Family Treatment Drug Courts in the U. S.: An Overview of Current Research and Implications for Practice

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Informing policy, improving programs

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Why are Family Treatment Drug Courts Important?

• As many as 60-70% of child welfare cases in the U.S. involve substance abuse
• Children of substance abusing parents:
  – Stay in foster care longer
  – Are less likely to be reunified
  – Have more placement instability
  – Suffer serious short and long term consequences

Emergence of the FTDC Model

• First court began in 1997
• Currently more than 300 courts in the U.S.
• Two primary reasons for growing popularity:
  – Strong adult (criminal) drug court movement – popular model, positive outcomes
  – Passage of federal Adoption & Safe Families Act (ASFA, 1997) placed strict one-year timeline for making permanency decisions for children
  – Growing concern that current services for substance abusing families involved with child welfare were inadequate to meet this timeline
Key Elements of FTDCs in the U.S.

- Consistent elements:
  - Regular hearings
  - Parents have a drug or alcohol issue that has been identified as a primary reason for involvement with child welfare services
  - Voluntary participation
  - Drug court team ensure multiple service needs are met and coordinated
  - Team typically includes: attorneys (all representatives), judge, drug court coordinator, caseworker, and treatment provider
  - Typical duration is one year
Research Design Overview

- Research in 6 sites with different contexts and models

- Three types of research design:
  - Pre-FTDC comparison groups: Baltimore, San Diego
  - Non-referred comparison groups: identified parents eligible for, but not referred to, the FTDC program: Harford, Santa Clara, Suffolk, Washoe
  - Comparison jurisdictions: Santa Clara, San Diego
# Final Study Sample Sizes

<table>
<thead>
<tr>
<th>Site</th>
<th>FTDC</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Harford</td>
<td>53</td>
<td>26</td>
</tr>
<tr>
<td>San Diego</td>
<td>438</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td>(104 received FTDC)</td>
<td></td>
</tr>
<tr>
<td>Santa Clara</td>
<td>100</td>
<td>553</td>
</tr>
<tr>
<td>Suffolk</td>
<td>117</td>
<td>239</td>
</tr>
<tr>
<td>Washoe</td>
<td>84</td>
<td>127</td>
</tr>
</tbody>
</table>
Data Collection Strategies

- Administrative record data extraction
  - Treatment, court, and child welfare records
  - Tracked for families 18 or 24 months post petition

- Quantitative and qualitative parent interviews

- Key stakeholder interviews and court observations

- Cost data from two sites
Overarching Research Question

Do parents & children served by FTDCs have more positive treatment and child welfare outcomes, compared to those processed through traditional family court?
Treatment Outcome Questions

- Faster treatment entry?
- More days spent in treatment?
- More likely to complete treatment?
Days to Treatment Entry

- **Drug Court**
- **Comparison**

<table>
<thead>
<tr>
<th>City</th>
<th>Drug Court</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City*</td>
<td>57</td>
<td>88</td>
</tr>
<tr>
<td>San Diego</td>
<td>88</td>
<td>107</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>100</td>
<td>110</td>
</tr>
<tr>
<td>Suffolk*</td>
<td>58</td>
<td>133</td>
</tr>
<tr>
<td>Washoe*</td>
<td>84</td>
<td>114</td>
</tr>
</tbody>
</table>

*Statistically significant at p<.001.

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Days Spent in Treatment

**Drug Court**  **Comparison**

<table>
<thead>
<tr>
<th>City</th>
<th>Drug Court</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City*</td>
<td>138</td>
<td>82</td>
</tr>
<tr>
<td>San Diego</td>
<td>179</td>
<td>154</td>
</tr>
<tr>
<td>Santa Clara*</td>
<td>298</td>
<td>135</td>
</tr>
<tr>
<td>Suffolk*</td>
<td>297</td>
<td>172</td>
</tr>
<tr>
<td>Washoe*</td>
<td>330</td>
<td>132</td>
</tr>
</tbody>
</table>

* Statistically significant at p<.001.
Percent Completing at Least One Treatment Episode

**Percent Completing at Least One Treatment Episode**

<table>
<thead>
<tr>
<th>Location</th>
<th>Drug Court</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harford**</td>
<td>85%</td>
<td>36%</td>
</tr>
<tr>
<td>Baltimore City*</td>
<td>64%</td>
<td>29%</td>
</tr>
<tr>
<td>San Diego</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Santa Clara**</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Suffolk**</td>
<td>61%</td>
<td>61%</td>
</tr>
<tr>
<td>Washoe*</td>
<td>37%</td>
<td>32%</td>
</tr>
</tbody>
</table>

