

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

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The Federal Partners

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

The Contractors - April 2002

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

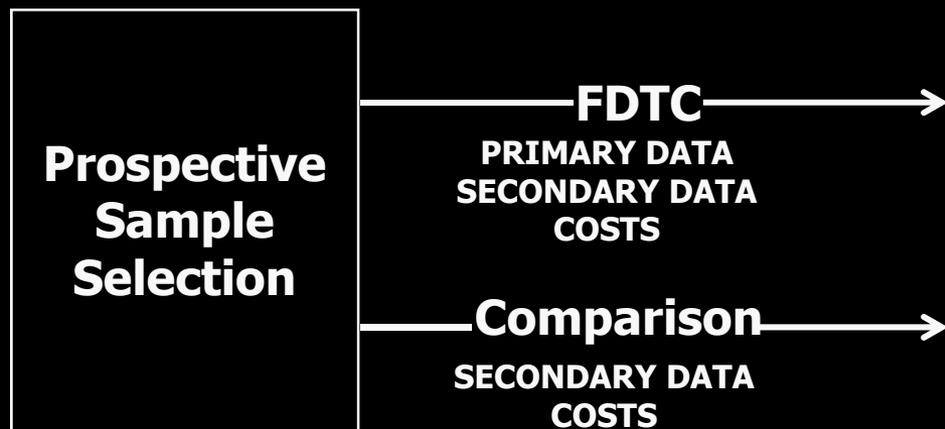
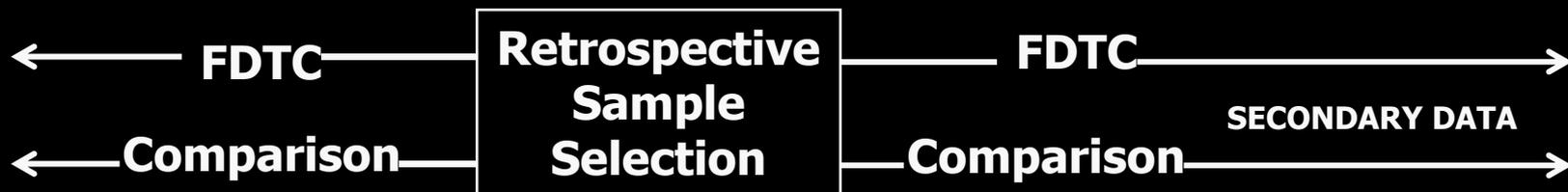
Overall Evaluation Conceptual Plan

