

# Harford County Family Recovery Court (FRC) Evaluation

## Process, Outcome and Cost Report



*Submitted to:*

**Harford County Family Recovery Court**

*Submitted by:*

**NPC Research**  
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# Harford County Family Recovery Court (FRC) Evaluation: Process, Outcome and Cost Report

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*Informing Policy, Improving Programs*



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## EXECUTIVE SUMMARY

### Background

The Harford County Family Recovery Court (FRC) serves families involved with child welfare due to substance abuse. This program aims to bring sobriety and quality of life to parents and, in turn, increase the likelihood of reunification for families. To be eligible for the program the participant must be a parent named in a Child in Need of Assistance (CINA) petition and be determined, through an assessment, to have a substance abuse issue.

NPC Research conducted a process, outcome, and cost study of the Harford County Family Recovery Court. This evaluation was guided by several research questions under one of three evaluation components. In summary, this evaluation:

1. Examined the historical and current context of the FRC (process study);
2. Examined the extent to which the FRC is meeting its stated goals and desired child welfare, treatment, and criminal justice outcomes (outcome study); and
3. Provided a cost analysis comparing the FRC to traditional case processing (cost study).

### Key Findings

The evaluation compared child welfare, treatment, and criminal justice outcomes and cost savings for parents that received FRC services between April 2004 and April 2006 to comparable families that did not receive these services. Results from the evaluation indicate that:

- On average, during the CINA case, non-FRC children were in foster care more than 3 times as long as FRC children: children in families served by the FRC spent 136 days in foster care as compared to 443 days for children in non-FRC served families;
- FRC families were twice as likely to be reunited than non-FRC families: whereas 60% of FRC families achieved reunification, 30% of non-FRC families achieved reunification;
- FRC parents were almost 3 times as likely to complete treatment than non-FRC parents: 85% of FRC parents completed treatment, while just 29% of non-FRC parents completed treatment;
- While there was no difference in the percent of parents arrested on drug charges after the start of their CINA cases, of those parents who were arrested, FRC parents were arrested on average 1.5 times, whereas non-FRC parents were arrested on average 3.6 times; and
- Of those parents who were arrested, FRC parents spent an average 26 days in jail, and non-FRC parents spent an average of 120 days in jail.

Because FRC families utilized less foster care and were more likely to achieve reunification, FRC cases were less costly to the child welfare system than other CINA cases. Moreover, as FRC parents spent less time in jail, the total cost savings per year of Harford County FRC operations was nearly **\$317,000**, or approximately **\$12,000** per served family.



## INTRODUCTION

**F**amily Drug Courts, or FDCs (also known as Family Treatment Drug Court and Family Recovery Courts) are an increasingly popular program designed to serve the multiple and complex needs of families involved in the child welfare system who have substance abuse problems. The National Association of Drug Court Professionals estimates that over 180 FDCs are currently operational in the United States. A study funded by the Substance Abuse and Mental Health Administration (SAMHSA) conducted by NPC Research found that FDCs can be effective programs to improve treatment outcomes, increase the likelihood of family reunification, and reduce the time that children spend in foster care (Worcel, Green, Furrer, Burrus, & Finigan, 2007).

Similar to other Family Drug Courts, the Harford County Family Recovery Court (FRC) located in Harford County, Maryland, serves families involved with child welfare due to substance abuse. This program aims to bring sobriety and quality of life to parents and, in turn, increase the likelihood of reunification for families. To be eligible for the program, the participant must be a parent named in a Child in Need of Assistance (CINA) petition and be determined, through an assessment, to have a substance abuse issue. The program contracted with NPC Research to provide evaluation services designed to:

1. Examine the historical and current context of the FRC;
2. Examine the extent to which the FRC is meeting its goals and desired outcomes; and
3. Provide a cost analysis comparing the FRC to traditional child welfare case processing.

NPC designed an evaluation that included process, outcome, and cost components to address the above evaluation components. This report provides an overview of the methodology and a detailed description of the results from each evaluation component.



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## PROCESS STUDY

The process study was designed to examine the history, implementation and current status of the Harford County, MD, Family Recovery Court.

Specifically, the process study focused on the following areas:

1. The goals of the drug court;
2. The implementation of the drug court;
3. How the drug court is different from regular case processing;
4. The eligibility criteria for the drug court;
5. The composition and functioning of the drug court team, coordination with community agencies, and frequency and purpose of steering and team meetings;
6. The operation of the court, including the role of the treatment agency, the role of case management, the use of UAs, the use of rewards and sanctions, availability of after care services, and how program completion and termination is determined;
7. Any notable or promising characteristics of this court;
8. Any challenges facing this court; and
9. Parent experiences with the FRC, including those features of the FRC that influence parents' ability to make progress on their case plans and in their recovery.

### Process Study Methodology

The process study included three data collection components: (1) key stakeholder interviews; (2) parent focus group; and (3) courtroom and operations team observations. The key stakeholder interviews allowed the evaluation team to gather detailed information about FRC implementation, operations, challenges, and strengths. The focus group provided data on parent experiences with the FRC, while the courtroom and staffing observations completed our understanding of how the FRC operates. All process study data collection activities occurred during the NPC process study data collection site visit conducted in the Spring of 2007.

#### KEY STAKEHOLDER INTERVIEWS

NPC conducted key stakeholder interviews with the 10 members of the FRC team. The following Harford County Family Recovery Court key stakeholders took part in these one-hour, in-person interviews:

1. The Drug Court Coordinator;
2. The Juvenile Court Master;
3. The Child Protective Services Supervisor;
4. The Foster Care Supervisor;
5. An Attorney for the child;
6. An Attorney for the parent;

7. A representative from Emmorton Psychological Services;
8. The Administrative Judge;
9. A representative from the Circuit Court for Harford County, Juvenile Court; and
10. The Attorney for the Department of Social Services.

## **FOCUS GROUP**

To complement the key stakeholder interviews, NPC conducted a focus group with five FRC graduates and parents about to graduate from the program. The focus group included questions directed at parental experiences with the program, and in particular, those components of the program that parents believe contribute to positive outcomes.

## **OBSERVATIONS**

Rounding out the process study were observations of the operational team meeting and Child in Need of Assistance (CINA) and Drug Court sessions. Observations of court sessions allowed research staff to see first-hand how the Family Recovery Court operates, and examined differences between CINA and FRC court sessions. Specifically, courtroom observations examined how, whether, and to what extent parents are engaged in FRC hearings as compared to CINA hearings. Observations of team meetings focused on whether key components of collaboration and information sharing exist.