**Statistically significant at p<.001.**  **Statistically significant at p<.01.**
Child Welfare & Court System
Outcome Questions

- Less time in out-of-home placements?
- Faster time to permanency?
- More likely to be reunified?
Time in Out-of-Home Placement

- Drug Court
- Comparison

* Statistically significant at p<.001.
Days to Permanent Placement

*Statistically significant at p<.05.*
Percent Reunified

- **Drugs Court**
- **Comparison**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percent Reunified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore City*</td>
<td>70%</td>
</tr>
<tr>
<td>Harford*</td>
<td>60%</td>
</tr>
<tr>
<td>San Diego*</td>
<td>56%</td>
</tr>
<tr>
<td>Santa Clara*</td>
<td>76%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>57%55%</td>
</tr>
<tr>
<td>Washoe**</td>
<td>91%</td>
</tr>
</tbody>
</table>

* Statistically significant at p<.05.  ** Statistically significant at p<.001.

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Summary: Outcomes for FTDCs

- Strong treatment outcomes
- Longer time to permanent placement
  - Longer times in treatment
  - Supported through relapse by FTDC team
- Less time in Out of Home Placements:
- More reunifications
Understanding Site Differences
Better Outcomes

- Traditional FTDC model
- Programs support success rather than intervening after failure, but allow relapse
- Retain families 12 months
- Provide regular hearings (at least 2x/month)
- Facilitate rapid treatment entry and completion
- Not associated with specific parent characteristics
- Mentoring may be important
What Program & Service Variables Influenced Outcomes?

- **More time spent in FTDC**
  - Spend more time in treatment
  - More likely to be reunified

- **Enter treatment more rapidly**
  - Spend more time in treatment
  - More likely to complete TX

- **Spend more time in treatment**
  - Spend more time in TX
  - More likely to complete treatment

- **Complete at least one treatment**
  - More likely to be reunified
Does FTDC Influence Reunification “Above and Beyond” its Effect on Treatment Completion?

.18*** (independently)
.14*** (controlling for TX completion)

FTDC \rightarrow Treatment \rightarrow Reunification

Controlling for Parent Characteristics

***statistically significant, p<.001
Parents’ Perspectives

What Makes Drug Courts Work?
Key Elements from Parents’ Perspectives

- **Emotional Support:** Parents talked about how the drug court team, and in particular the judge and the drug court-dedicated caseworkers, provide a support system – “someone who believed in me”.

- **Accountability:** Parents also explained how frequent hearings and attendance in drug court helped keep themselves accountable for their behavior.

- **Collaboration:** Team meetings and having team members present in court meant that the judge and others are well informed about their cases, and can provide appropriate and timely support for recovery and other issues facing the parent.

- **Sense of Accomplishment:** Parents discussed how rewards, and especially graduation from drug court gave them a sense of accomplishment, some for the first time in their life.
Practical Support

Practical supports and services were extremely important to many parents, including:

- Housing
- Employment
- Help with life improvements such as tattoo removal, dentures, and birth control
Are FTDC Programs Cost-Effective?
Cost Savings Baltimore FTDC

Total cost savings = $1,004,456 or $5,022 per case

*FTDC program budget included residential treatment costs
Cost Savings Harford FTDC

Total cost savings = $633,589, $11,955 per case

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Cost Study Conclusions

- Both courts show significant long-term cost savings
- Major cost savings are due to reductions in long-term foster care, guardianship, adoptions subsides.
- Including both treatment and criminal justice costs is important; program costs for treatment services should be represented separately
- Cost savings results are preliminary but promising
Putting It All Together—What Have We Learned?

- **FTDCs work** — Families have more positive treatment and child welfare outcomes.

- **How FTDC’s work** —
  - Support for treatment entry, retention, and completion
  - Combination of emotional support, accountability, and service coordination—but how these work is largely unknown

- **Retention of families** in FTDC programs for one year is important.

- **FTDC influence on child welfare recidivism** needs additional data and research.

- Reduced time in foster care, especially long-term foster care, may result in potential cost savings of FTDC.
For More Information:

- The final reports are posted on NPC’s Web site: [www.npcresearch.com](http://www.npcresearch.com)
- E-mail Beth Green: [green@npcresearch.com](mailto:green@npcresearch.com)
- Several publications: