available for the comparison and first five court-ordered cohorts. At 36 months after the child's project start date, significantly fewer comparison (26.0%) children had reunified with their families than court-ordered children (47.7%). Comparison group children continued to be more likely in adoptions, guardianship and long-term placement than DDC children (see Table 18 and Figure 51). All but one of the FR cases at 36 months was due to recidivism or re-entry.

Table 18: 36 Month Child Placement Outcomes					
Total	Comparison		DDC		Significance
	173		2817		P
	N	%	N	%	
Reunified	45	26.0	1344	47.7	p<.001
Adoption	58	33.5	711	25.2	.016
Guardianship	22	12.7	215	7.6	.016
Long term placement	30	17.3	123	4.4	p<.001
FR Services	3	1.7	65	2.3	.865
Continuous FR	0	0.0	1	1.5	
FR following re-entry or recidivism	3	100.0	64	98.5	
Other*	15	8.7	359	12.7	.116

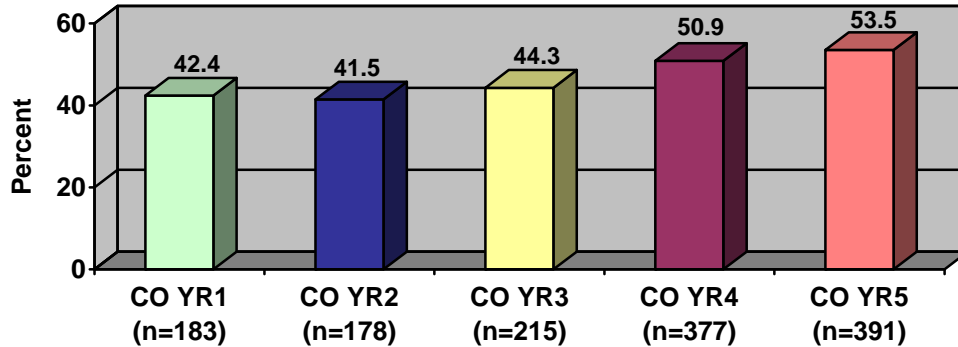
*Includes emancipation, death of child, moved out of county

Figure 51. 36 Month Child Placement Outcomes



The 36 month reunification rates increased in each cohort year (with the exception of Year Two). The 36 month reunification rate for the Year One cohort was 42.4%; 41.5% for Year Two; 44.3% for Year Three; 50.9% for Year Four; and 53.5% for Year Five (see Figure 52).

Figure 52. 36 Month Reunification Rates by Cohort



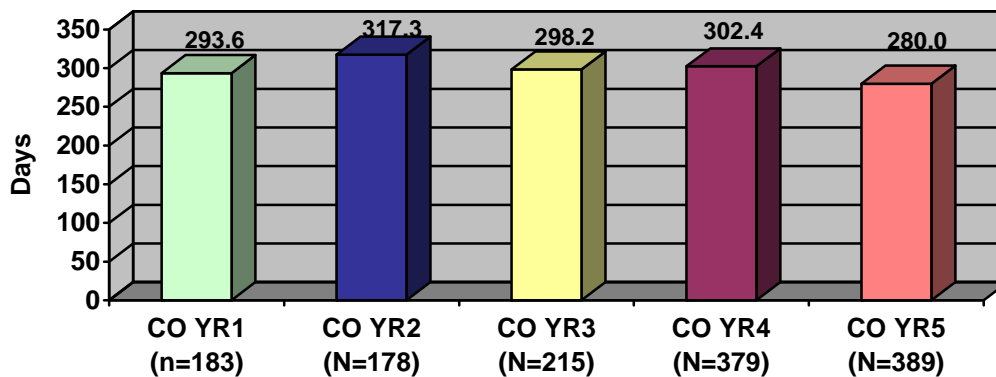
36 Month Time to Reunification

Similar to the findings at previous time periods, there was no statistical difference in time to reunification among those who had reunified by 36 months. Of the comparison children who reunified by 36 months, their average time to reunification was 312.0 days (10.4 months) and among the court ordered children it was 296.1 days (9.8 months). These data are shown in Table 19.

	Comparison	DDC	Significance
Number of children who reunified	45	1344	
Time to reunification (among those reunifying in 36 months)	312.0 Days	296.0 Days	.606

Across cohorts, the time to reunification among those who reunified within 36 months has varied somewhat. The Year Five cohort had the shortest time to reunification (M=280.0 days) (see Figure 53).

Figure 53. 36 Month Time to Reunification by Cohort

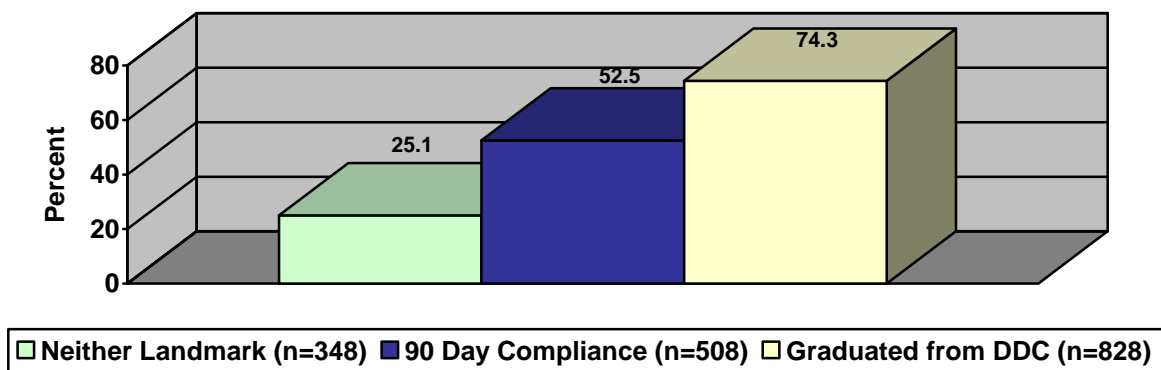


In summary, similar to previous time periods, comparison children continued to have lower reunification rates than court-ordered children. The 36 month reunification rates for the DDC cohorts have continued to increase.

Impact of Parental Graduation from the DDC on 36 Month Child Reunification Rates

Parents who graduated from the DDC after 180 days of continuous compliance continued to be significantly more likely to have reunified with their children at 36 months than parents who only completed 90 days continuous compliance or those parents who did not reach either landmark (see Figure 54). Seventy-four percent of the children whose parents graduated from the DDC were reunified by 36 months. In contrast, 52.5% of the children whose parents received a 90 day certificate for continuous compliance had reunified by 36 months and only 25.1% of the children whose parents did not meet either landmark were reunified by 36 months.

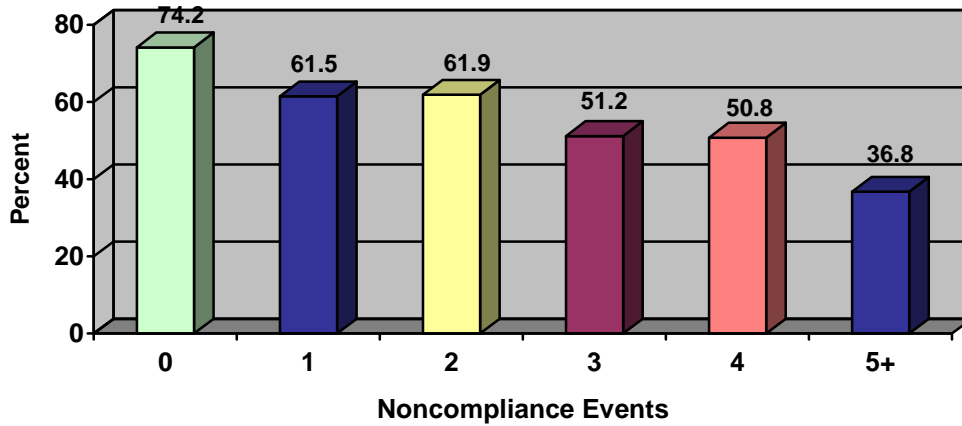
Figure 54. 36 Month Child Reunification Rates by Parental Graduation Status



Impact of Noncompliance on 36 Month Reunification Rates

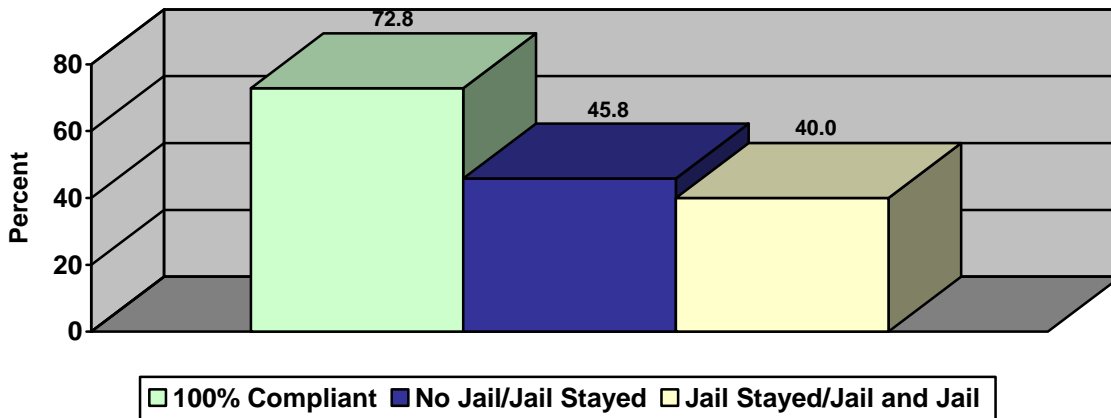
The reunification rates continued to be lower for parents with more noncompliance events. Parents who never received a noncompliance sanction had a 74.2% reunification rate with their children at 36 months. The 36 month reunification rate was 61.5% for parents with one noncompliance, 61.9% for parents with two noncompliances, 51.2% for parents with three noncompliances, 50.9% for parents with four noncompliances and 36.8% for parents with five or more noncompliances (see Figure 55).

Figure 55. 36 Month Reunification Rates by Number of Noncompliance Events



Parents who were 100% compliant were significantly more likely to be living with their children at 12 months (74.2%) than: 1) Parents who were noncompliant but never received jail as a sanction or those who received jail as a sanction but it was jail stayed (48.0%) or 2) those who served jail time or those who served jail time and also had jail stayed (40.5%) (see Figure 56).

Figure 56. 36 Month Child Reunification Rates by Compliance and Receipt of Jail Sanction



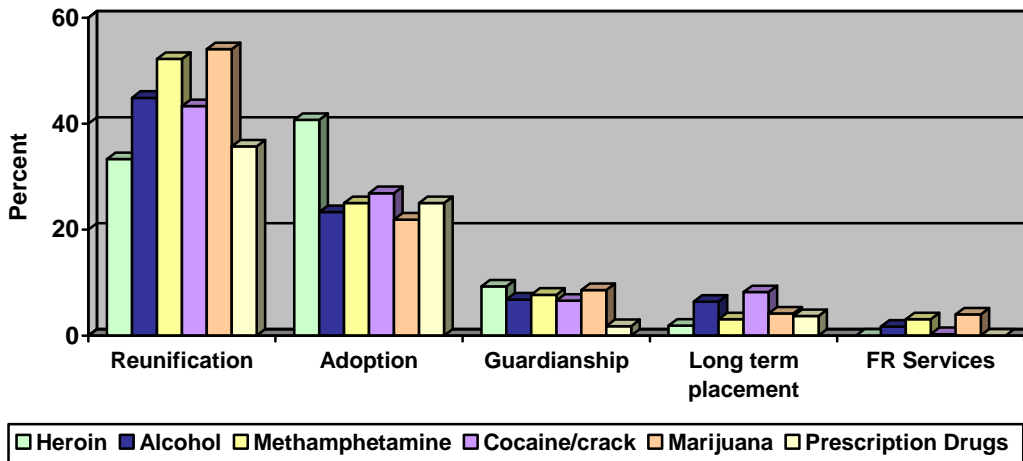
Impact of Primary Drug of Parents on 36 Month Child Placement Outcomes

Parents with heroin, alcohol, cocaine/crack and prescription drugs as their primary drug problem were significantly less likely to reunify with their children at 36 months than children of methamphetamine and marijuana users (see Table 20 and Figure 57). Children of alcohol and cocaine/crack users were more likely to be in long-term placement at 36 months than

children of heroin, methamphetamine, and prescription drug users. Children of heroin, cocaine and prescription drug users were significantly less likely to be in FR services at 36 months than children of methamphetamine or marijuana users. There were no differences in rates of children being in adoptions or guardianship at 36 months by primary drug type of the parent.

	Heroin (n=54)		Alcohol (n=472)		Meth (n=1530)		Cocaine/ Crack (n=305)		Marijuana (n=521)		Prescripti on Drugs (n=56)		Signifi cance
Table 20: Impact of Primary Drug on 36 Month Reunification Rates													
	N	%	N	%	N	%	N	%	N	%	N	%	p
Reunified	18	33.3	212	44.9	799	52.2	132	43.3	282	54.1	20	35.7	<.001
Adoption	22	40.7	110	23.3	383	25.0	82	26.9	114	21.9	14	25.0	.050
Long-term placement	1	1.9	30	6.4	48	3.1	25	8.2	22	4.2	2	3.6	.001
Guardianship	5	9.3	32	6.8	118	7.7	20	6.6	45	8.6	1	1.8	.457
FR Services	0	0.0	8	1.7	48	3.1	1	0.3	21	4.0	0	0.0	.006
Other	8	14.8	80	16.9	134	8.8	45	14.7	37	7.2	19	33.9	<.001

Figure 57. 36 Month Child Placement Outcomes by Parent Primary Drug Problem



In summary, parents with methamphetamine and marijuana as their primary drug problem had the highest rates of reunification with their children at 36 months.

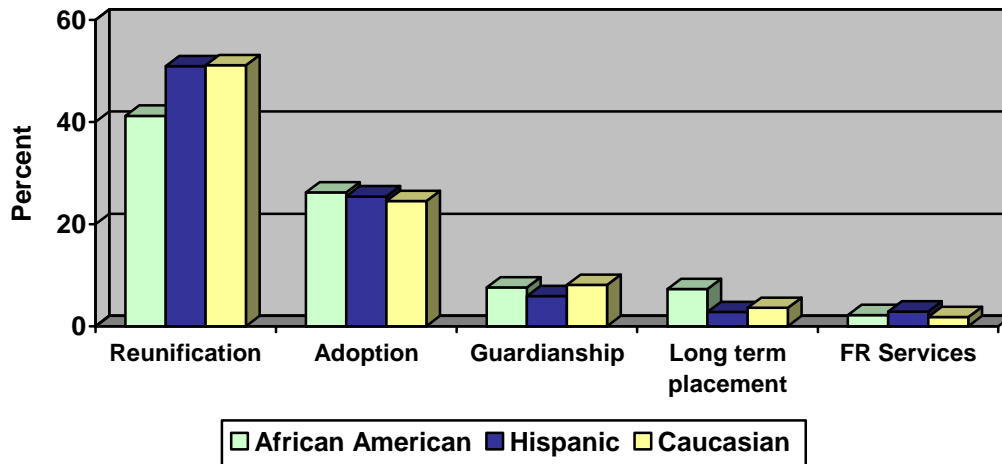
The Relationship of the Child's Race/Ethnicity to 36 Month Child Placement Outcomes

African American children were significantly less likely to have reunified at 36 months compared to Hispanic and Caucasian children (see Table 21 and Figure 58). African American children were more likely to be in long-term

placement at 36 months than Hispanic or Caucasian children. No differences were found in terms of adoptions, guardianship or FR services at 36 months by race/ethnicity.

	African American (n=779)		Hispanic (N=579)		Caucasian (n=1321)		Significance
	N	%	N	%	N	%	P
Reunified	321	41.2	295	50.9	675	51.1	<.001
Adoption	204	26.2	147	25.4	324	24.5	.694
Guardianship	59	7.6	34	5.9	107	8.1	.233
Long-term placement	57	7.3	16	2.8	48	3.6	<.001
FR Services	17	2.2	17	2.9	24	1.8	.304
Other	121	15.5	70	12.1	143	10.8	.030

Figure 58. 36 Month Child Placement Outcomes by Race/Ethnicity of the Child

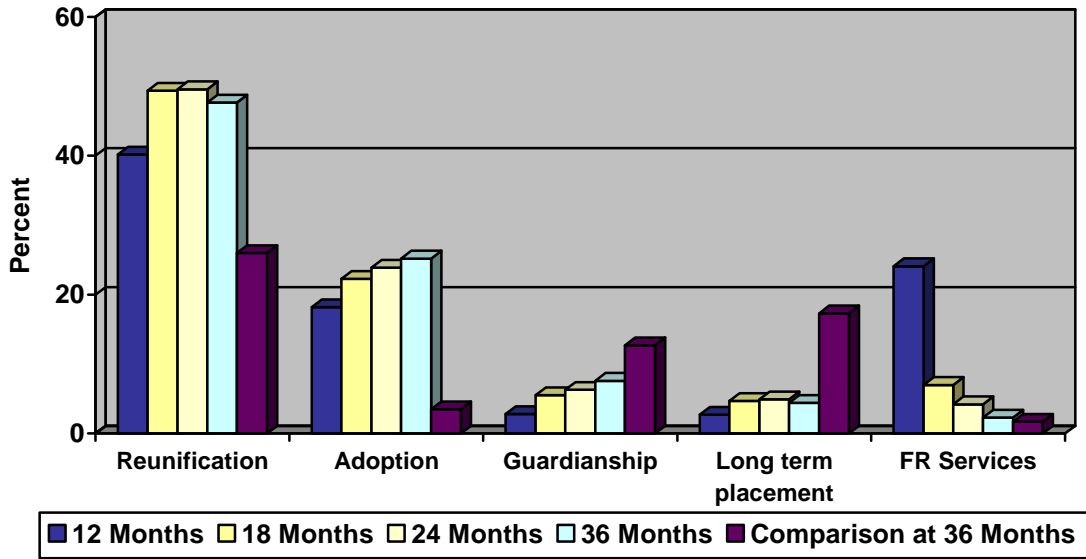


In summary, African American children were significantly less likely to have reunified and were more likely to be long-term placement at 36 months compared to Hispanic and Caucasian children.

Trends in Child Placement Outcomes

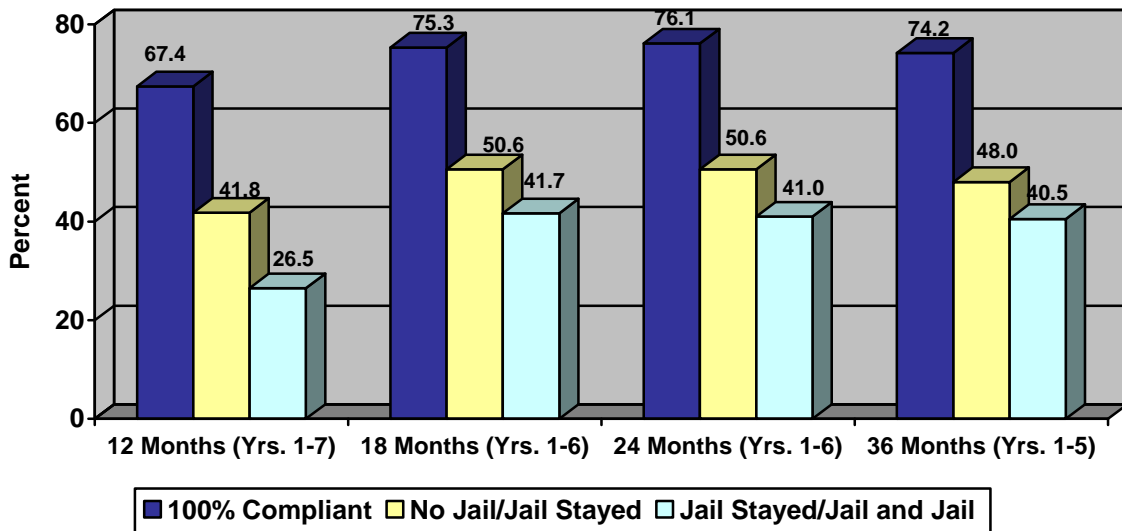
The reunification rates increased over time, peaking at 24 months then decreasing slightly at 36 months (see Figure 59). The reunification rate for the comparison group at 36 months was slightly lower than the DDC groups at all time periods. The rates of adoptions increased over time for the court ordered participants and were lowest for the comparison group. In contrast, the comparison group was significantly more likely to be in guardianship or long-term placement compared to the DDC participants. Rates of children being in FR decreased substantially over time.

Figure 59. Child Placement Outcomes Over Time



Parents who were 100% compliant were more likely to be living with their children at all time points (see Figure 60). Those who were noncompliant but never received jail as a sanction or had jail stayed were also more likely to be living with their children at the various time points than parents who either served their jail sentence or served their jail sentence and had a jail sentence stayed.

Figure 60. Children Living with Parent at Program Time Points by Compliance and Reipt of Jail Sanction



RE-ENTRY TO FOSTER CARE AND RECURRENCE OF MALTREATMENT

Re-entry and recurrence are calculated using the Federal definitions of re-entry to foster care following reunification and recurrence of maltreatment based on the Child and Family Service Review (CFSR) measures. Previous reports demonstrated the rates of re-entry and recurrence at 24 months post-project start date. As is noted below, the Federal definitions focus on a 12 month time frame. The following provides a comparison of the rates of re-entry to foster care and recurrence of maltreatment to the Federal, State, and Sacramento County Child CFSR measures.

Re-Entry to Foster Care Following Reunification

Re-entry following reunification is an indicator in CFSR Permanency Outcome 1 – Children Have Permanency and Stability in Their Living Situations. This indicator is computed as the percentage of children reentering foster care within 12 months of reunification. The denominator is the total number of children who exited foster care to reunification in a 12 month period; the numerator is the count of these reunified children who then reentered care within 365 days of the reunification discharge date. For the comparison and DDC participants, the 12 month period began at the project start date.

Based on the first round of the CFSR reviews, which occurred from 2001-2004, the rates of re-entry across States ranged from 1.6% to 29.8%. The median percent re-entering foster care following reunification was 15.0%. From October 1, 2001 to September 30, 2007, California's average re-entry to foster care rate was 12.1%. During the same time, Sacramento County averaged a 19.7% re-entry rate. The comparison group averaged a re-entry rate of 5.3% and the DDC group had a re-entry rate of 14.7% (see Figure 61). The higher re-entry rate for the DDC group relative to the comparison group may reflect the increased supervision experienced by the client.

Figure 61. Re-Entry to Foster Care Rates

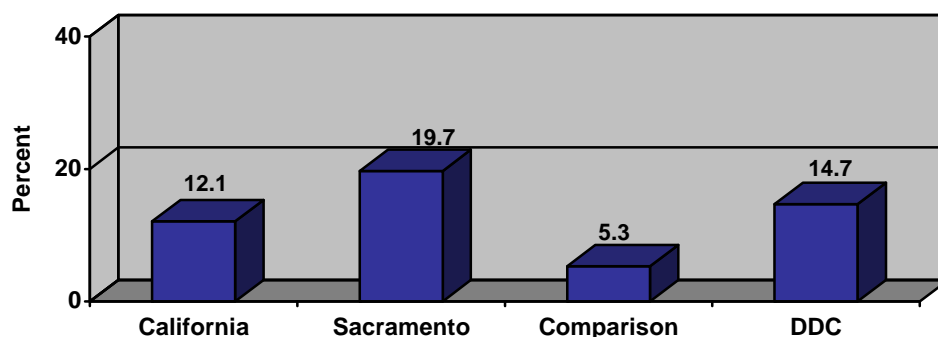
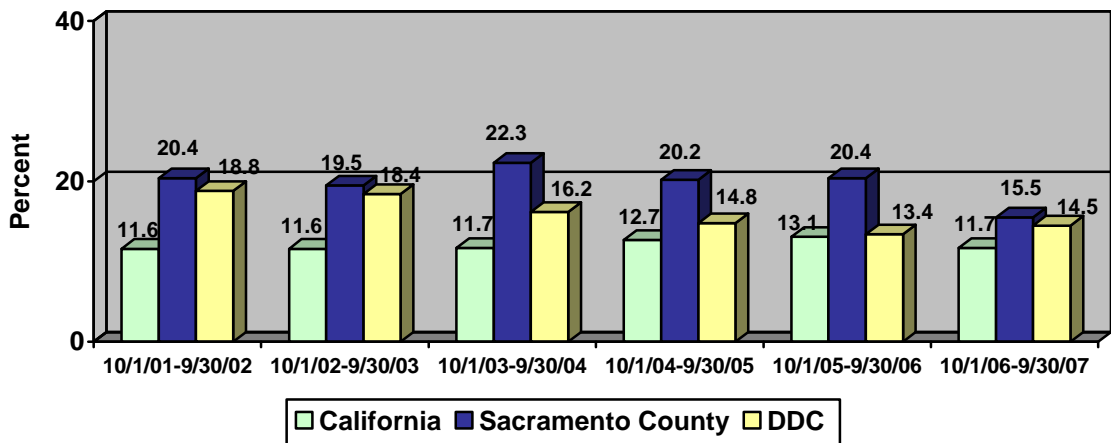


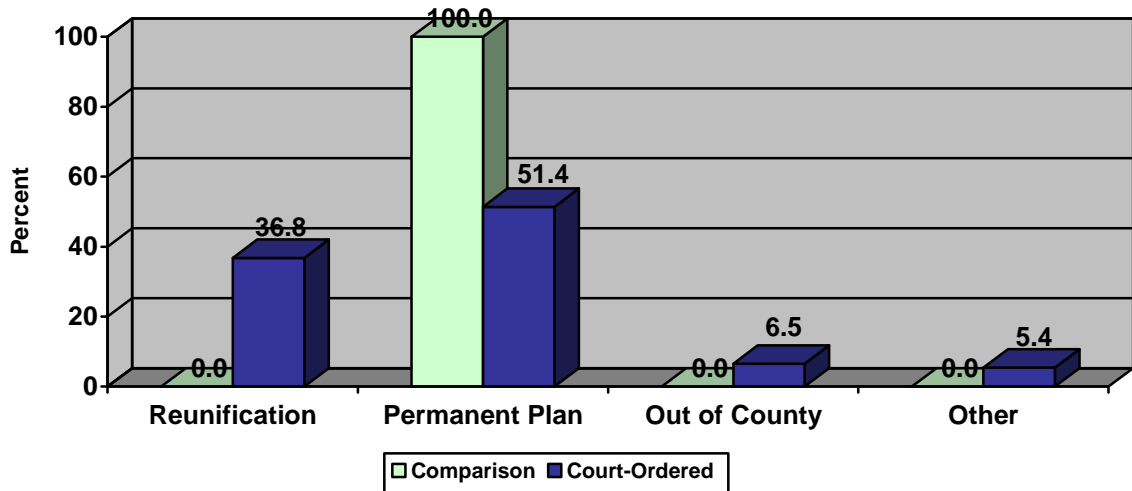
Figure 62 presents the State, County and DDC re-entry rates over time. The State re-entry rate has slightly increased each year beginning in October 2004 but fell beginning in October 2006. In contrast, the Sacramento County re-entry rate decreased during the same time period. Similarly, the rates of re-entry for the DDC cohorts have steadily decreased and decreased almost 5% through September 2007. It is important to note that State and County re-entry rate averages are not currently available for Year Seven cohort. However, the DDC Year Six re-entry rate is 10.4%.

Figure 62. Re-Entry Rates Over Time



We also examined the outcomes of the re-entry cases, including subsequent reunification, transition into a permanent plan of adoption, guardianship, long-term placement, or emancipation, or in a few cases where the case was transferred to a different county (see Figure 63). Of the two comparison children (representing two families) who re-entered care, 100% moved on to a permanent plan. The majority of DDC children had a permanent plan of adoptions/guardianship (51.4%) or was subsequently reunified with their parents (36.8%). The remainder of children transferred to a different jurisdiction (6.5%) or had other statuses such as incarceration (5.4%).

Figure 63. Subsequent Re-Entry Placements

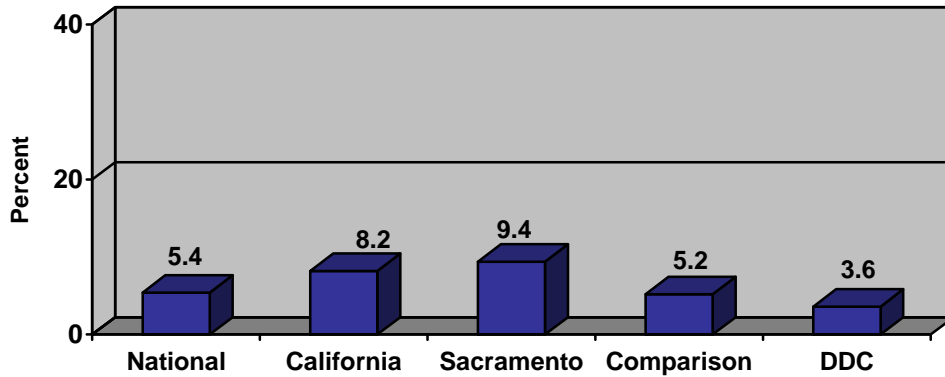


Recurrence of Maltreatment

Recurrence of maltreatment is an indicator of CFSR Safety Outcome 1 – Children Are, First and Foremost, Protected from Abuse and Neglect. This indicator is the percentage of children who were victims of a substantiated child maltreatment allegation within a six month period for whom there was no additional substantiated maltreatment allegation during the subsequent six months. The denominator is the total number of children with a substantiated allegation during the six month period; the numerator is the count of these children who had no other substantiated allegation in the six months following their substantiated allegation. For the comparison and DDC participants, the six month period began at the project start date.

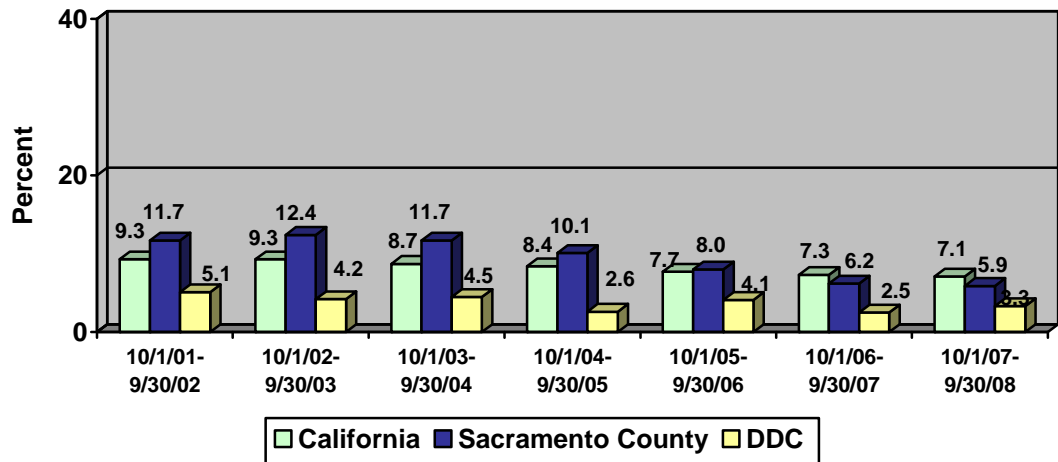
The National Standard for recurrence of maltreatment is 5.4% or less. Based on the CFSR reviews that occurred from 2001-2004, State recurrence rates ranged from 2% to 14%. From October 1, 2001 to September 30, 2008 (DDC Years One to Seven), California averaged a recurrence of maltreatment rate of 8.2%. During the same time, the recurrence rate in Sacramento County was 9.4%. The overall recurrence of maltreatment rate for the comparison group was 5.2% and for the DDC group was 3.6% (see Figure 64) within six months of the project start date.

Figure 64. Rates of Recurrence of Maltreatment



The California and Sacramento County recurrence of maltreatment rates have decreased over time. The recurrence rates among the DDC cohorts have varied somewhat across cohort years. Figure 65 shows the California, Sacramento County and DDC recurrence rates by program year.

Figure 65. Recurrence of Maltreatment Rates Over Time



In summary, the re-entry rates for the DDC cohorts have steadily decreased over time and are below the Sacramento County average. In addition, the recurrence of maltreatment rates for the DDC group significantly exceeds the National, California, and Sacramento County recurrence rates.

COST ESTIMATES

12 Month Estimates

Impacts of Costs Related to Increased Reunification Rates (see Table 22). Since its inception, it is estimated that the DDC has saved \$24,749,971 due to the higher 12 month reunification rate of court-ordered children relative to the comparison group. This is an average savings of over \$3.5 million per year. Cost estimates are available for the comparison group and first seven court-ordered cohorts (n=3,911).

The 12 month reunification rate for the comparison group was 19.1%. The 12 month reunification rate for the court-ordered group was 40.2%, which accounted for 1,571 children. If we assumed a reunification rate of only 19.1% for the court-ordered group, then 824 fewer children would have reunified. By deducting the time to reunification for the court-ordered group (6.36 months) from the average length of out-of-home care for the comparison group (22.8 months), we find a 16.44 month difference. The savings due to the estimated additional 824 children who reunified through the DDC program totals \$24,749,971 (824 children multiplied by 16.44 months multiplied by \$1,827.03 monthly out-of-home care costs).

Table 22: 12 Month Cost Savings Due to Increased Reunification Rates									
Number of children	Reunify rates	Children reunified	Assuming 19.1% reunification rate	Difference in children	Time to reunification	Time of out-of-home care	Time difference	Cost/month	Savings
Comparison Group									
173	19.1%	33				22.8 months			
Court-Ordered Group									
3911	40.2%	1571	$3911 * 19.1\% = 747$	$1571 - 747 = 824$	6.36 months		$22.8 - 6.36 = 16.44$ months	\$1827.03	$\$1,827.03 * 16.44 * 824 = \$24,749,971$

18 Month Estimates

Impacts of Costs Related to Increased Reunification Rates at 18 months (see Table 23). At 18 months, the DDC has saved \$33,602,071 due to increased court-ordered reunifications relative to the comparison group. This means that each of the first six court-ordered cohorts saved \$5.6 million per year due to increased reunifications through 18 months. Cost estimates are only available for the comparison group and first four court-ordered cohorts (n=3,422).

The 18 month reunification rate for the comparison group was 24.9%. The 18 month reunification rate for the court-ordered group was 49.4%, which accounted for 1,692 children. If we assumed a reunification rate of 24.9% for the court-ordered group, then 840 fewer children would have reunified. By deducting the time to reunification for the court-ordered group (8.37 months) from the average length of out-of-home care for the comparison group (30.9 months), we find a 22.53 month difference. The savings due to the estimated additional 840 children who reunified through the DDC program totals \$33,602,071 (840 children multiplied by 22.53 months multiplied by \$1,775.52 monthly out-of-home care costs).

Table 23: 18 Month Cost Savings Due to Increased Reunification Rates									
Number of children	Reunify rates	Children reunified	Assuming 24.9% reunification rate	Difference in children	Time to reunification	Time of out-of-home care	Time difference	Cost/month	Savings
Comparison Group									
173	24.9%	43				30.9 months			
Court-Ordered Group									
3422	49.4%	1692	$3422 * 24.9\% = 852$	$1692 - 852 = 840$	8.37 months		$30.9 - 8.37 = 22.53$ months	\$1775.52	$\$1775.52 * 840 = \$33,602,071$

24 Month Estimates

Impacts of Costs Related to Increased Reunification Rates at 24 months (see Table 24). Over the 24 month time period, the increased reunification rate of the DDC children led to a savings of \$33,790,979. Cost estimates are only available for the comparison group and first six court-ordered cohorts (n=3,422).

The 24 month reunification rate for the comparison group was 27.2%. The 24 month reunification rate for the court-ordered group was 49.6%, which accounted for 1,697 children. If we assumed a reunification rate of only 27.2% for the court-ordered group, then 766 fewer children would have reunified. By deducting the time to reunification for the court-ordered group (8.98 months) from the average length of out-of-home care for the comparison group (33.1 months), we find a 24.12 month difference. The savings due to the estimated additional 766 children who reunified through the DDC program totals \$33,790,979 (766 children multiplied by 24.12 months multiplied by \$1,828.92 monthly out-of-home care costs).

Table 24: 24 Month Cost Savings Due to Increased Reunification Rates									
Number of children	Reunify rates	Children reunified	Assuming 27.2% reunification rate	Difference in children	Time to reunification	Time of out-of-home care	Time difference	Cost/month	Savings
Comparison Group									
173	27.2%	47				33.1 months			
Court-Ordered Group									
3422	49.6%	1697	3422*27.2% =931	1697-931=766	8.98 months		33.1-8.98 =24.12 months	\$1828.92	\$1,828.92* 24.12*766 =\$33,790,979

Overall, the increased reunification rates for the court-ordered DDC group led to substantial foster care savings. These costs associated with the program in this analysis do not include other administrative costs such as court, social workers, attorneys, and clerical staff time. Nor does it account for potential Dependency Court cost.

The analyses presented here do not account for the costs of implementing the DDC, nor have we attempted to estimate the savings to society or the economic productivity that result from higher family reunification rates. Based on past, standard estimates of court and administrative costs, it is clear that the savings generated from reduced foster care costs alone are sufficient to justify the cost of the Dependency Drug Court to the county and the State.

SUMMARY AND RECOMMENDATIONS

There was a dramatic increase in the number of child abuse and neglect hotline calls between October 1, 2007 and September 30, 2009, the eighth year of the DDC program. Currently, DDC children represent 31.7% of the children who had child welfare petitions filed in Sacramento County.

The impact and importance of the DDC reflects the need to ensure that the maximum participation rate is achieved as shown by several consistent findings: 1) Graduation rates; 2) Placement outcomes; and, 3) Cost savings.

- 74.3% of children of parents who graduated from the DDC are living with their parents three years later.
- Half of the children of parents who were continuously compliant for 90 days with their recovery were living with their parents.
- DDC children have significantly higher reunification rates than the comparison group at 12, 18, 24 and 36 months after starting the DDC. The reunification rates had increased with each subsequent DDC

cohort with the exception of the latest cohort which saw a decrease in the 12 month reunification rate.

- The increased reunification rates for the DDC group led to substantial foster care savings.

Based on these findings and other findings in the report, several changes to the DDC are proposed.

Recommendations

- **There is a need to create a sample of DDC-eligible non-enrolled parents**

Due to the smaller size and dated experience of the current comparison group, the Steering Committee should direct the evaluation subcommittee to draw a sample of DDC-eligible but non-enrolled parents in the 2007-2008 cohort year for in-depth comparisons on the key child welfare- and treatment-related variables. This analysis should include a more in-depth understanding of the cost implications for the County of the DDC program effects.

- **Strategies for increasing the number of eligible families must be addressed**

The Year Eight DDC children represent only 31.7% of the children with petitions filed. Given the latest EIS statistics that 83.8% of the parents had alcohol or other drugs reported in the petition, the very small percentage of eligible families entering the DDC is concerning and warrants investigation and the implementation of program strategies to markedly increase the penetration rates. We would suggest that a workgroup be charged with determining the programmatic reasons for the low penetration rate and reporting back with recommendations for increasing the rate of DDC participation.

- **Strategies for increasing the graduation rates from the DDC should be developed**

The DDC Steering Committee should continue to examine ways to effectively increase the graduation and compliance rates of DDC participants as they have been shown to significantly affect parent reunification with children. Continuous process improvement methods such as those developed by the Network for the Improvement of Addiction Treatment (NIATx) and the Casey Family Foundation's Break Through Series should be explored for joint ADS, CPS and court improvements in engagement and retention strategies.

- **There is a need for monitoring of the DDC data to examine the trajectory of Year Seven parents over time**

The decrease in 12 month reunification rates for the Year Seven cohort is concerning. It will be important to monitor the placement outcomes of the children in this cohort to determine if the reduction in reunification rates continues. If so, it will be important to determine the cause for the reduction in reunification rates.

- **There is a need for continued monitoring of the DDC data to examine the effects of the Supreme Court Decision regarding the discontinuation of jail as a sanction**

The Steering Committee should continue to monitor DDC data to examine differences pre- and post-Supreme Court decision to determine longer-term effects on the program model and to determine if programmatic changes are needed. In addition, the Steering Committee should work with other interested parties across the State to share the County's experience, further define the implications of the Supreme Court decision, and determine the political will and feasibility to pursue legislative or court-related solutions to the impact of the Court's decision on the effectiveness of the Sacramento Model. In addition, the Steering Committee should continue to monitor the pre- and post-decision effects on court attendance, compliance and child permanency outcomes.

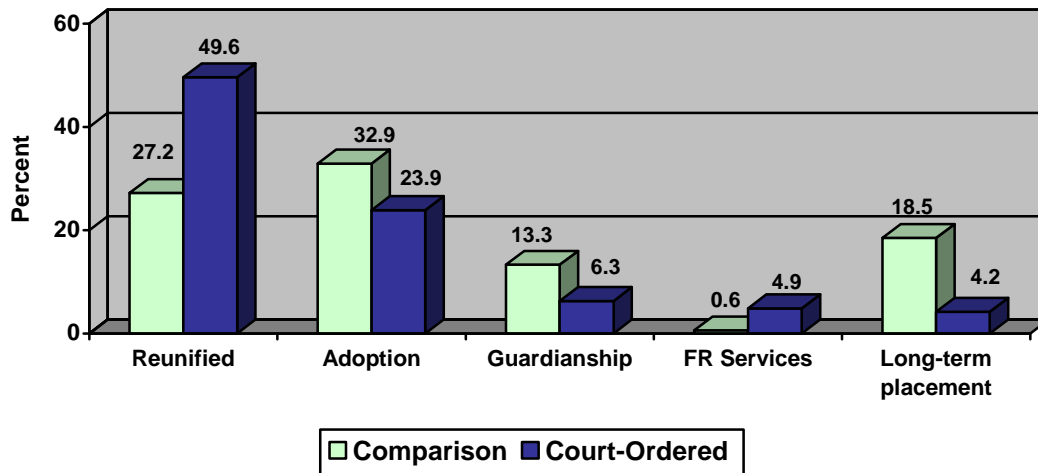
Appendix A:
24 MONTH PLACEMENT OUTCOMES

At 24 months, data is only available for first six DDC cohorts. At 24 months, significantly more DDC children (49.6%) had reunified with their families than comparison (27.2%) children. Similar to the previous findings, comparison group children were more likely to be in adoptions, guardianship, or long-term placement at 24 months. Comparison children were less likely to be in FR services than the court-ordered children at 24 months (see Table 25 and Figure 66). The rates of DDC children in FR services continued to decline at 24 months. Among those in FR at 24 months, 28.7% had been in continuous FR over the past 24 months and over two-thirds were in FR following re-entry or recidivism (71.3%).