Overall Study Questions

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

Eight Year Retrospective and Prospective Plan

1998 1999 2000 2001 2002 2003 2004 2005 2006



The Retrospective Study Evaluation Plan

Retrospective Study Conceptual Model

System

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

Family

- Strengths & Needs
- AOD Severity
- CW Risks

FDTC Program

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

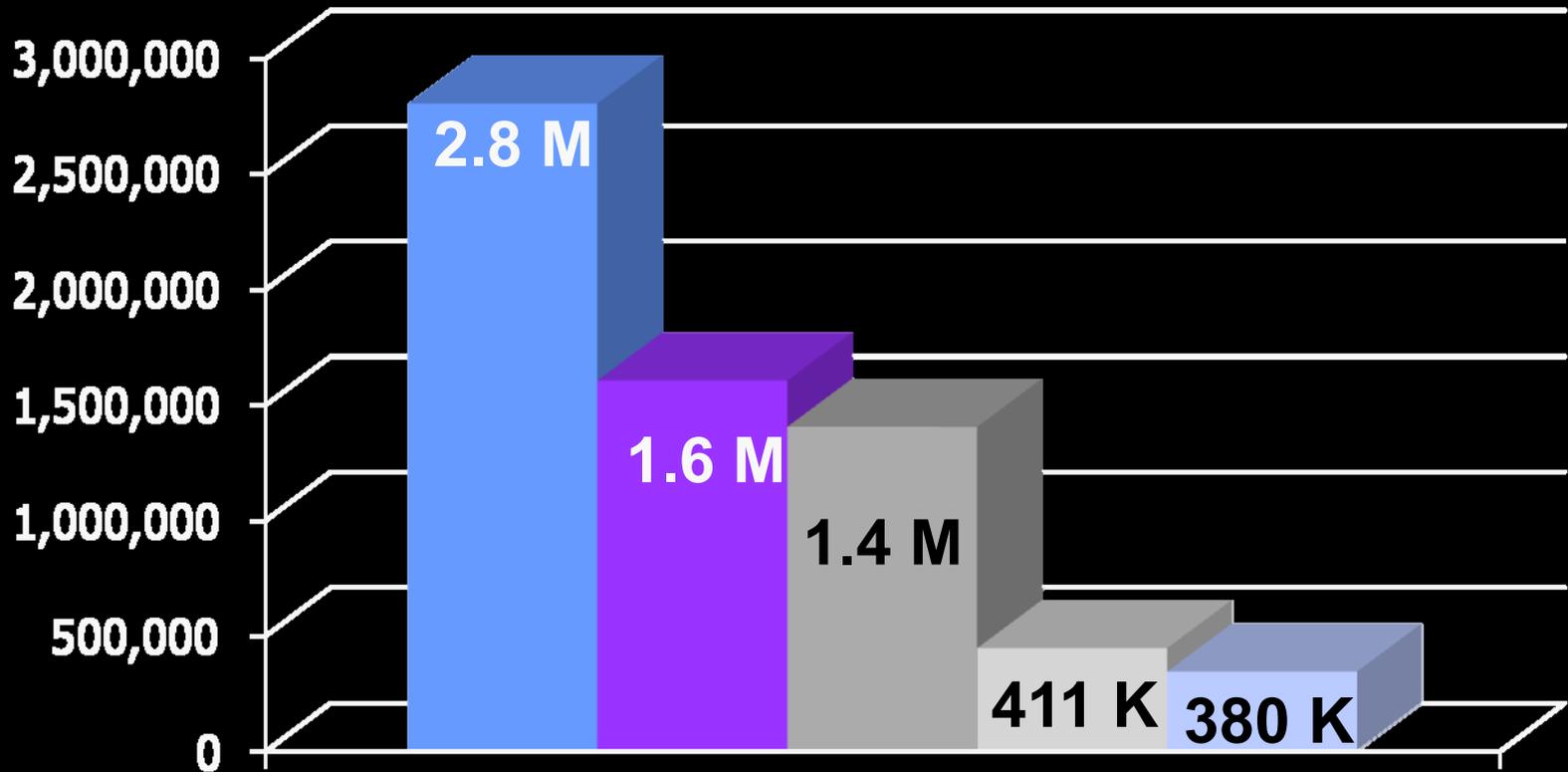
Key Outcomes

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

The Study Sites

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

County Population



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

FDTC Start Date

1994

1995

1996

1997

1998

1999

Washoe
First in Nation

Suffolk
Pilot Countywide

San Diego
1st Court Countywide

Jackson
April

Santa Clara
October

Special Features

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

Special Features

- **Suffolk**

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

- **Washoe**

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

Total Number of FDTC Graduates in 2000 and 2001

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

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

Interagency Policy & Oversight

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

Program Implementation

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

Program Implementation

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

Eligibility

- **Jackson**

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

- **San Diego**

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

Eligibility

- **Santa Clara**

- **Voluntary**
- **Abuse/Neglect w/
no concurrent
criminal cases**
- **Excludes**
 - **Severe mental
illness**

- **Suffolk**

- **Voluntary**
- **Neglect only**
- **Excludes**
 - **Severe mental
illness**
 - **High probability of
violence**

Eligibility

