

Family Treatment Drug Court Evaluation

EXECUTIVE SUMMARY



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EXECUTIVE SUMMARY

This report presents the findings of a national evaluation of Family Treatment Drug Courts (FTDCs) conducted by NPC Research and funded by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. Family Treatment Drug Courts are specialized courts designed to work with substance-abusing parents involved with the child welfare system. The national evaluation examined whether court, child welfare, and treatment outcomes differed for families served through FTDCs as compared to families who received traditional child welfare services. Furthermore, the evaluation explored not only *whether* drug courts work, but also *how* and for *whom* they work.

The study focused on four FTDCs located in California (San Diego and Santa Clara Counties), Nevada (Washoe County), and New York (Suffolk County). These four sites represented differing FTDC models: San Diego County employed a model in which all substance abusing parents were provided intensive recovery management services through the Substance Abuse Recovery Management System (SARMS), which was the first Tier of a system model. Those clients that were noncompliant with SARMS were offered the second Tier of the system, which was the Dependency Drug Court. Approximately 10% of all Tier 1 cases go on to enter Tier II. Santa Clara and Washoe Counties had a more traditional, stand-alone drug court serving primarily parents whose children had been removed from their care; and Suffolk County had a stand-alone drug court that accepted parents with neglect allegations only (and as a result, many



children at this site were not removed from their homes).

The study included the collection of administrative data from court, child welfare, and treatment data sources on a total of 802 FTDC and 1,167 comparison cases. While some study cases consisted of two-parent families, and a small handful of cases consisted of father-only cases, for the purposes of this report we have focused on outcomes for mothers and their families (739 FTDC cases and 1,120 comparison cases). The report also includes parent interview data from a subset of 136 FTDC mothers.

Do Drug Courts Work?

The outcomes included in this evaluation can be grouped into three categories: treatment outcomes, child welfare outcomes, and court outcomes. We present the study findings for each of these categories of outcomes below.

TREATMENT OUTCOMES

One of the primary goals of the FTDC is to support families to access, remain in, and successfully complete substance abuse treatment services. Treatment outcomes examined as part of this study included the likelihood of treatment entry, the length of time between petition and

treatment entry, the number of days spent in treatment during the case, and the likelihood of treatment completion. Results showed the following:

- **Treatment Entry:** At two of the four study sites (Santa Clara and Suffolk), FTDC mothers were significantly more likely to enter treatment than the comparison mothers, and when effects were pooled across the four sites, FTDC mothers overall were significantly more likely to enter treatment than comparison mothers. However, the pooled effect size was relatively small ($d=0.2$), indicating that on average, these four FTDCs had a modest influence on treatment entry.
- **Time to Treatment:** At one of the four study sites (Suffolk), FTDC mothers entered treatment significantly faster after the initial child welfare petition than did comparison mothers, and when effects were pooled across all four sites, FTDC mothers entered treatment significantly faster than comparison mothers. Again, however, the pooled effect size was relatively small ($d=0.2$), no doubt due to the lack of significant impacts on time to treatment entry at three of the four sites.
- **Length of Stay in Treatment:** At three of the four study sites (Santa Clara, Suffolk, and Washoe), FTDC mothers spent significantly more days in substance abuse treatment than did comparison mothers. In these sites, FTDC mothers spent *almost twice as long* in treatment than did comparison mothers. Not surprisingly, the pooled effect size across the four study sites was significant and moderate in size

FTDC parents were more likely to enter treatment, entered treatment more quickly, stayed in treatment longer, and were more likely to complete treatment than comparison parents.

($d=0.4$), indicating that FTDC appears to have a relatively strong effect on time spent in treatment.

- **Treatment Completion:** Similarly, at these same three study sites, FTDC mothers were significantly more likely to complete treatment than comparison mothers. This result held true both for all mothers in the samples as well as for the subset of mothers who entered treatment. Again, the magnitude of these differences were both statistically and practically significant: Treatment completion rates in three of the study sites were *almost double* among FTDC mothers. When the effects were pooled across the four sites, FTDC mothers were significantly more likely to complete treatment than comparison mothers. However, the overall effect sizes were relatively small ($d=0.2$ for all mothers and $d=0.3$ for just those mothers who entered treatment), again related to the lack of impact in one of the study sites.

CHILD WELFARE OUTCOMES

Ultimately, FTDCs strive to support successful treatment and recovery for parents so that they can be reunified with their children (if appropriate). The study examined a number of outcomes related to the child welfare case experience, the case resolution, and child welfare recidivism.

Child Welfare Case Experience

We measured several aspects of the child welfare case experience, including the number of services received by children and the number and type of living situations for children.

- **Services to Children.** At one study site (San Diego), FTDC children received significantly more services during their case than comparison children, however, pooling effects across the four study sites resulted in no significant differences in the number of services received by FTDC and comparison children.
- **Placement Changes.** At one of the four study sites (Santa Clara), children of FTDC mothers experienced significantly *more* living situation changes, even after controlling for length of case. While there were no significant differences on this variable at the remaining three sites, when the effects were pooled across the four sites, FTDC children did have significantly more living situation changes than comparison children. Despite statistical significance, the pooled effect was very small ($d=0.1$), no doubt due to the isolation of this effect at one program site only.
- **Days in Parental Care.** Because children tended to have multiple placements during their cases, they often spent portions of their cases in parental care. At two of the four study sites (Santa Clara and Washoe), FTDC children spent significantly more days (and a higher percentage of their cases) in parental care than did comparison children; similarly, when the effects across the four sites were pooled, FTDC children spent a greater percentage of the case and more absolute days with their mothers than comparison children. These pooled effect sizes ($d=0.3$ for number of days spent with mothers and $d=0.2$ for proportion of the case spent with moth-

Children of FTDC mothers spent fewer days in out-of-home placements and were more than twice as likely to be reunified with their parents, compared to non-FTDC children.

ers) indicate that across the four sites, there was a modest effect on time spent in parental care.

- **Time in Out of Home Placement.** Not surprisingly, at these same two sites, FTDC children spent significantly fewer days (and a smaller percentage of their cases) in any out-of-home placements (kin or non-kin). Again, the pooled effect was somewhat small, reflecting the lack of impact at two of the sites ($d=0.2$).
- **Kinship Care.** There were no significant differences at any of the sites (or across the four sites when effect sizes were pooled) for the number of days or percent of case that children spent in kinship placements.

Permanency Outcomes

The study included several measures reflecting the child's permanency outcomes, including the length of time from petition to permanent placement as well as an examination of the types of permanent placement.

- **Time to Permanency.** At one study site (Santa Clara) it took significantly *longer* for children of FTDC mothers to reach permanent placement than children of comparison mothers. The remaining three sites exhibited the same trend, though the results did not reach significance. The pooled effect size, not surprisingly was small ($d=0.2$).
- **Time to Reunification.** FTDC cases that resulted in reunifications took significantly longer to reach that permanent placement than did cases that resulted in another permanency decision. However, cases that resulted in a termination of parental rights did not

take significantly longer in FTDC cases than in comparison cases. This suggests that FTDCs are moving quickly to find permanent solutions for children for whom reunification is not an option, and are taking more time to be sure that mothers who will reunify are ready to do so.

- **Rates of Reunification.** At three of the four study sites (San Diego, Santa Clara, and Washoe), children of FTDC mothers were significantly more likely to be reunified than children of comparison mothers, and at two sites (Santa Clara and Washoe), FTDC children were significantly less likely to have terminations of parental rights. In these two sites, children in the FTDC group were *more than twice* as likely to be reunified than children in the comparison group. Not surprisingly, when effects were pooled across the four sites, there was a small effect, on average, of FTDC on permanency decisions ($d=0.3$).

**FTDC participation
contributed to the
likelihood of reunification
above and beyond its effect
on treatment.**

Child Welfare Recidivism Outcomes

We investigated child welfare recidivism for the mothers involved in the study as well as for the children. Overall, recidivism rates for mothers and children across all sites and groups were low, with only one significant difference at one site between FTDC and comparison samples. This is likely due, at least in part, to the short study window; we collected two years of data (from date of original petition) for each family, and therefore there simply was not adequate time to capture recidivism.

Furthermore, interpreting recidivism rates can be complicated by the fact that FTDC

mothers may be under closer scrutiny than comparison group mothers, and therefore may be more likely to come to the attention of child welfare workers again, resulting in higher, not lower recidivism rates. However, with the exception of one recidivism measure for one site (in Suffolk, FTDC mothers had significantly more new CPS petitions than comparison mothers), we found no significant differences between the groups.

COURT OUTCOMES

The study examined parent compliance with case plans as well as the length of court cases.

- **Case Compliance.** At three of the four sites (San Diego, Santa Clara, and Washoe), FTDC mothers were significantly less likely than comparison mothers to have indications of non-compliance in their court record. When effects were pooled across the four sites, FTDC clients were significantly less likely than comparison mothers to have indications of noncompliance, though the effect size was small ($d=0.3$).

- **Length of Court Cases.** At all sites, FTDC cases were significantly longer than comparison cases, and the pooled effect size was moderate ($d=0.6$). However, at the time of data collection 41% of FTDC cases and 37% of comparison cases were still open; thus, it is likely that the length of cases reported here is an underestimate of their actual length, and therefore, this result should be interpreted with caution.

What Makes Drug Courts Work?