## **Process Study Analysis Strategy**

The goal of the analysis was to provide a comprehensive and multi-faceted picture of the development, implementation and current status of the Harford County FRC. Two evaluation team members coded the same set of data to identify emerging themes closely tied to, or grounded in, the data (Lincoln & Guba, 1985). Second, team members met to share and “defend” how they coded the data. This meeting ensured that data coding is consistent across team members. Then, further coding and meetings followed until the coding was completed. Applying this technique decreases the possibility of interpretive bias (Strauss & Corbin, 1998).

Once coding was completed, the project team met to discuss how the themes explain and describe the history, implementation and current status of the FRC. An outline was created that “paints the picture,” or tells the story, of the FRC’s history and development. Salient sample quotes were selected to highlight the themes<sup>1</sup>.

## **Process Study Findings**

### **HISTORY**

In 2000, Harford County implemented a juvenile drug court designed to meet the needs of juvenile offenders with substance use issues. Following the success of this court, in early 2004, Harford County began to explore one of the fastest-growing program models for serving families involved with child welfare due to substance use: Family Drug Court. William O. Carr, Harford County Circuit Court Administrative Judge, Juvenile Court, initiated the implementation of the Family Recovery Court (FRC). Two reasons account for this county’s decision to adopt the FRC.

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<sup>1</sup> Unless otherwise noted, quotes are from the key stakeholder interviews.

First, for most of the child welfare cases in Harford County, MD, substance use is indicated as a reason for the child's removal or a barrier to reunification (indeed, stakeholders reported that at the time of program implementation approximately 80% of the families involved with child protective services in Harford County had substance use indicated in their case). Second, prior to the implementation of the FRC, obstacles to obtaining appropriate and timely treatment existed for the majority of families. Many parents were not successful in completing their substance abuse treatment, partially due to the extremely slow process of receiving assessments and accessing treatment.

“[Prior to the FRC] the only choice was the health department, which was and had been woefully inadequate. Parents could not get into treatment, even though the court ordered it. Reports were weak, and there was no follow-up from the health department.”

Understanding that substance use may be a barrier to reunification and that whenever possible, families should stay intact, both the Harford County Department of Social Services and the Circuit Court of Harford County, Juvenile Court supported the adoption of the FRC.

At this initial stage, the articulated goals of the FRC were to quickly and successfully reunite children with their parents by addressing parental substance use issues in a timely way, and to provide an intense treatment program that would allow parents to concentrate on their recovery. Even in cases that would not result in reunification, the hope was to provide support through a treatment program that facilitates recovery and fosters an overall sense of self-worth.

## **IMPLEMENTATION**

In April 2004, Judge Carr identified and solicited 10 agency representatives to comprise the FRC team (these are the 10 key stakeholders listed above). Implementation began almost immediately. Just 2 months post implementation, in June 2004, the team attended trainings provided by the National Drug Court Institute, and conducted site visits to other family drug courts.

The process study found three key components that resulted in successful implementation: (1) trainings (2) collaboration and (3) leadership. In this section we discuss each of these components to success along with the challenges to implementation.

### *Trainings*

The trainings attended by FRC team members proved to be instrumental in ensuring a smooth and well-informed implementation. As the quotes below illustrate, attending these trainings both galvanized the team and provided information on how to form this county's FRC.

“The training and support have been incredible. People from the national center [the National Drug Court Institute] came to do a brief overview. Going to drug courts at different sites was invaluable. We saw many different ways of doing drug court....”

“We went to the training, asked questions, made decisions based on our experience and training.”

“Consensus building happened after the first conference.”

“...After the first training the team was fired up.”

### *Collaboration*

The evaluation team found an overwhelming commitment to collaboration and a high level of respect amongst FRC team members. Respondents discussed how a cohesive team environment contributed to successful program implementation, and continue to play a role in the ongoing success of the program. The following are example quotes from team members regarding their relationships.

“The team relationship is excellent. They have differences, but they respect those differences. They like each other and are consensus builders.”

“We have a wonderful relationship. Historically we were all old friends anyway so that made the process easier. We tend to play well together anyway.”

“We’ve always respected each others’ work and we honor and listen to each other. We all feel equal. We still go to trainings together.”

“We have a really good working relationship. There’s a great deal of equality. We value individual opinions and positions, because we have different perspectives, but in the end we have the same goal in mind. Over time we’ve jelled.”

“I couldn’t work with a better group of people. Everyone is committed and works together so well to solve problems.”

“Being in drug court has strengthened relationships, and made things less adversarial, not that they were that adversarial. We can fight in court if needed, but it's left at court.”

“It also bears saying that the personalities of the members are all very strong, not defensive so that there is a good level of communication.”

### *Leadership*

Although the team was strong and members were equally committed to, and actively participated in, the implementation of the FRC, respondents expressed that the leadership of both the Presiding Judge and FRC Master provide clarity on the program’s goals.

“Master Hart is our leader and sets the tone...”

“Master Hart is a great leader, as well as Judge Carr. They set the tone – laid out a vision for the program and everyone has been on board.”

### *Implementation Challenges*

Implementing a new program is challenging. The primary challenge for this program was financial. However, the team was able to overcome this challenge. First, Judge Carr obtained a state seed grant to facilitate implementation. Next, the team accessed a grant that made the National Drug Court Institute training possible for team members. Finally, the team applied for and received Federal and State money to fully implement the FRC.

Challenging, as well, was the adjustment for certain team members to a new and unique way of operating. However, adjustments were said to be fairly minor and quick to take place.

“Initially it was awkward, we had to learn to trust each other and let every voice be heard.”

“Parents’ counsel had to make the biggest adjustment toward being more of a partner with us rather than an adversary. It was a natural progression for child welfare and child’s counsel.”



“A personal challenge was trying to operate as a harmonious group of consensus because my inclination has always been to do my job... I really had to work on for the ‘good of the drug court.’”

Finally, respondents reported that obtaining buy-in and support for the program posed some early challenges. Professionals working with parents had to learn how to discuss the benefits of participation in the FRC rather than the less intensive traditional case processing. Due to the high level of initial support of the FRC within and across the team, this challenge was minimized over time.