- **Washoe**

- **Voluntary**

- **Excludes**

- **Severe mental illness**
 - **High probability of violence**
 - **Methadone Clients**

- **Summary**

- **3 Voluntary**

- **2 Court ordered**

- **Exclusions:**

- **1 court excludes more than 3 substantiated reports**
 - **3 exclude severe mental illness**
 - **2 exclude clients with a high probability of violence**
 - **2 Courts exclude Methadone clients**

Assessment

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

Case Management

- **Jackson**

- **Dedicated DFS case managers housed at court**
- **FDTC team provides case management**

- **Santa Clara**

- **Dedicated master's level social workers**
- **FDTC team provides case management**

- **San Diego**

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

Case Management

- **Suffolk**

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

- **Washoe**

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

Services to Children

- **Jackson**

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

- **San Diego**

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

Services to Children

- **Santa Clara**

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

- **Suffolk**

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

Services to Children

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

Research Design

Research Design

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

Intent to Treat Sampling

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

Data Collection

ON SITE Data Collectors

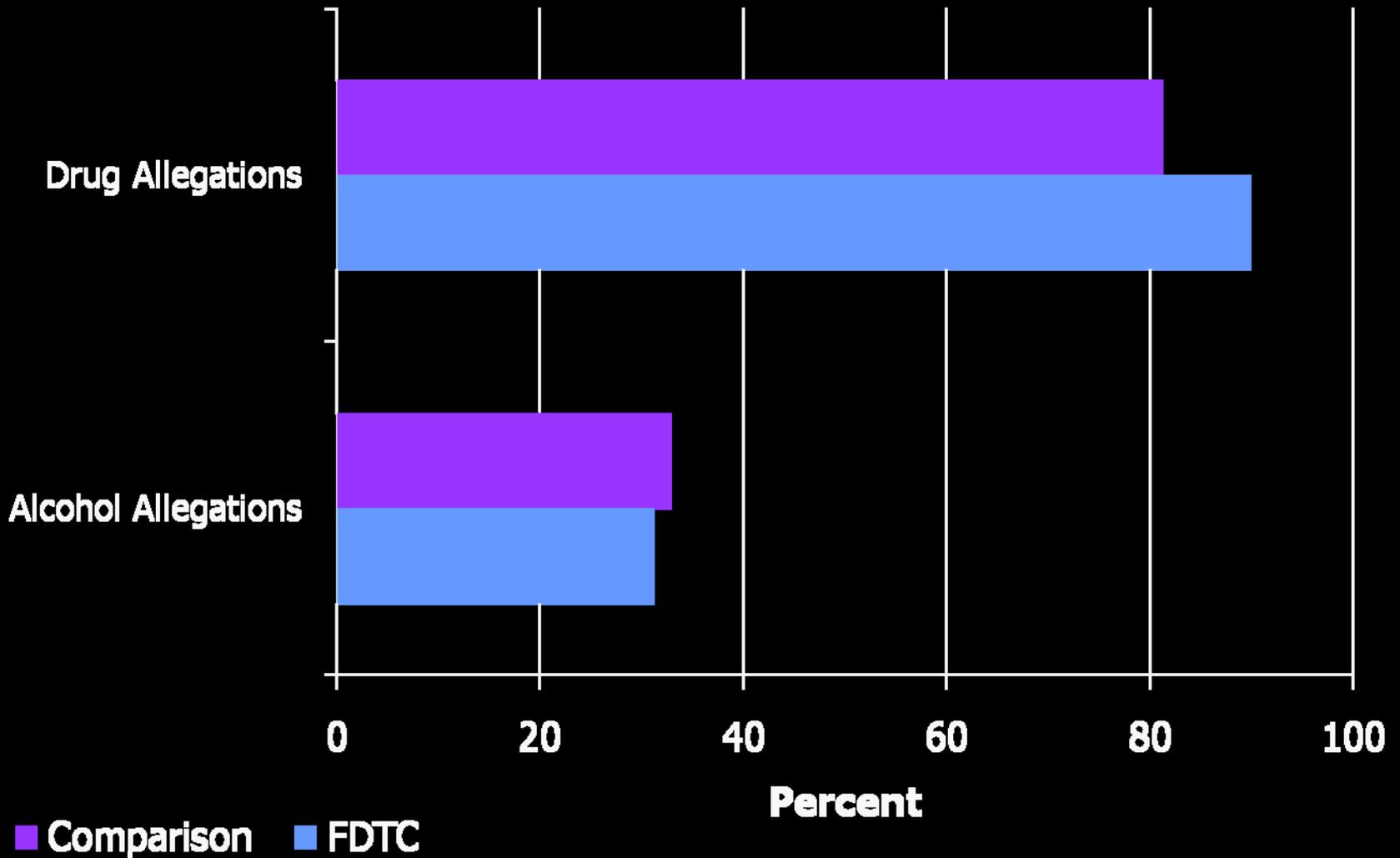
- **Employed by Logicon/R.O.W. Sciences then Johnson, Bassin & Shaw**
- **Supervised by JBS, CFF, and the Site**
- **Masters Level Employee**
- **Experience with major systems**
 - **Substance Abuse Treatment**
 - **Child Welfare**
 - **The Dependency/Juvenile Court**
- **In-depth knowledge based on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