Table 25: 24 Month Child Placement Outcomes					
Total	Comparison		DDC		Significance <i>P</i>
	N	%	N	%	
Reunified	47	27.2	1697	49.6	<.001
Adoption	57	32.9	819	23.9	.007
Guardianship	23	13.3	216	6.3	<.001
Long term placement	32	18.5	167	4.9	<.001
FR Services	1	0.6	143	4.2	.018
Continuous FR	1	100.0	41	28.7	
FR following re-entry or recidivism	0	0.0	102	71.3	
Other	13	7.5	380	11.1	.140

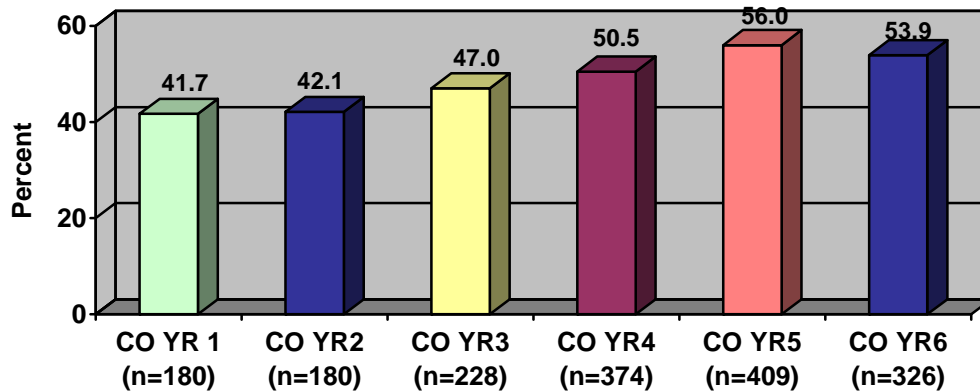
“Other” includes emancipation, death of a child, case transferred out of county, unable to view case due to limited access.

Figure 66. 24 Month Child Placement Outcomes



The 24 month reunification rates for the DDC cohorts have increased over time, with the exception of the Year Six cohort. The 24 month reunification rate (see Figure 67) for the Year One cohort was 41.7%, 42.1% for Year Two, 47.0% for Year Three, 50.5% for Year Four, 56.0% for Year Five and 53.9% for Year Six.

Figure 67. 24 Month Reunification Rates by Cohort



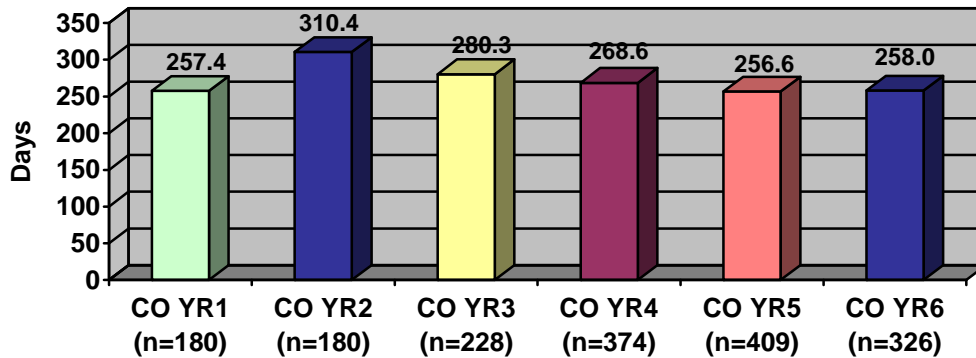
24 Month Time to Reunification

Similar to the finding at 18 months, there was no statistical difference in time to reunification among those who had reunified by 24 months. Of the comparison children who reunified by 24 months, their average time to reunification was 300.7 days (10.0 months) and the for the court ordered children who reunified by 24 months, their average to time to reunification was 269.5 days (9.0 months). These data are shown in Table 26.

	Comparison	DDC	Significance
Number of children who reunified	47	1697	
Time to reunification (among those reunifying in 24 months)	300.7 Days	269.5	.176

As shown in Figure 68, the time to reunification was highest for the Year Two cohort (M=310.4 days) and has steadily fallen, with the Year Five cohort having the shortest time to reunification (Mean=256.6 days). There was a slight increase in the time to reunification for the Year Six Cohort (Mean=258.0 days).

Figure 68. 24 Month Time to Reunification by Cohort

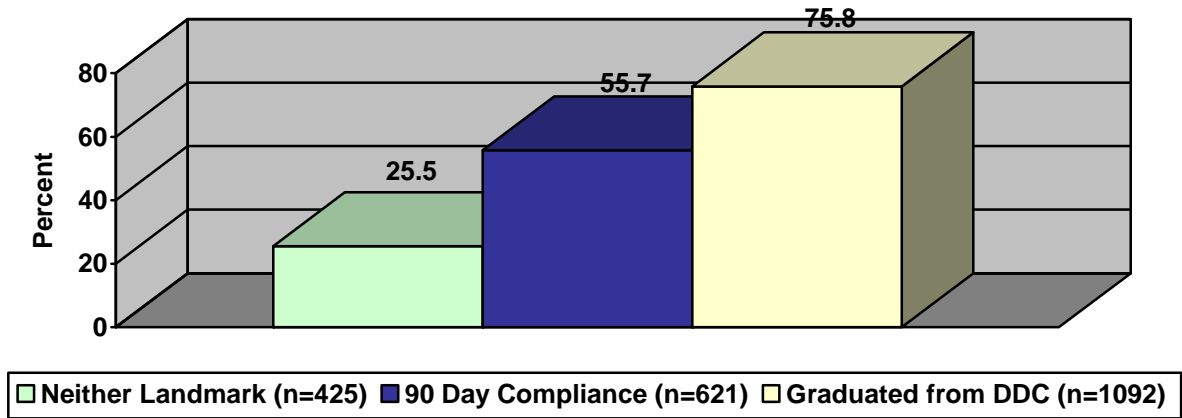


In summary, as was the case with the 18 months outcomes, comparison children continued to have lower reunification rates than court-ordered children at 24 months. The 24 month reunification rates for the DDC cohorts continue to increase over time. Comparison group children continued to be more likely to be in adoption, guardianship, or long-term placement at 24 months compared to the court-ordered. No differences were found in time to reunification. The Year Five cohort had the shortest time to reunification. A slight decrease was noted in the reunification rate and slight increase in the time to reunification for Year Six cohort.

Impact of Parental Graduation from the DDC on 24 Month Child Reunification Rates

Parents who graduated from the DDC after 180 days of continuous compliance continued to be significantly more likely to have reunified with their children at 24 months than parents who only completed 90 days continuous compliance or those parents who did not reach either landmark (see Figure 69). For example, 75.8% of the children whose parents graduated from the DDC were reunified by 24 months. In contrast, 55.7% of the children whose parents received a 90 day certificate for continuous compliance had reunified by 24 months and only 25.5% of the children whose parents did not meet either landmark were reunified by 24 months.

