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

Presented at the
National Association of Drug Court Professionals
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The Federal Partners

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

The Contractors - April 2002

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

Overall Evaluation
Conceptual Plan

Overall Study Questions

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

Eight Year Retrospective and Prospective Plan

The Retrospective Study
Evaluation Plan

Retrospective Study Conceptual Model

System

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

Family

- Strengths & Needs
- AOD Severity
- CW Risks

FDTC Program

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

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

The Study Sites

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

County Population

<table>
<thead>
<tr>
<th>Counties</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego</td>
<td>2.8 M</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>1.6 M</td>
</tr>
<tr>
<td>Suffolk</td>
<td>1.4 M</td>
</tr>
<tr>
<td>Jackson</td>
<td>411 K</td>
</tr>
<tr>
<td>Washoe</td>
<td>380 K</td>
</tr>
</tbody>
</table>

FDTC Start Date

Special Features

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

Total Number of FDTC Graduates in 2000 and 2001

http://ncsacw.samhsa.gov/files/508/FamDrugCourtConference103.htm 5/10/2004
<table>
<thead>
<tr>
<th>County</th>
<th>Parents</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Suffolk</td>
<td>67</td>
<td>154</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>52</td>
<td>98</td>
</tr>
<tr>
<td>Washoe</td>
<td>52</td>
<td>81</td>
</tr>
<tr>
<td>Jackson</td>
<td>40</td>
<td>91</td>
</tr>
</tbody>
</table>

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

Interagency Policy & Oversight

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

Program Implementation

- Jackson – FDTC team meets two times a week to discuss cases heard that day
- San Diego – Special Task Committees address specific topics; SARMS Implementation Team meets one time per month to address issues impeding effort
- Santa Clara – Consolidated service plan meeting one day per week; Full FDTC team meeting one day per week prior to court calendar
- Suffolk – FDTC team meeting three days per week prior to each court calendar
- Washoe – FDTC team meets weekly prior to court calendar

Eligibility

- Jackson
  - Court ordered
  - Abuse/Neglect and Criminal Endangerment
    - Excludes
      - Individuals with more than 3 substantiated hotline reports for neglect
- San Diego
  - All parents in dependency court system with substance abuse
  - Voluntary SARMS pre-Juris/Dispo
Family Court Drug Conference

- Court ordered SARMS post-Juris/Dispo
  - Individuals must be off Methadone
- Santa Clara
  - Voluntary
    - Abuse/Neglect w/ no concurrent criminal cases
    - Excludes
      - Severe mental illness
- Suffolk
  - Voluntary
  - Neglect only
  - Excludes
    - Severe mental illness
    - High probability of violence
- Washoe
  - Voluntary
  - Excludes
    - Severe mental illness
    - High probability of violence
    - Methadone Clients

Assessment

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

Case Management

- Jackson
  - Dedicated DFS case managers housed at court
Family Court Drug Conference

- FDTC team provides case management

  - Santa Clara
    - Dedicated master's level social workers
    - FDTC team providers case management

  - San Diego
    - All social workers carry SARMS cases
    - SARMS Recovery Specialists case manage treatment issues
    - Specialized social worker assigned to DDC

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

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

Services to Children

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

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

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

- Suffolk
  - CASA workers assigned to every child

http://ncsacw.samhsa.gov/files/508/FamDrugCourtConference103.htm  5/10/2004
Public health nursing conducts developmental assessments on children 3 and under

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

Research Design

Research Design

- Quasi experimental - lacks random assignment of subjects to groups

- Comparison group selected from either cases not offered FDTC services for administrative reasons or cases that entered CWS just prior to FDTC implementation

- Each FDTC Site
  - Approximately 50 FDTC intakes and comparisons

- Total for All Sites
  - FDTC = 249; SARMS = 50; Comparison = 240

- Sample size allows use of simple statistical procedures to determine if there are significant intra- and inter-site difference in outcome

Intent to Treat Sampling

- Use of all cases which entered the program within a designated time frame whether or not they completed the program.

- Randomly select the desired number of cases from the available sample whether or not they completed the program.

Data Collection

ON SITE Data Collectors

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

Sample Descriptions
Parents

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

Parents at Intake

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

**No Differences Between Groups on Prior CPS or Treatment**

**Parents**

- Compared to the Comparison Sample
  - Fewer FDTC participants were employed (22% vs 37%)
  - More were receiving welfare (42% vs 32%)

- The 540 Parents had just over 1,500 Children; 1,135 were named in the CPS case
  - Average children per Parent 2.9 and 2.7

Child Description

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

Children’s Issues Noted in CPS Case

<table>
<thead>
<tr>
<th>Type of Allegations</th>
<th>FDTC</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to Protect</td>
<td>91.7</td>
<td>87.3</td>
</tr>
<tr>
<td>No Provision for Support*</td>
<td>9.0</td>
<td>18.6</td>
</tr>
<tr>
<td>Abuse of Sibling*</td>
<td>5.1</td>
<td>12.1</td>
</tr>
<tr>
<td>Severe Neglect*</td>
<td>1.0</td>
<td>9.1</td>
</tr>
<tr>
<td>Physical Abuse/Harm</td>
<td>6.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Prenatal Drug Exposure*</td>
<td>4.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Emotional Abuse/Damage*</td>
<td>4.3</td>
<td>1.2</td>
</tr>
</tbody>
</table>
Primary Outcomes

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

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

FDTC: 100%
SARMS: 80%
Comparison: 778%

FDTC Parents Entered Treatment in Significantly Fewer Days

<table>
<thead>
<tr>
<th></th>
<th>FDTC</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Days from CPS Case</td>
<td>394</td>
<td>802</td>
</tr>
<tr>
<td>Opening to Treatment Entry*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Days from FDTC Entry</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>to Treatment Entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Days from FDTC Entry</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>to Treatment Entry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Significantly More FDTC Parents Participated in More Intensive Levels of Treatment

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

Successful Treatment Completion

FDTC Parents Successfully Completed 59% of 919 Treatment Episodes
Comparison Group Parents Successfully Completed 52% of 467 Treatment Episodes

Successful Completion: Completed & Transferred to Another Program

Significantly Less Criminal & CPS Recidivism Among FDTC Parents

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

<table>
<thead>
<tr>
<th>FDTC</th>
<th>Comparison</th>
</tr>
</thead>
</table>
Average Number of Days in Out of Home Care
Average Number of Days to Reunification*

<table>
<thead>
<tr>
<th></th>
<th>588</th>
<th>667</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>322</td>
<td>377</td>
</tr>
</tbody>
</table>

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

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

Summary - Sample Description

- FDTC Clients are predominantly women with an average age of 30
- They have a high degree of multiple co-occurring disorders
- Generally have low education attainment
- A large percentage have never been married
- FDTC Children are young with the majority under age 6
- They exhibit a range of social, mental and behavioral challenges

Summary - Treatment Outcomes

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

Summary - Child Safety

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

Summary - Child Permanency and Case Resolution

- FDTC Children are reunified in significantly fewer days
- FDTC Children Reach Permanent Placement 3 Months Faster
- FDTC Children Have Permanent Plan Ordered 5 Months Earlier

- Have CPS Case Closed 4 Months Faster