Sample Descriptions

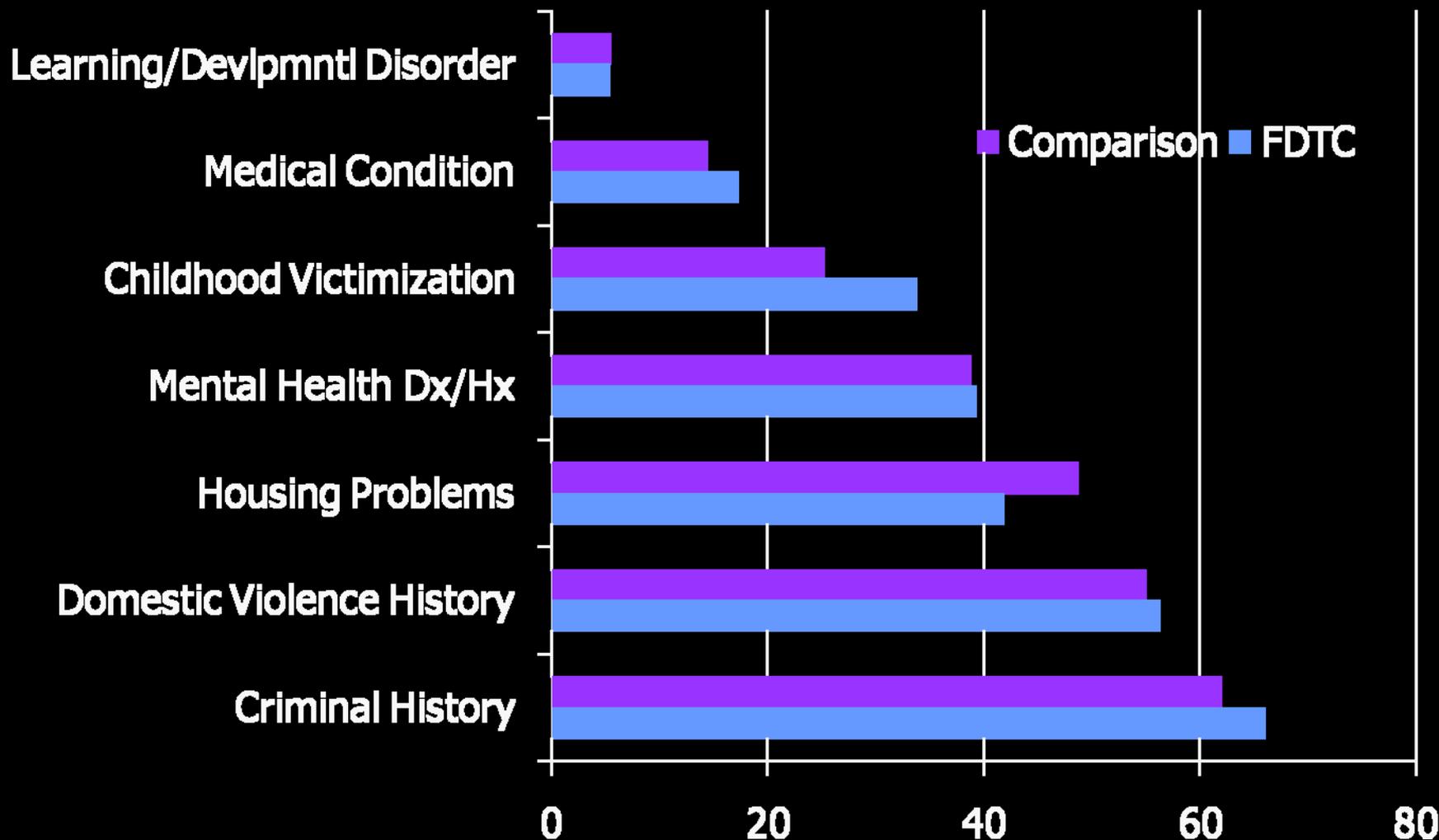
Parents

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

Parents at Intake

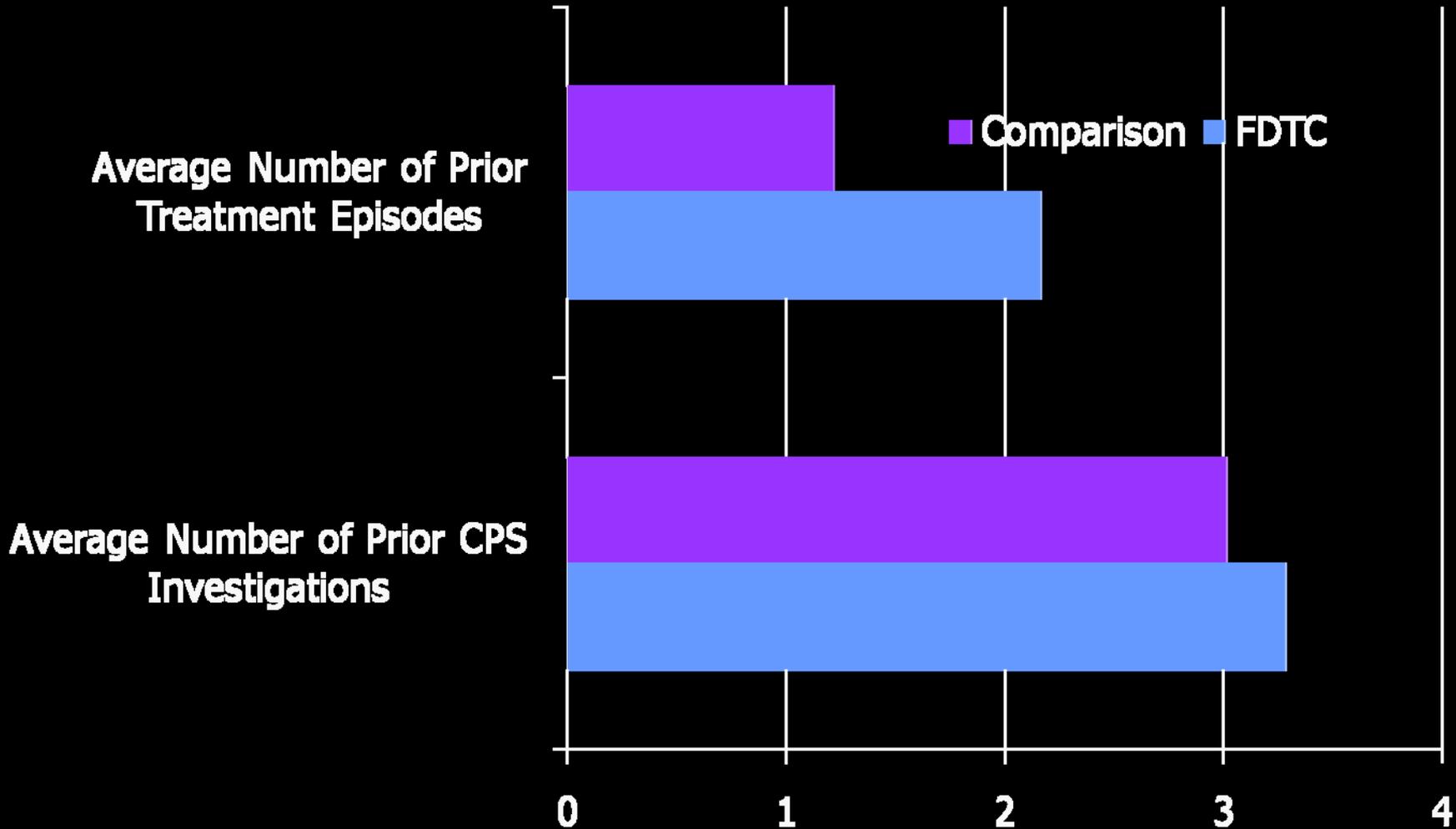


No Significant Differences Between Groups; Both Groups have Substantial Co-Occurring Conditions