## **PROGRAM OPERATIONS**

The Harford County Family Recovery Court is a 9-month, 3-phase, voluntary program designed to assist parents in their recovery from substance abuse issues, as well as increase the effectiveness of the Department of Social Services and encourage timely, well-informed decisions about reunification or other permanency arrangements. The program involves frequent court appearances, group therapy, intensive case management, frequent drug testing, ancillary services, and rewards and sanctions. In order for a person to participate in the program, the parent must be named in a CINA petition and be determined, through an assessment, to have a substance abuse issue. Participants are asked to attend two treatment sessions, demonstrating engagement into treatment, before making their first drug court appearance, at which time parents receive an orientation from the FRC Master. From this point forward, participants engage in a unique, intensive treatment program that has many distinctive features including high quality treatment, a strong team dynamic, and judicial monitoring.

### *Quality Treatment Provider*

An essential component to any drug court program is the quality of treatment provided to its participants. According to stakeholders interviewed, the provider options pre-FRC were minimal, insufficient, inappropriate, and inaccessible. The Harford County FRC includes a provider that goes above and beyond in its professionalism, level of involvement, and ability to engage the participants in treatment. The team selected the single private provider in the county that offers both substance abuse and mental health treatment. The lead counselor provides all the treatment serves for drug court clients. This focused attention results in thorough reporting to the team and to the court, and an engaging therapeutic relationship for parents. Following are comments from both FRC team members and parents that reflect their positive sentiments towards the treatment provider.

“He [the treatment provider] picks up very well on their needs – [he provides] a holistic approach, dealing with the entire picture of their life.”

“Part of our success is the relationship [the provider] forms with the parents.”

“...[The provider] is the center of it [drug court], what really makes it work; he is so wonderful with the clients.”

“[The provider] is the key to any success we have in the program. I think that the clients feel comfortable with him. They engage well with him...His relationship with the clients is the primary reason we have success in the drug court process.”

“[The provider] has been outstanding. He develops excellent rapport with clients.”

“If I had something that I just need to talk about, I can pick up the phone at any time, day or night and call him and he’ll listen.” [parent focus group]

“[The provider] is very, very intelligent and I can talk with him about *anything*.” [parent focus group]

### *Strong Team Dynamic*

Participants in the FRC are monitored and supported by a team of agency representatives who provide a diverse blend of resources and expertise, and create a productive, positive working relationship that is satisfying for team members and beneficial to the program and its participants.

“Shared decision making is the model.”

“It is a total group process. Everyone gives ideas/opinions, we get a consensus and it goes from there.”

“Decision making starts with the clinical report from treatment, then we obtain feedback from attorneys and child welfare and then [the FRC Master] makes the final decision, with buy-in from the team.”

Moreover, Drug Court participants are supported in their recovery process by the team.

“They look up to us as a group and we applaud them and congratulate them; it’s an uplifting process for them...they are less here because they have to and more here because they want to.”

“The difference between before and now is that parents believe that we really are trying to help them. We aren’t just putting barriers in place. It’s not just a list of things to do, but that they have support. [For example], we help them get clothes to help get a job, not just tell them to get a job.”

### *Judicial Monitoring*

In traditional CINA court processing, the focus is on the child. Because parents attend CINA hearings just every 3 to 6 months, there often is not sufficient time to address all the issues facing the parent. Clearly evidenced by the courtroom observations conducted for this evaluation, the Family Recovery Court is unique in that regardless of the drug court phase, participants have regularly-scheduled, biweekly, substantive time with the FRC Master. Thus, a relationship is established between parents and the FRC Master that fosters emotional support, accountability, and collaboration. As apparent by observing the staffing meeting, the Master is fully informed and up-to-date on many aspects of the participants’ lives when they come before him in court, including their treatment progress, reunification goals, visitation, jobs, and housing. This allows for high efficiency and productivity of the court process, as well as the Master’s ability to make appropriate, well-informed decisions regarding the parents and their movement through the program.

“In FRC, focus is really on the parent. Everyone gives an update before, [at bimonthly meetings], then in court it’s a conversation between Master Hart and the parent – one-on-one time with him every two weeks.”

“He will listen to issues involving the child, but still brings the focus back to the parent. Children are addressed more in depth at review hearings.”

“...In drug court the focus is on the parents and on them getting what they need.”

“The main thing I see different now is the level of services that parents and their families get in drug court. They have more connection with the judicial officer, more understanding of what the court can/can’t do. They have more accountability on a continuous basis and know what they need to do to meet treatment and reunification goals. There’s always someone that the parent can connect with.”

“Most helpful was going every two weeks knowing you were going to be facing Master Hart – it was a big incentive for you to do well. This is the man that’s going to decide if your kids remain with you or not.” [parent focus group]

### *Positive Experience for Parents*

Team members and parents both describe the Family Recovery Court experience as positive in many aspects. The encouragement, applause and congratulating that participants receive from all FRC team members has a positive impact on parents’ self-image, self-confidence and their success in moving forward in their recovery.

“If I did well, Master Hart would tell me that and give incentives.” [parent focus group]

“He [the FRC Master] wants to know how they are doing and they tell him. He supports them and congratulates them. It gives them a real investment in the process.”

“I think the support amongst the parents is huge. Going through CINA they didn’t have the social camaraderie. This [drug court] allows for that support.”

“We give positive reinforcement and they [parents] gain a sense of pride when they reach a plateau.”

A notable element of the FRC that contributes to the program being a positive experience is the understanding that parents benefit regardless of whether or not reunification occurs. Although it is considered optimal if children reunify with their parents, the benefit to leading a sober and productive life is seen as crucial to overall quality of life.

“Over time it [the drug court] has also included helping the parent no matter if they reunify or not - and if it’s not possible [to reunify] to still give the parent treatment and give them an alternate life and the support that they need. The FRC Master feels strongly about this – even if the child is not going back.”

“Primary goal is sobriety, parenting is second. Not all people can parent, and in sobriety that is uncovered and supported.”

“[The] major goal is to provide an opportunity for parents to address their problems and become functional people. The secondary goal is to clearly determine that we’ve done everything we can and if change doesn’t occur its time for TPR [termination of parental rights]. So, it’s both therapeutic and weeding out.”

“[The] main goal, in my point of view, is for parents to get treatment and find a way to live their lives drug free. [The] side goal is always to reunify kids with parents and give them appropriate skills to properly parent kids. There are those who don’t reunify and still benefit, however.”

### *Operating Challenges*

As described below, three challenges to the ongoing operation of the program emerged from the process study: (1) expanding the role of sanctions, (2) housing, and (3) continued funding.

*Sanctions.* Respondents recommend that the program continue to understand the role of sanctions in encouraging progress. Presently, the program's focus is on therapeutic rather than punitive sanctions. Certain respondents recommend that the program consider expanding the therapeutic sanction options, and clearly state the possible consequences of continued lack of compliance.

*Housing.* For many communities, the availability of safe, sober, affordable housing is a challenge. A potential focal area for the program is exploring funding for increasing the availability of sober living homes that could serve as short or long-term housing options for clients. In particular, low-cost initiatives, such as Oxford Houses, may be worth exploring.

*Continued funding.* Most often stated by respondents is the concern for funding sustainability. Given that time-limited Federal and State dollars largely fund the program, respondents ask: "What will happen to the program once the grant money ends?" Thus, a present need is to explore alternate and more stable funding streams.

## OUTCOME STUDY

The focus of the outcome study was the examination of whether child welfare, treatment, and criminal justice outcomes are different for FRC and non-FRC parents. Specifically, the research questions for the outcome study examined the characteristics of parents served by the FRC and child welfare, treatment, and criminal justice outcomes, as outlined below.

*Research Question 1:* What are the characteristics of FRC parents compared to comparison group parents?

*Research Question 2:* Did child welfare cases involved with FRC cases obtain a permanent placement sooner than non-FRC involved child welfare cases?

*Research Question 3:* Was kinship care used more often for FRC cases than non-FRC cases?

*Research Question 4:* Did the children involved with FRC cases spend less time in foster care as compared to non-FRC involved children?

*Research Question 5:* Were there differences in the frequency of different types of permanency decisions between FRC and non-FRC involved child welfare cases?<sup>2</sup>

*Research Question 6:* Did FRC parents obtain a treatment assessment more quickly than non-FRC parents?

*Research Question 7:* Did FRC parents enroll in treatment more often than non-FRC parents?

*Research Question 8:* Did FRC parents complete treatment more often than non-FRC parents?<sup>3</sup>

*Research Question 9:* Were fewer FRC parents arrested for drug-related charges than non-FRC parents?

*Research Question 10:* For those parents who were arrested, did FRC parents have fewer number of arrests for drug-related charges than non-FRC parents?

*Research Question 11:* Did FRC parents spend less time in jail than non-FRC parents?

### Outcome Study Methodology

Entry into the FRC is voluntary, which made random assignment unfeasible. Thus, this evaluation utilized a quasi-experimental comparison group design. Specifically, this evaluation included:

- 53 FRC cases. For this evaluation, data were collected on one parent per case, usually the maternal parent figure. If the father figure was the only parent named on the case, or the only FRC participant, then the father figure was the subject of our data collection. The

<sup>2</sup> The study originally also included a research question to examine any differences in child welfare recidivism between FRC and non-FRC cases. However, only one case in the study samples had a subsequent child welfare case, so this research question is excluded from this report.

<sup>3</sup> The study also originally included a research question about length of time spent in treatment. However, due to missing data, we were unable to answer this question.

FRC sample comprised 100% of those cases enrolled in the FRC for at least 90 days between program inception (April 2004) and April 2006. Thus, this evaluation included all cases that entered the program during the first 2 years of program operation. Based on previous research, we used a cut-off of 90 days minimum enrollment so that enough time had elapsed for participants to begin receiving program services.

- 26 comparison group parents. The comparison group included those parents otherwise eligible and referred during the same time period that either never began the FRC program or left the program within 90 days. Each comparison parent for whom data was available was included in the final sample. While each reason for nonparticipation in the drug court is unique, common reasons for non-participation in the program included parents not wanting to attend the FRC's designated treatment provider, or lack of interest in intensive, on-going judicial monitoring.

For this evaluation NPC Research developed an administrative data extraction form<sup>4</sup> based on a tool we developed for a national evaluation of Family Treatment Drug Courts. This extraction form was designed to collect all data elements required for the outcome study. To collect these data NPC Research used the following data sources:

1. CINA Case Court File;
2. FRC Drug Court File and Treatment Data;
3. OBSCIS I&II; Maryland Department of Public Safety and Correctional Services (DPSCS); and
4. Substance Abuse Management Information System (SAMIS); Maryland Department of Health and Mental Hygiene (DHMA); Alcohol and Drug Abuse Administration (ADAA).

Data collection for the outcome component of this evaluation occurred in November 2007. The study was designed to collect data on each case for an 18-month window starting with the date of the first shelter hearing. However, many of the FRC cases included in the study entered the program later in the sampling period, and due to a delay in data entry, a full 18-month's worth of data were not available on these cases.

## **Outcome Study Analysis Strategy**

Approximately 66% of FRC cases included more than one child, whereas 46% of the non-FRC cases included multiple children. Having multiple children per family creates challenges for statistical analysis of child-level variables, because outcomes for children are not independent; that is, children in the same family are likely to have similar outcomes. To address this analysis challenge, the findings presented below are reported at the case level, and include all the children in the case. To calculate case-level outcomes for each outcome, the data for each child were aggregated up to the family level resulting in a family, or case-level, variable. For example, time spent in foster care was averaged across all children in a family to create one case-level variable of average time spent in foster care.

Independent Sample T-Test and Pearson Chi Square tests were conducted to determine whether there were statistically significant differences between FRC parents and non-FRC parents.

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<sup>4</sup> This form and all data collection measures are available upon request.

## Outcome Study Findings

### SAMPLE CHARACTERISTICS

*Research Question 1:* What are the characteristics of FRC parents compared to comparison group parents?

We compared the FRC and non-FRC parents across the following characteristics: gender, marital status, substance use allegation, current child welfare allegations, prior child welfare history, average age of child, and whether foster care was the first placement for the case. With the exception of marital status, no statistically significant differences were found, as displayed in Table 1. The similarities between the two groups suggest that any difference in outcomes cannot be attributed to differences on these measured demographic and case characteristics. However, it is also important to note that certain other characteristics, such as motivation for change, which may account for outcome differences, were not measured.

**Table 1. Sample Characteristics**

	FRC Cases (N=53)	Non-FRC Cases (N=26)
<b>Primary parent is the mother</b>	89%	91%
<b>Married or Partnered*</b>	59%	44%
<b>Substance use allegations: Drugs or Poly Use</b>	90%	100%
<b>Child welfare allegation: Neglect</b>	95%	92%
<b>Prior child welfare involvement</b>	61%	72%
<b>Average age of child at petition for shelter</b>	5	4
<b>Foster care as first placement</b>	60%	69%

\*Significant difference at  $p < .05$ .

### CHILD WELFARE OUTCOMES

*Research Question 2:* Did FRC cases obtain a permanent placement sooner than non-FRC child welfare cases? This question examined time to permanency and was defined as the number of days from the date of entry into substitute care to the last permanency order date (aggregated across children in multi-child families to create one case-level variable).

*Results:* While 77% (n=20) of the non-FRC cases reached permanency within the study window, 51% (n=27) of the FRC cases reached permanency within the study window. It is important to note that the sample of cases in this evaluation included more FRC cases whose CINA case

started later in the study window than non-FRC cases. In other words, fewer FRC cases had the full 18-month follow-up period than non-FRC cases. Thus, these cases may not take longer to reach permanency than non-FRC cases, but they simply did not have the opportunity to do so during the study window.

However, of those cases that did reach permanency during the study window, there was a trend toward the non-FRC cases reaching permanent placement somewhat faster (average of 291 days) than the FRC cases (average of 353 days), yet this difference did not reach statistical significance ( $t(52)=.92, p=.36$ ). This finding is consistent with the National FTDC Study conducted by NPC Research (Worcel et al., 2007).

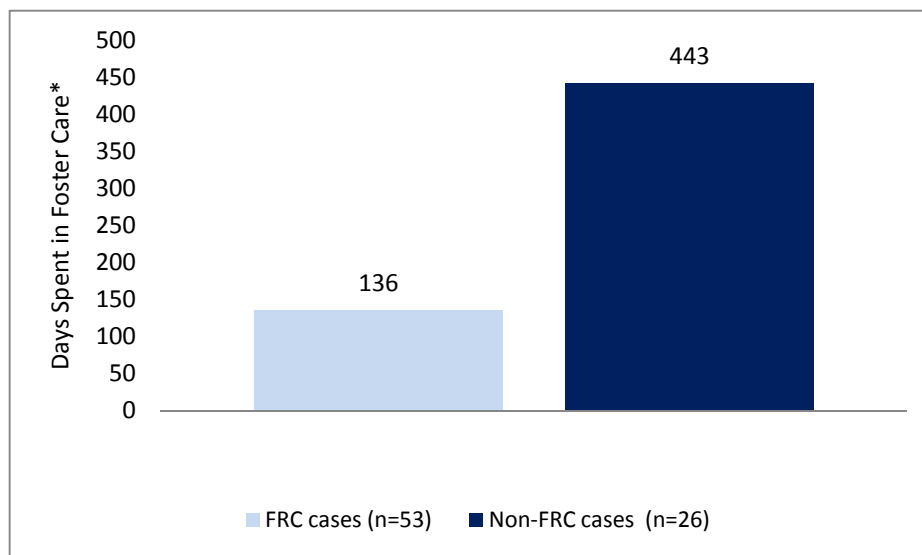
*Research Question 3:* Was kinship care used more often for FRC cases than non-FRC cases during the life of the case? This was defined as the percentage of FRC cases that had at least one kinship placement within the study window as compared to non-FRC cases.

*Results:* **No**, FRC cases were not more likely to utilize kinship substitute care than children in non-FRC cases ( $X=2.7, p=.26$ ).

*Research Question 4:* Did children involved with the FRC spend less time in non-kinship foster care as compared to children of non-FRC involved cases? This was defined as the comparison of FRC and non-FRC groups on number of days spent in foster care (averaged across children on a case) during the study window.

*Results:* **Yes**, children whose parents attended FRC spent less time in foster care ( $t(46)=.27, p=.01$ ). In fact, as illustrated in Figure 1, non-FRC cases spent more than 3 times as long in foster care than FRC cases.

**Figure 1. Number of Days Children Spent in Foster Care**



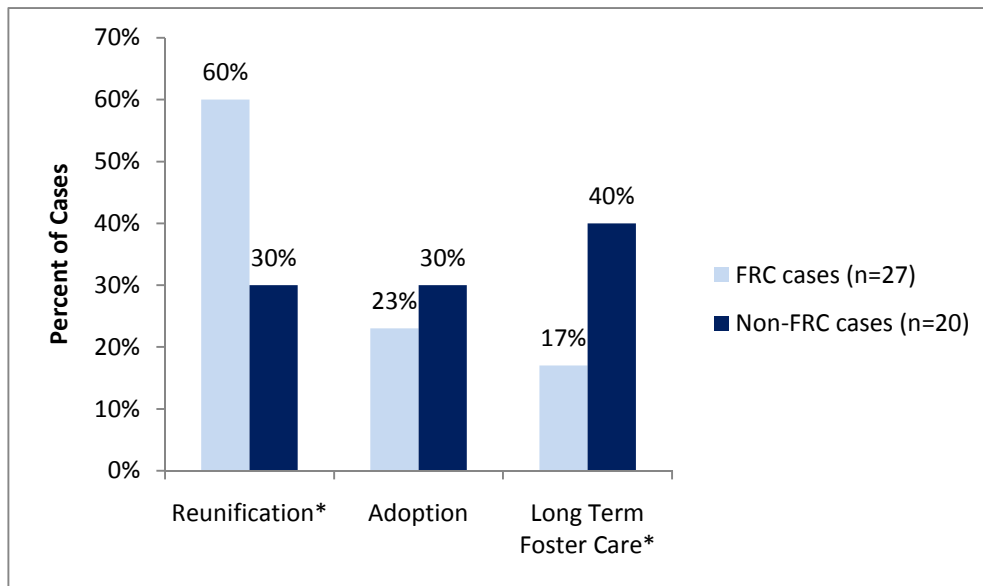
\*Statistically significant at  $p=.01$ .



*Research Question 5:* Were there differences in the frequency of different types of permanency decisions between FRC and non-FRC involved child welfare cases? This analysis included cases that had reached a permanency decision by the end of the study window (n=47).

*Results:* **Yes**, FRC cases resulted in 2 times more reunifications, and half as many placements in long-term foster care ( $X=8.8$ ,  $p=.01$ ), as illustrated in Figure 2.

**Figure 2. Frequency of Different Types of Permanency Decisions**



\*Statistically significant at  $p=.01$ .

## TREATMENT OUTCOMES

*Research Question 6:* Did FRC parents obtain a treatment assessment more quickly than non-FRC parents?

*Results:* **No** difference between FRC and non-FRC parents in time to treatment entry was found. However, this is due to an artifact of the study design: the comparison group was comprised of parents referred to the FRC who did not enroll. All referred parents received a timely substance abuse assessment.

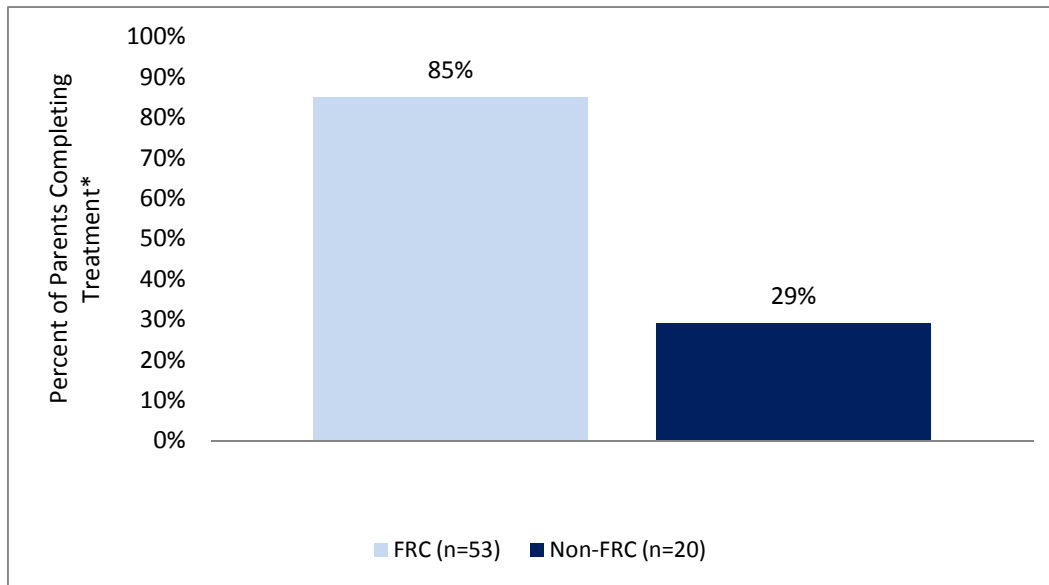
*Research Question 7:* Did FRC parents enroll in treatment more often than non-FRC parents?

*Results:* Similar to the previous research question, **no** difference between FRC and non-FRC parents in treatment enrollment was found. Again, this could be due to the artifact of the study samples: even the comparison group parents were assessed and therefore were likely referred to treatment. Thus, the creation of the FRC has resulted in a system-wide change: all substance abusing parents, whether enrolled in the drug court or not, now receive timely assessments and access to treatment services.

*Research Question 8:* Did FRC parents complete treatment more often than non-FRC parents? Treatment completion, for this study, was defined as parents with at least one episode with one of two SAMIS discharge codes: “graduation,” or “completed, referred to other treatment.”

*Results:* **Yes**, whereas 85% of FRC parents completed treatment, just 29% of non-FRC parents completed treatment ( $X=8.8, p<.001$ ).

**Figure 3. Treatment Completion Rates**



\*Statistically significant at  $p<.001$ .

### CRIMINAL JUSTICE OUTCOMES

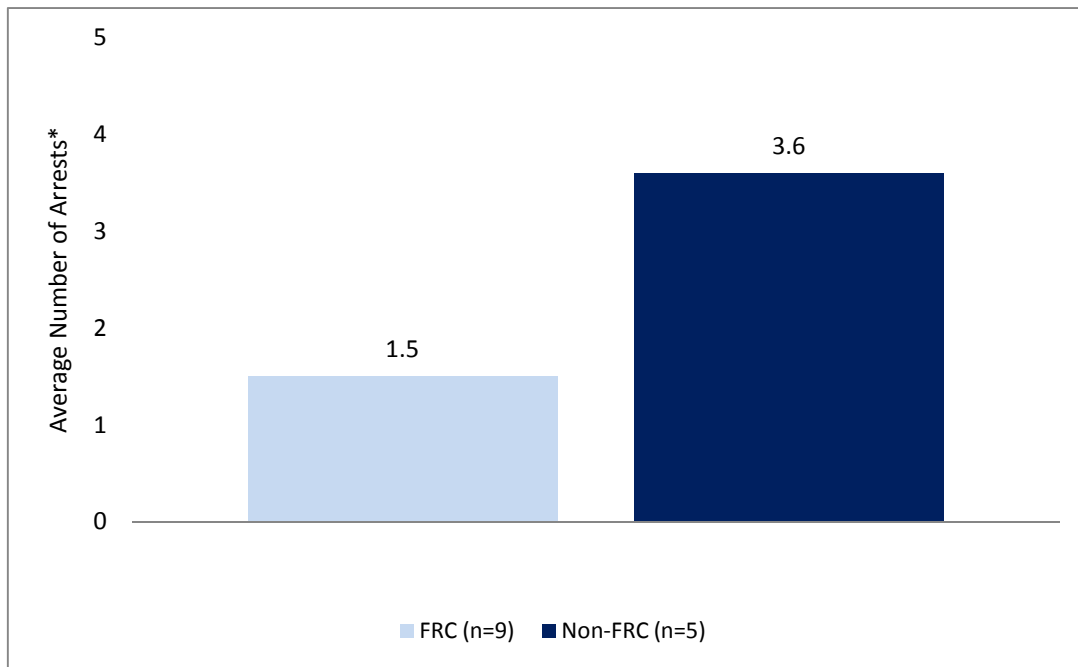
*Research Question 9:* Were fewer FRC parents arrested for drug-related charges than non-FRC parents? This was defined as the percent of parents with at least one arrest.

*Results:* **No**, 17% (n=9) of FRC parents had subsequent drug-related arrests, and 19% (n=5) of non-FRC parents had a subsequent arrest ( $X=4.6, p=.20$ ).

*Research Question 10:* Of those arrested, did FRC parents have fewer subsequent arrests for drug-related charges than non-FRC parents?

*Results:* **Yes**, of those FRC parents arrested for drug-related charges, these parents were arrested on average 1.5 times. Non-FRC parents arrested for a drug-related charge were arrested on average 3.6 times ( $t(12)=3.8, p<.001$ ).