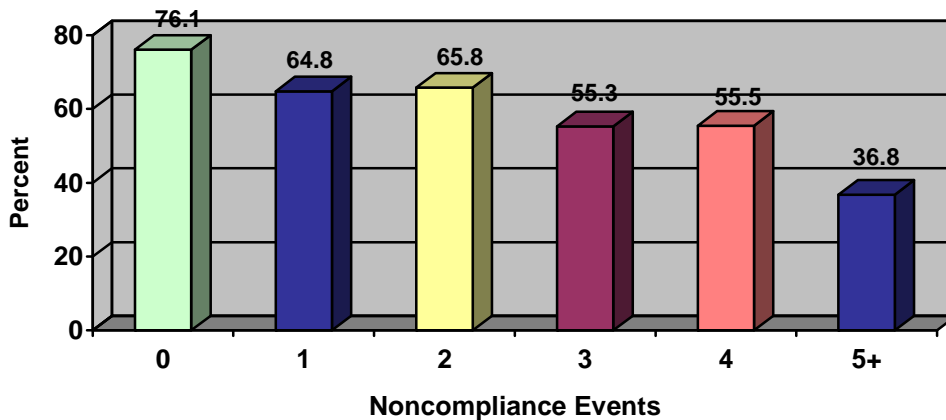
Figure 69. 24 Month Child Reunification Rates by Parental Graduation Status



Impact of Noncompliance on 24 Month Reunification Rates

At 24 months, the reunification rates were lower for parents with more noncompliance events. Parents who never received a noncompliance sanction had a 76.1% reunification rate with their children at 24 months. The 24 month reunification rate was 64.8% for parents with one noncompliance, 65.8% for parents with two noncompliances, 55.3% for parents with three noncompliances, 55.5% for parents with four noncompliances and 36.8% for parents with five or more noncompliances (see Figure 70). Interestingly, the 24 month reunification rates were lower for parents who had two or three noncompliance events than they were at 18 months.

Figure 70. 24 Month Reunification Rates by Number of Noncompliance Events

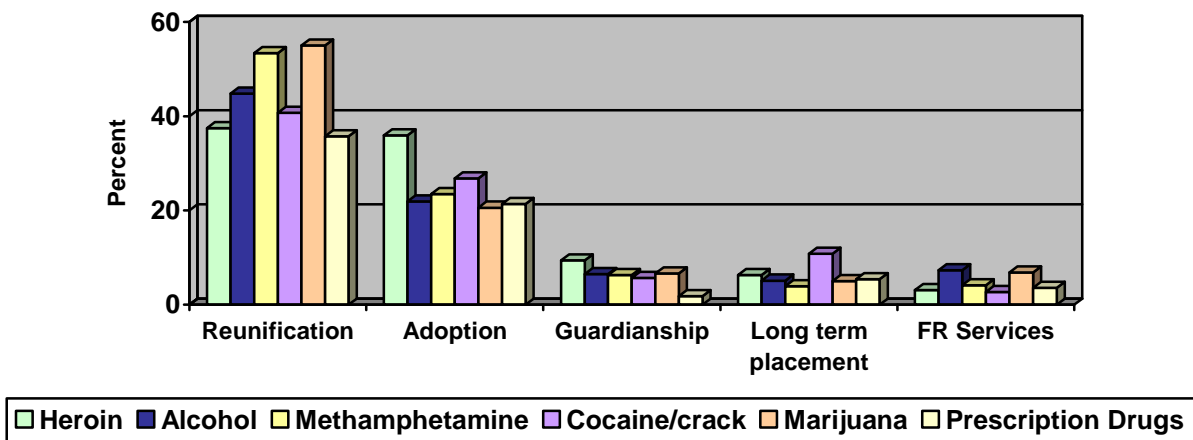


Impact of Primary Drug of Parents on 24 Month Child Placement Outcomes

We also examined 24 month child placement rates by primary drug type of the parent (see Table 27 and Figure 71). Parents with heroin, alcohol, cocaine/crack, and prescription drugs as their primary drug problem were significantly less likely to reunify with their children at 24 months than methamphetamine users and users of marijuana. In addition, children of heroin users were significantly more likely to be in adoptions at 24 months than users of all other substances except cocaine/crack. Children of cocaine/crack users were more likely to be in long-term placement at 24 months than children of alcohol, methamphetamine and marijuana users. Lastly, children of alcohol and marijuana users were significantly more likely to be in FR services at 24 months compared to users of all other substances. No parental primary drug differences were found among children in guardianship at 24 months.

	Heroin (n=62)		Alcohol (n=570)		Meth (n=1842)		Cocaine/ Crack (n=354)		Marijuana (n=663)		Prescripti on Drugs (n=78)		Signifi cance
Table 27: Impact of Primary Drug on 24 Month Reunification Rates													
	N	%	N	%	N	%	N	%	N	%	N	%	p
Reunified	20	32.3	268	47.0	1005	54.6	146	41.2	382	57.6	30	38.5	<.001
Adoption	23	37.1	125	21.9	423	23.0	91	25.7	137	20.7	14	17.9	.036
Long-term placement	3	4.8	27	4.7	67	3.6	34	9.6	33	5.0	5	6.4	<.001
Guardianship	6	9.7	34	6.0	107	5.8	19	5.4	34	5.1	4	5.1	.783
FR Services	2	3.2	38	6.7	68	3.7	13	3.7	39	5.9	2	2.6	.020
Other	8	12.9	78	13.7	172	9.3	51	14.4	38	5.7	23	29.5	<.001

Figure 71. 24 Month Child Placement Outcomes by Parent Primary Drug Problem



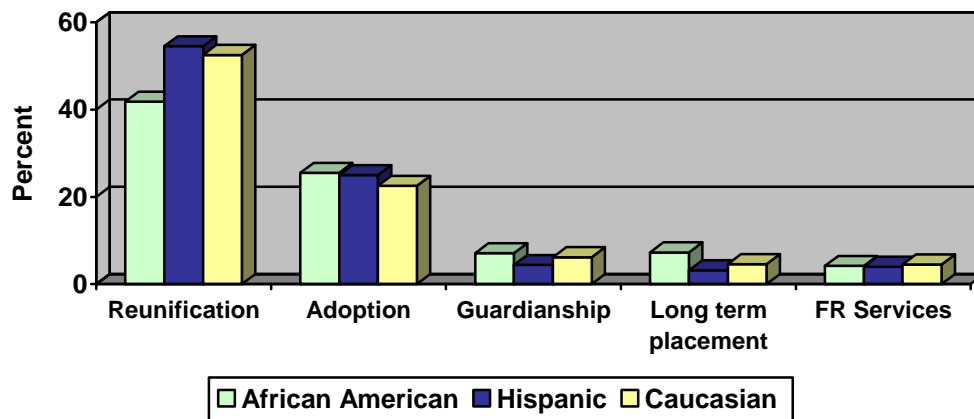
In summary, parents with marijuana and methamphetamine as their primary drug problem were significantly more likely to reunify with their children at 24 months than users of all other substances.

The Relationship of the Child's Race/Ethnicity to 24 Month Child Placement Outcomes

We examined 24 month child placement rates by race/ethnicity of the child (see Table 28 and Figure 72). African American children continued to have significantly lower reunification rates than Hispanic and Caucasian children. In contrast, African American children were more likely to be in long-term placement at 24 months than Hispanic or Caucasian children. In addition, Caucasian children were more likely to be in long-term placement compared to Hispanic children. There were no race/ethnicity differences among children in adoptions, guardianship, or FR services at 24 months.

	African American (n=957)		Hispanic (n=697)		Caucasian (n=1594)		Significance
	N	%	N	%	N	%	P
Reunified	400	41.8	380	54.5	837	52.5	<.001
Adoption	244	25.5	174	25.0	359	22.5	.259
Guardianship	68	7.1	31	4.4	99	6.2	.080
Long-term placement	70	7.3	22	3.2	73	4.6	<.001
FR Services	40	4.2	28	4.0	71	4.5	.879
Other	135	14.1	62	8.9	155	9.7	<.001

Figure 72. 24 Month Child Placement Outcomes by Race/Ethnicity of the Child



In summary, African American children continued to have significantly lower reunification rates than Hispanic and Caucasian children at 24 months. In contrast, African American children were more likely to be in long-term placement at 24 months.