Percent of Parents with Condition Noted in Case Record

No Differences Between Groups on Prior CPS Investigations or Treatment Episodes



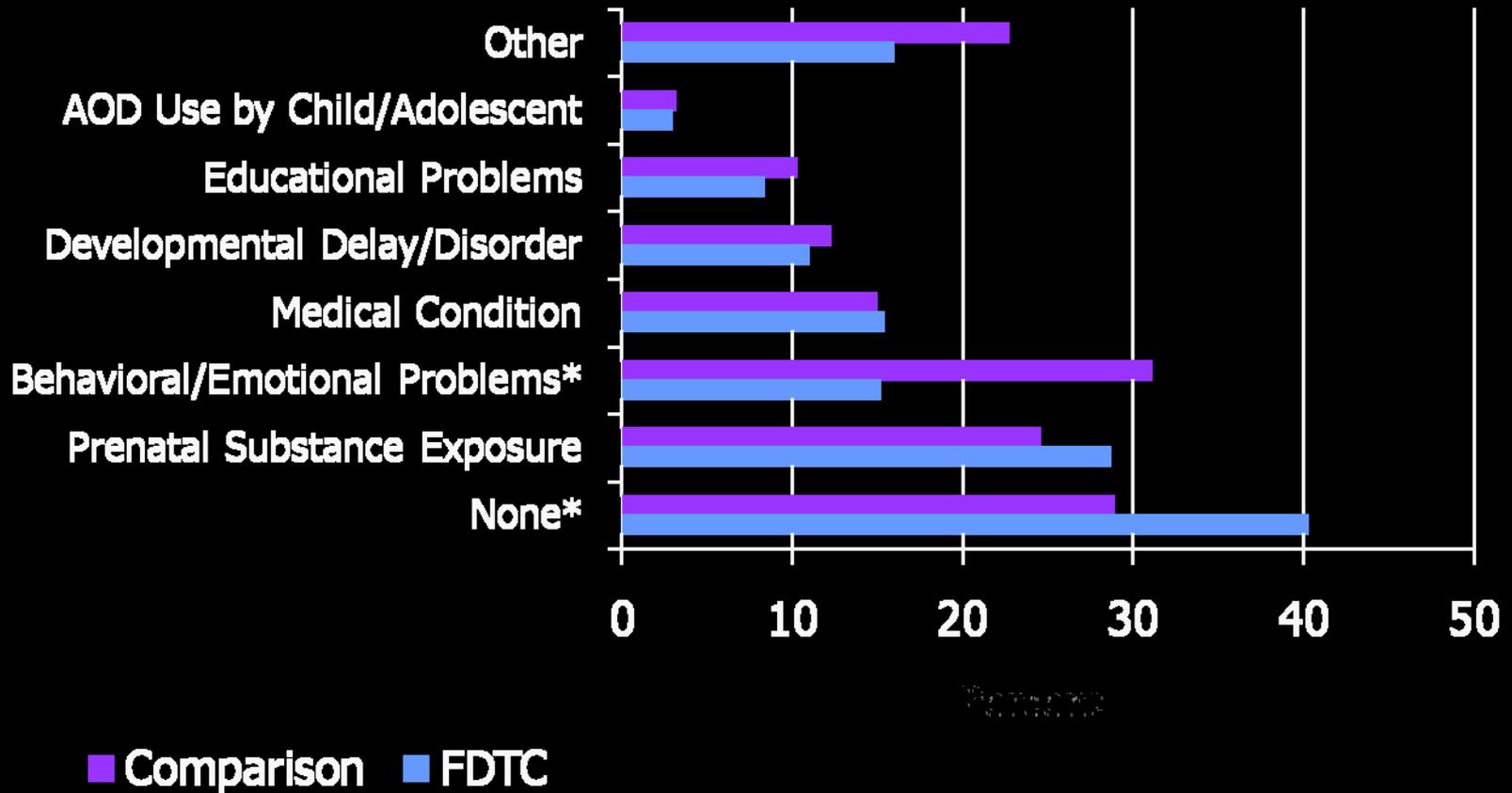
Parents

- **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



Percent of Children with Condition Noted in Record

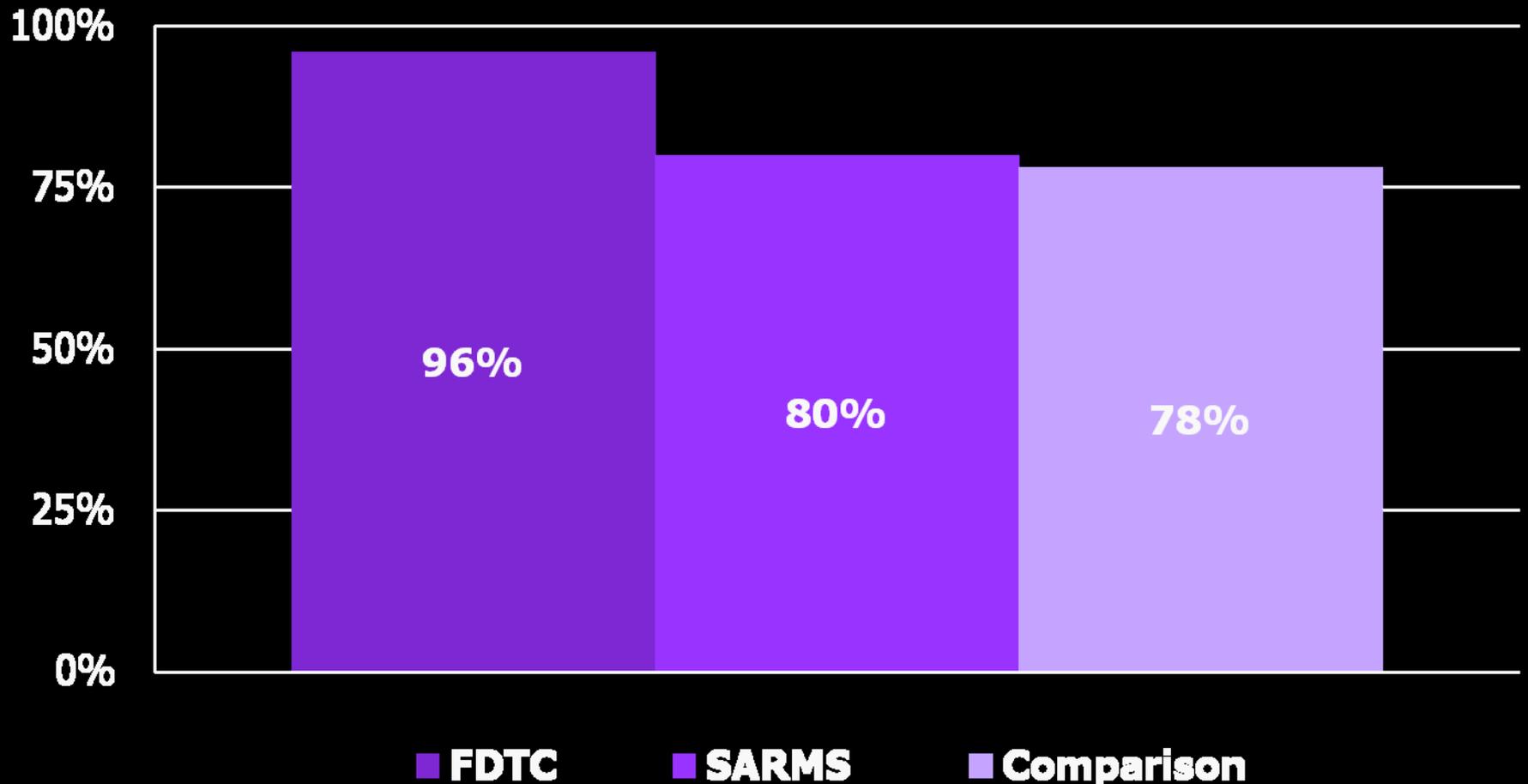
Types of Allegations

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

Primary Outcomes