**Figure 4. Number of Arrests for Drug-Related Charges**

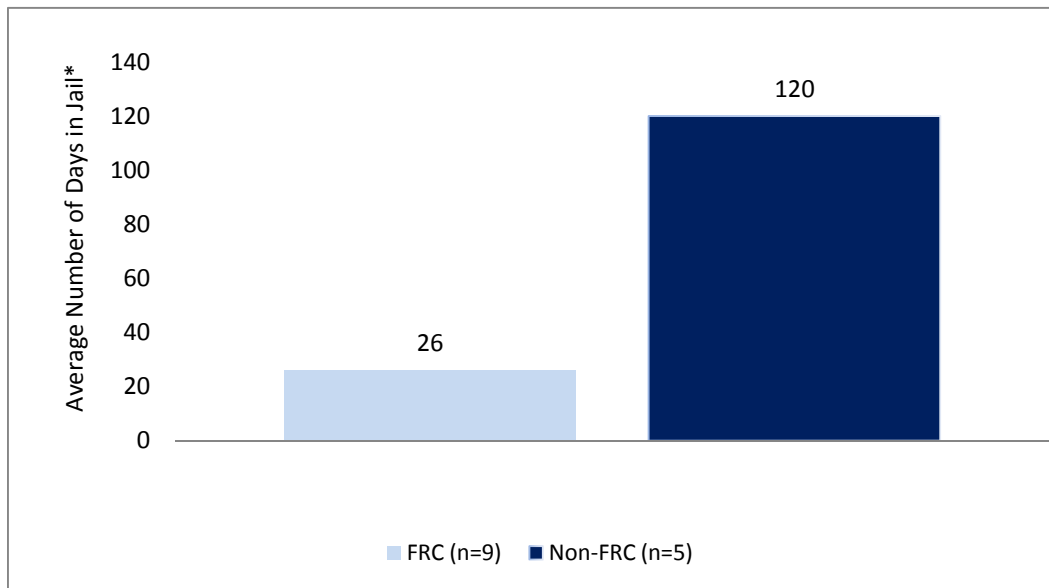


\*Statistically significant at  $p<.001$ .

*Research Question 11:* Did FRC parents who were arrested use fewer jail resources than non-FRC parents who were arrested?

*Results:* **Yes**, not surprisingly, given that FRC parents had fewer arrests than non-FRC parents, on average FRC parents spent fewer days in jail ( $t(12)=4.1, p<.001$ ). Detailed results are provided in Figure 5, below.

**Figure 5. Number of Days Parents Spent in Jail**



\*Statistically significant at  $p<.001$ .

## COST STUDY

The cost study utilized NPC's Transactional and Institutional Cost Analysis (TICA) methodology to determine the relevant transactions associated with the Family Recovery Court and the costs of those transactions. Using TICA, cost estimates were applied to the data collected for the outcome study in order to determine the costs and cost savings associated with the FRC as opposed to traditional child welfare case processing.

The cost component of this evaluation focused on potential cost savings from:

1. Reduced short-term and long-term foster care utilization;
2. Reduced adoption and guardianship subsidy expenditure; and
3. Reduced criminal justice involvement costs.

### Cost Study Methodology

The cost study involved assigning costs to the operation of the FRC over and above traditional child welfare case processing, as well as assigning costs to the outcomes for the FRC and comparison groups. Because of the prescriptive nature of child welfare cases, that is each case has a shelter hearing, 6-month review, etc., this approach assumes that, in general, across a variety of cases, the child welfare hearing and case processing costs are similar for FRC and non-FRC cases. Thus, to determine the costs and cost savings of FRC processing, we examined the cost of operating the FRC above and beyond traditional child welfare case processing, and then compared the child welfare outcome costs (the costs of foster care utilization and adoption and guardianship subsidies) and the criminal justice outcome costs (the costs of arrests, jail bookings, and jail bed days) for FRC and non-FRC cases. All cost results were based on fiscal year 2007 dollars.

### FRC COSTS

The total budget of the FRC is \$173,890 per year, including \$28,145 provided in-kind by various Harford County agencies. Approximately 50% of the program costs are devoted to providing alcohol and drug treatment services. The remaining costs cover participant transportation and incentive expenses. Because we could not determine the costs of providing treatment to the comparison group due to missing data on treatment length of stay, the costs associated with treatment service provision for both groups were not included in the final cost calculation. Thus, the annual FRC budget used in the final cost calculation was \$86,924 and included all FRC costs except treatment.

### OUTCOME COSTS

*Foster care, long-term foster care, guardianship and adoption subsidy* costs are part of the mandated appropriations in the Maryland budget as determined by the Maryland Legislature. The cost per month of foster care is \$735.00 for children 0-11 and \$750.00 for ages 12 and over, and therefore we used an average cost per month of \$742.50. Adoption subsidies may be up to 100% of the foster care subsidy and therefore we used the same \$742.50 cost per month estimate. Guardianship is reimbursed at the rate of \$585.00 per month. For those children placed in long-term foster care, guardianship, or adoption, we determined the number of months each child will be in their placement until they turn 18. The total number of months was multiplied by the average monthly cost of long-term foster care, guardianship or adoption subsidy.

**Arrests** in Harford County cost on average \$182.81 per arrest as determined by the average cost of a Harford County Sheriff's Office arrest (\$188.49) and the average cost of a Bel Air Police Department arrest (\$177.13). The Harford County Sheriff's Office and Bel Air Police Department provided these costs to NPC Research.

**Jail days** costs were provided by the Harford County Sheriff's Department. Jail bed days are \$84.05 per person per day. This rate was acquired from the Harford County Sheriff's Department.

**Jail booking** costs were provided by the Harford County Sheriff's Department. The cost of a single jail booking is \$197.24.

## Cost Study Analysis Strategy

To determine whether FRC participation results in total net cost savings to the State of Maryland taxpayer, several questions were asked. First we asked the question: what was the total cost of foster care during the case? Total number of days of foster care use was defined as the number of days between the date of foster care entry to the date the child returned to parent, or close of the data collection window, whichever came first. Unlike the outcome study where we examined the average length of stay in foster care for each case, for the cost study we calculated the total number of foster care days used for each child during the study period. Then, we multiplied the number of foster care days used by the per-day foster care cost.

Second, we asked: for those children placed in long-term foster care, guardianship, or adoption, how many months will the child be in foster care or their adoptive placement until they turn 18? For this question, for each child, we computed the number of months between the age of the child at the time of the permanency decision and the child's 18<sup>th</sup> birthday. This resulted in a total number of months for each sample (FRC and non-FRC). The total number of months was multiplied by the average monthly cost of long-term foster care, guardianship or adoption subsidy.

Third, we asked: what was the cost of criminal activity? To determine the potential cost savings of FRC involvement on societal criminal justice costs, we calculated the total costs of arrest, booking, and jail bed days accrued by each group during the study window.