In addition to measuring the differences in outcomes between FTDC and comparison cases, the evaluation collected a variety of information (through administrative record review and through parent interviews) that allowed for an examination of *how* and *for whom* drug courts work. The analysis of these data was aimed at investigating (1) the effects of FTDC experiences on outcomes, (2) the effects of treatment experiences on outcomes, (3) the effects of parent characteristics on FTDC experiences and outcomes and (4) whether FTDC participation, over and above its contribution to treatment outcomes, had a unique, “value added” contribution to reunification. These findings are summarized below.

- Mothers who spent more time in FTDC, had more FTDC appearances, and who graduated from FTDC were more likely to have longer treatment stays, complete treatment, and reunify with their children.
- The more quickly mothers entered treatment and the longer they stayed in treatment, the more likely they were to complete treatment, but only treatment completion was directly related to the likelihood of reunification. Mothers who completed treatment were significantly more likely to be reunified with their children.
- Few parent characteristics were related to FTDC experiences, and similarly, few parent characteristics were related to treatment or reunification outcomes.
- Mothers who participated in FTDC experienced higher rates of treatment completion, which in turn was associated with higher rates of reunification. However, participating in the FTDC also contributed to the likelihood of reunification *above and beyond* its effect

on treatment. Data from qualitative interviews conducted as part of this study begin to paint a picture of the unique features of FTDCs that could contribute to this effect, including the relationship established between parents and judges that fosters emotional support, accountability, and collaboration.

Discussion

Results from this study show evidence for the effectiveness of the FTDC program model on treatment and child welfare outcomes, especially in the two study sites (Santa Clara and Washoe) that adopted a more “traditional” FTDC model. This model included a focus on parents whose children have been removed from their care, and involved frequent court appearances, timely access to quality treatment services, and a success in supporting parents as they work toward recovery. At these two sites, FTDC participation was associated with statistically and practically significant results:

- 55%-60% increases in the length of stay in treatment services for participants;
- 40%-54% increases in the rates of treatment completion for participants;
- 14-36% reductions in the number of days spent in out-of-home placements; and
- 42%-50% increases in the percentage of children reunified with their parents.

Results in the other two sites were more mixed. In Suffolk County, treatment outcomes were positive, but placement outcomes did not show the same pattern of positive results. This may be due to several conditions unique to that site, including the fact that many children were never placed outside the home and the fact that cases at that site were longer than cases at the other study sites (indeed, 57% of Suffolk’s cases had not closed at the time of our data col-

lection), which meant that we were unable to gather case outcome information for many cases.

Results were least favorable for San Diego County. Indeed, the overall level of outcomes, and most especially treatment outcomes, for the San Diego group look more similar to the comparison groups across the four sites than to the FTDC treatment group outcomes at other sites. There are several possible reasons for this. First, there were significant implementation issues during the study period, which may have influenced the success of the program, including the retirement of the founding judge (who was followed by a succession of other judges) and funding cuts that led to reduced services and waiting lists. It may also be that the model does not represent the best approach, especially for higher risk parents. The San Diego model calls for all parents with substance abuse issues to participate in the first Tier of less-intensive services for a period of time, and those parents who are noncompliant or unsuccessful are then referred to the second Tier. Given research that suggests that parents' entry into the child welfare system may represent an immediate window of opportunity for intervention, these delays, and indeed, repeated failures, may eventually undermine parents' motivation and lead to less successful outcomes.

Results from this study also begin to provide some information about what is important to successful FTDC programs. Parents who were most successful varied in terms of demographic and case characteristics, suggesting that the model is effective for a broad range of parents. Not surprisingly, successful parents who graduated from FTDC and who were reunified with their

children were those who had timely access to treatment services and who were able to remain in, and complete, treatment. Furthermore, findings from this study indicate that while FTDCs' influence on treatment experiences is significant and an important factor in parents' success, FTDC participation itself, apart from its influence on treatment experiences, also is a contributor to parents' success. That is, parents who participated in FTDCs who had positive treatment experiences were more likely to be reunified with their children than comparison group parents with similar treatment experiences. Further research is necessary to unpack this "value added" of FTDCs.

It is also clear that success for FTDC parents takes time — most parents remained in the drug court for about a year, and thus tended to have longer court cases and took longer to reach permanent placement. Given the timelines mandated by the Adoption and Safe Families Act, and the fact that the proliferation of FTDCs has occurred in large part in reaction to ASFA, the fact that this study found no indication that FTDC cases reach permanency faster raises questions about whether reduced time to permanency is a realistic goal for parents in the FTDC program. However, it should also be noted that permanent placements were made, on average, in less than one year in all sites, well within the ASFA timeline.

Finally, it is worth noting that the study did not find significant differences in child welfare recidivism between FTDC and comparison cases. This could be due, in large part, to the 2-year data collection window for this study. Further research is needed that can track recidivism at both the child and parent level.