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

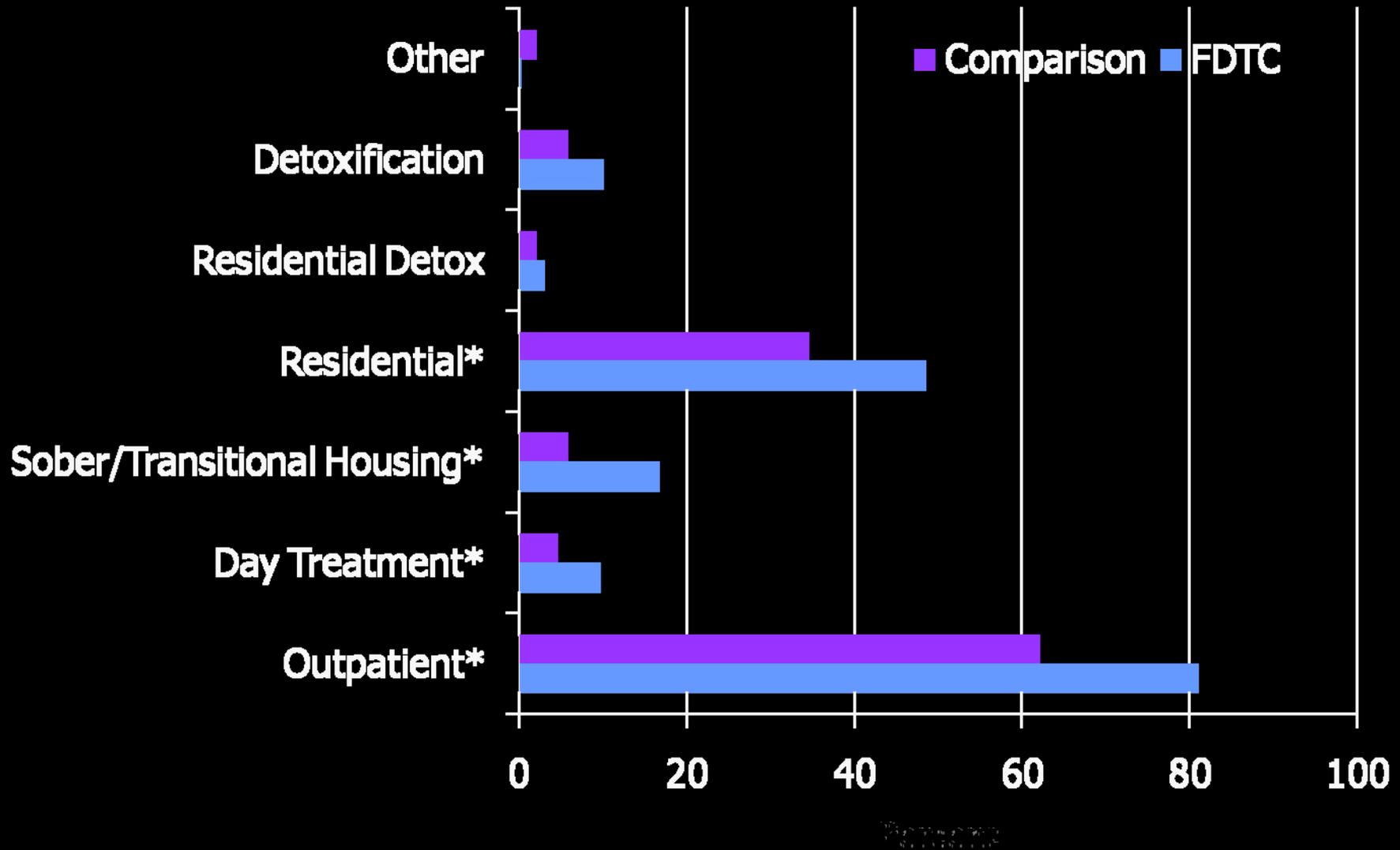
Significantly More FDTC Parents Entered Treatment within 18 Months of CPS Case Opening



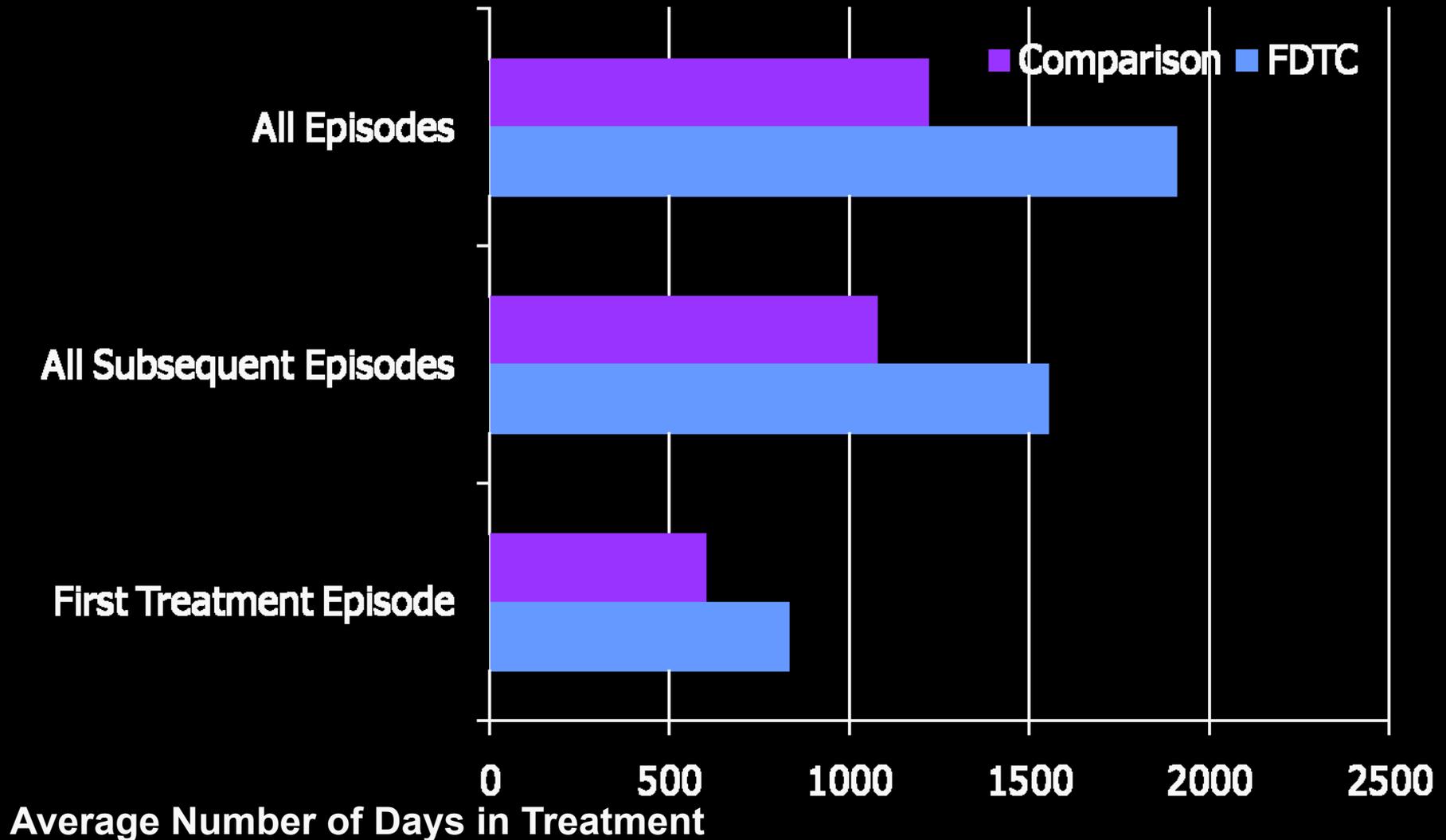
FDTC Parents Entered Treatment in Significantly Fewer Days

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

Significantly More FDTC Parents Participated in More Intensive Levels of Treatment