The current study included 2 years of FRC participants, and therefore the cost study included the cost of FRC operations for those 2 years plus the foster care and criminal justice costs for those families during the study window. In addition, the cost study included projected costs accrued outside the study window: the costs associated with long-term foster care, guardianship, and adoption subsidies through each child's 18<sup>th</sup> birthday for children not reunified with their parents.

## Cost Study Findings

Table 2 below presents the results from the cost study calculations. First, this table lists the child welfare outcome costs for foster care and adoption subsidies paid during the case, and long-term foster care, adoption, and guardianship subsidies. The costs of the program are deducted from these costs. Then the criminal justice costs accrued during the cases are included to derive the total estimated cost savings, which is presented at the bottom of the table. The cost savings attributable to the 2-year study period of the Harford County FRC program is \$633,589, or approximately \$12,000 per served family. This figure represents current and future savings attributable to 2 years of FRC operations; the bulk of these savings will be realized in future years in the form of reduced long term foster care, guardianship, and adoption subsidies. It is also important to note

that some of these avoided costs are actually “opportunity resources” available for use in other contexts. For example, if FRC involvement reduces the number of days that a child spends in foster care, an opportunity resource will be available to child welfare in the form of a foster care placement that may now be filled by other children. Thus, this means that child welfare may see no change in foster care use and that overall budget expenditures will remain the same. However, the savings generated by drug court participants due to decreased foster care use and decreased criminal activity will likely continue to accrue over time, repaying investment in the program and providing further savings and opportunity resources to public agencies.

**Table 2. Cost Study Results**

	<b>FRC</b>	<b>Non-FRC</b>
<b>Child Welfare</b>		
Foster Care	\$180,693 (7,479 days)	\$329,506 (13.636 days)
Long-Term Foster Care, Guardianship, and Adoption Subsidies	\$1,359,600 (2,577 months)	\$1,984,125 (4,203 months)
FRC Program Costs	\$173,848 (2 years)	\$0
Total Child Welfare Costs	\$1,714,141	\$2,313,631
<b>Total Child Welfare Cost Savings</b>		<b>\$599,490</b> <b>\$11,311 per participant</b>
<b>Criminal Justice</b>		
Bookings & Arrests	\$3,420 (9 bookings/arrests)	\$6,841 (18 bookings/arrests)
Jail Time	\$19,836 (236 days)	\$50,514 (601 days)
Total Criminal Justice Costs	\$23,256	\$57,355
<b>Total Criminal Justice Cost Savings</b>		<b>\$34,099</b> <b>\$643 per participant</b>
<b>Total Cost Savings</b>		<b>\$633,589</b> <b>\$11,955 per participant</b>





## DISCUSSION

The Harford County Family Recovery Court strives to impact the lives of parents and families in a number of ways. Through the efforts of a strong, dedicated, and diverse team, this program aims to bring sobriety and quality of life to parents and, in turn, may increase the likelihood of reunification for many families. The unique features of the FRC, which are not present in the traditional court process, are crucial to the success of the program.

Results from this study indicate positive outcomes and cost savings due to the FRC. Child welfare outcomes demonstrate that the FRC is achieving important child welfare benchmarks: reduced foster care use and increased reunification.

- On average, children in families served by the FRC spent one-third of the amount of time in foster care as non-FRC children: FRC children spent 136 days in foster care as compared to 443 days for non-FRC served families. This resulted in a savings of \$148,813 dollars.
- Whereas 60% of FRC families achieved reunification, just 30% of non-FRC families achieved reunification. This resulted in a savings of \$624,525 dollars.

It is worth noting that it is not possible to draw conclusions about time to permanency, as many cases, particularly in the FRC sample, had not yet reached permanency during the study window. However, the patterns found in this study are similar to findings from other studies conducted by NPC Research (Green, Furrer, Worcel, Burrus, & Finigan, 2007; Worcel et al., 2007).

This study also addressed several key treatment outcomes, including access to treatment assessments, treatment entry, and treatment completion.

- No difference between FRC and non-FRC parents in treatment assessments or time to treatment entry was found. Because a goal of the FRC is immediate assessment and enrollment into treatment, all eligible clients (those in the FRC and those in the comparison sample) received immediate assessments and referrals to treatment. Thus, the implementation of the FRC has led to a system-wide improvement in treatment access for all substance-abusing parents.
- FRC parents were almost 3 times more likely to graduate treatment than non-FRC parents. Whereas 85% of FRC parents completed treatment, just 29% of non-FRC parents completed treatment. This is especially noteworthy given the documented link between treatment completion and positive child welfare outcomes (Green et al., 2007; Worcel et al., 2007).

Finally, in terms of criminal justice outcomes, there was no difference in the percent of parents with subsequent drug arrests. However, of those parents with arrests, FRC parents were arrested on average 1.5 times, whereas non-FRC parents were arrested on average 3.5 times. Moreover, FRC parents who were arrested spent on average 26 days in jail, whereas non-FRC parents spent on average 120 days in jail. No difference between FRC and non-FRC cases in the type of offense was found.

Because FRC families utilized less foster care and were more likely to achieve reunification, FRC cases were less costly to the child welfare system than other CINA cases. Cost analysis that

included the FRC program costs, foster care utilization costs, and the costs of long-term foster care, guardianship, and adoption subsidies for children who are not reunified with their parents found that FRC cases may result in child welfare cost savings attributable to 1 year of FRC operations of approximately **\$300,000**, or **\$11,311** per family served. This figure represents current and future savings attributable to 2 years of FRC operations; the bulk of these savings will be realized in future years in the form of reduced long term foster care, guardianship, and adoption subsidies. Moreover, as FRC parents spent less time in jail during our study window, the average net savings, over the 2-year study period, to the State of Maryland taxpayer per year was an additional **\$17,049.50**. Thus, the total cost savings attributable to 1 year of FRC operations is over **\$317,000**, or approximately **\$12,000** per served family.

Results from this evaluation indicate that parents served by the FRC and parents not served by the FRC are similar across several important characteristics. While one may not be able to say with absolute certainty that outcome differences are solely because of FRC involvement, it does appear that given how similar the two groups appear across a variety of characteristics, FRC involvement may uniquely contribute to outcome differences between the two groups. However, reasons why parents choose to not participate in the FRC, such as lack of motivation, were not measured in this evaluation. It is unclear, whether, or to what extent, these unknown characteristics might account for outcome difference between the two groups. Given the positive results associated with program participation, it would behoove the program to examine what motivates program participation, and more specifically why non-FRC parents are not being served.

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