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



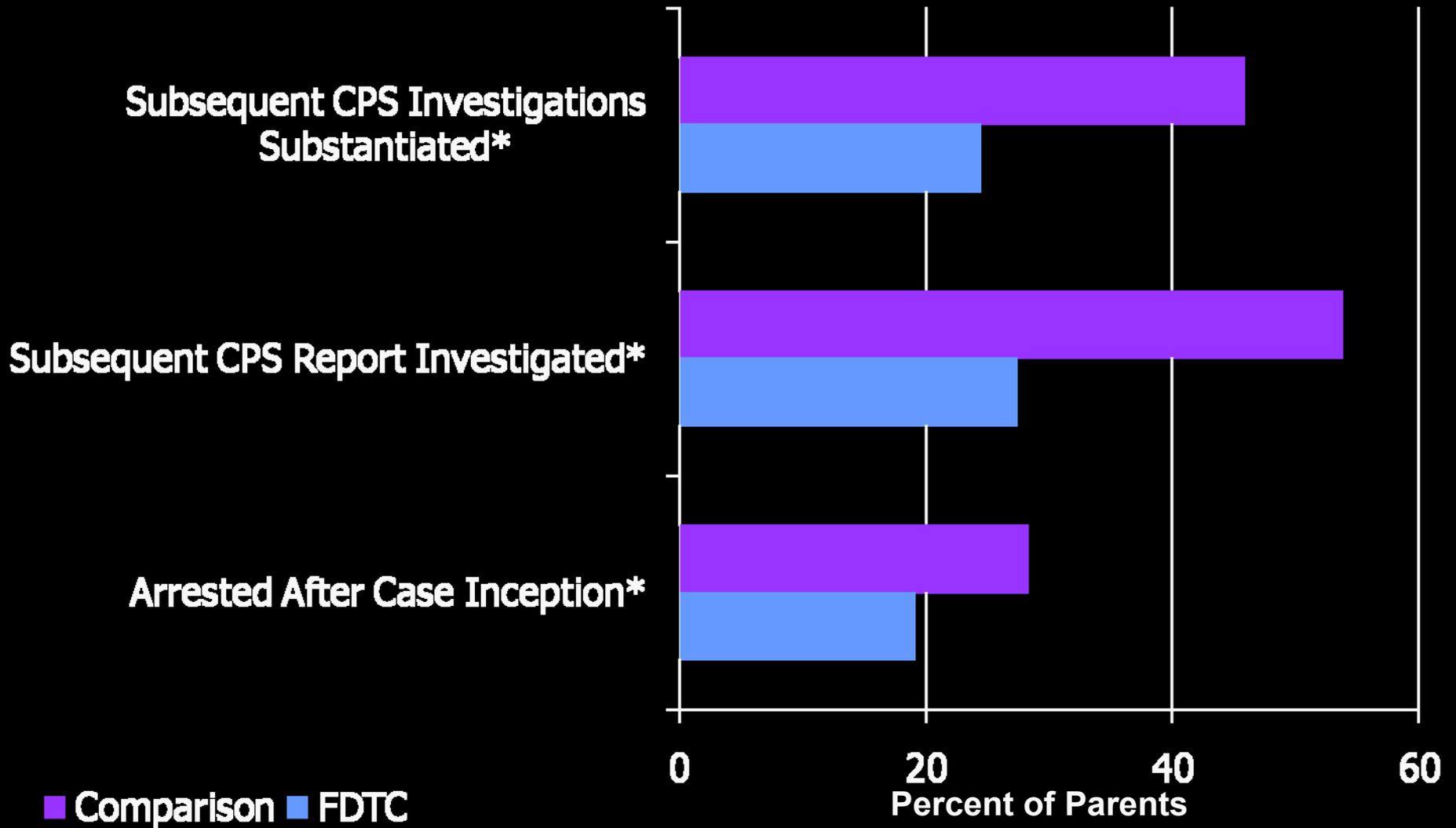
Successful Treatment Completion

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

Comparison Group Parents Successfully Completed 52% of 467 Treatment Episodes

Successful Completion: Completed & Transferred to Another Program

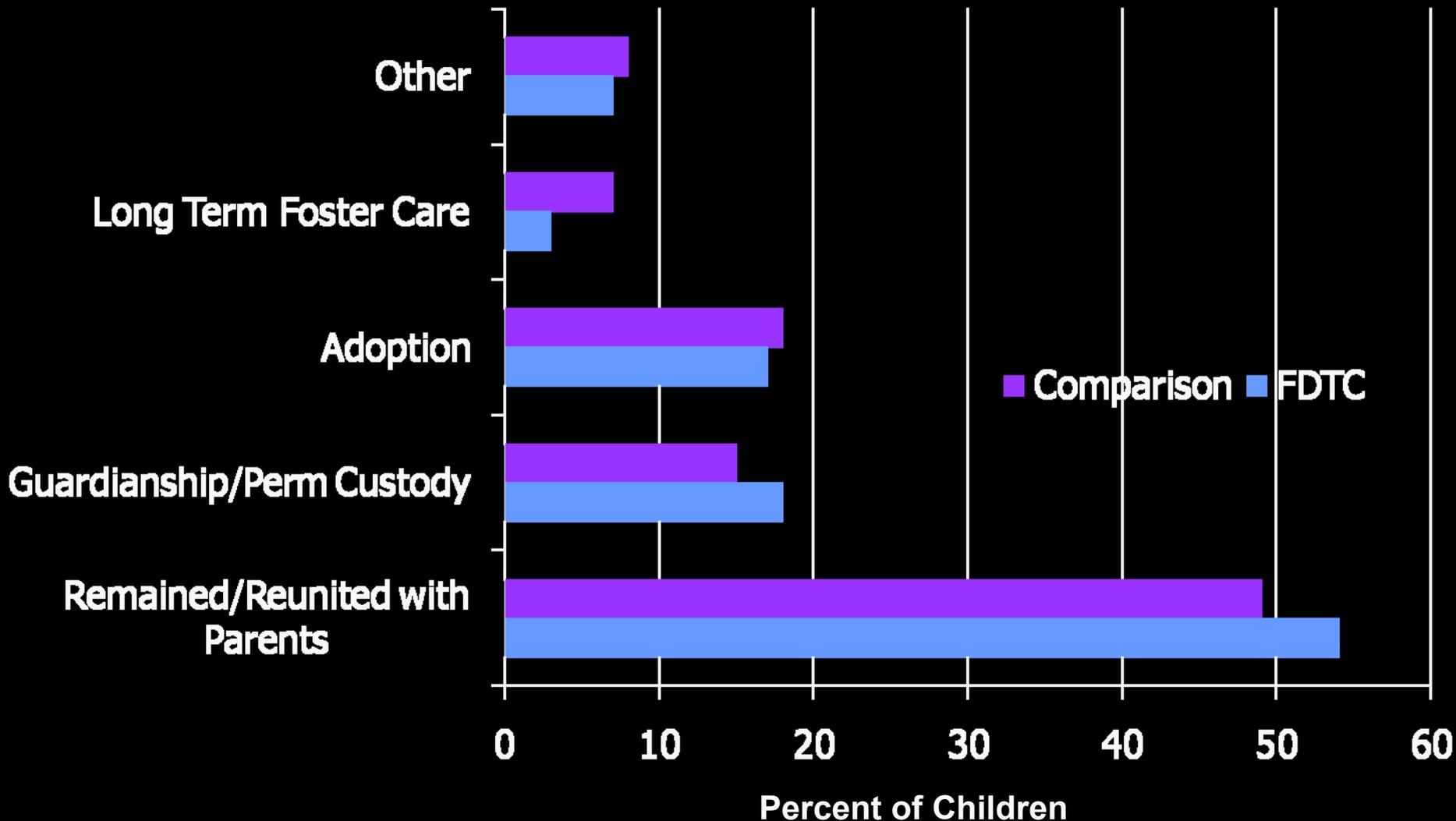
Significantly Less Criminal & CPS Recidivism Among FDTC Parents



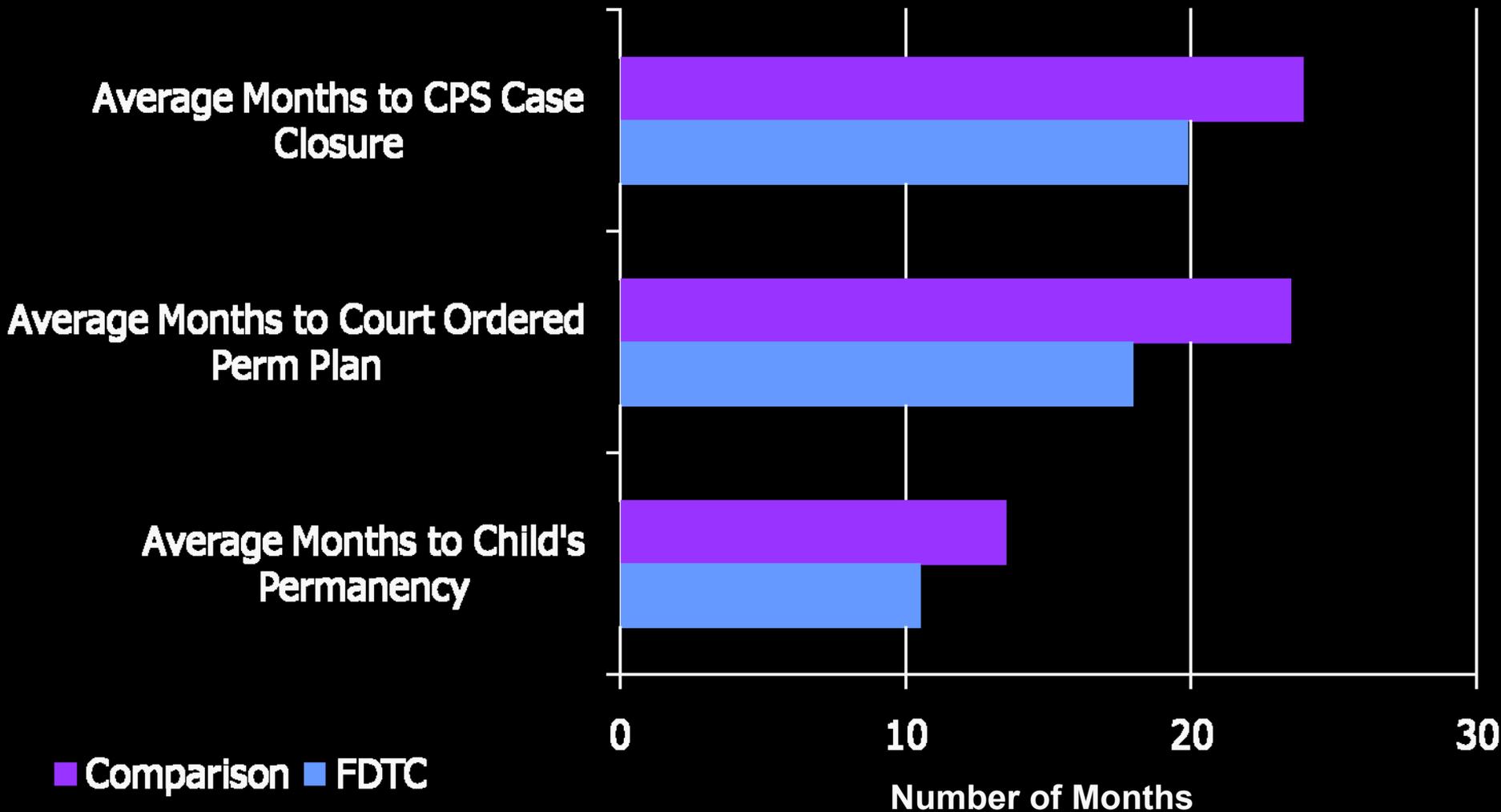
On Average, FDTC Children Have Less Time in Out of Home Care and Reunify Significantly Faster than Comparisons

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

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



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



Summary - Sample Description

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

Summary - Sample Description

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

Summary - Treatment Outcomes

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

Summary - Child Safety

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

Summary - Child Permanency and Case Resolution

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