

# Marion County Family Drug Treatment Court Process Evaluation Site Visit Report

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Family Drug Treatment Court  
*Process Evaluation Site Visit Report***

*Submitted by*

NPC Research

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December 2014



*Informing policy, improving programs*

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## EXECUTIVE SUMMARY

### 2014 Site Visit Key Findings

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as anticipated and are delivering planned services to intended populations. The main benefit of a process evaluation is improving program practices with the goal of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

In early 2010, NPC Research was contracted by the Marion Superior Court to provide evaluation services to the Marion County Family Drug Treatment Court, through funds from the program's Office of Juvenile Justice and Delinquency Prevention grant. The program then continued evaluation work with a subsequent grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This report contains the follow-up process evaluation results for the Marion County Family Drug Treatment Court (MCFDTC) performed by NPC Research in September 2014. This visit included interviews with drug treatment court staff, team members, and partners; a drug treatment court participant focus group; and observations of the MCFDTC staffing and court session. The methods used to gather information from each source are described in detail in the main report.

The MCFDTC was implemented in April 2010. This program is designed to take a minimum of 9 months from participant entry to graduation, though most people stay in the program about a year. The general program population consists of primary custodians over the age of 18 with a child under the age of 10, though parents who do not currently have custody of their children are permitted. Team members include the magistrate (judge), coordinator, defense attorney, guardians ad litem, eight treatment providers, a Department of Child Services (DCS) manager, and two case specialists.

This report summarizes the results of the follow-up site visit, highlighting program enhancements and progress, as well as suggestions for program improvement, including those ideas that were provided by team members and participants. Please see the main report for additional detail about program highlights and suggestions.

### Summary of Commendations and Recommendations

- Commendations
  - Participants receive social and emotional support, from staff, each other, and the judge (magistrate).
  - Program holds participants accountable.



- Program introduces participants to the AA/NA/12-step model.
- New “incentive store” and “drug court dollars” system are exciting enhancements to the program.
- Program staff has a wealth of experience and knowledge, care about the program and the participants, and work well together.
- New sanctions of writing assignments are powerful and productive.
- New Celebrating Families! program enhancement seems to be well received.
- Program staff provides important education about drug court to partner agencies.
- Program staff works on varied and creative ways to identify resources and raise funds for the program.
- Participants love the program and feel it is helpful to them.
- Team members report that their home agencies regard the program positively.
- The program is making progress on developing a not-for-profit organization, which will help open up additional funding and donation opportunities.
- Program is well organized and follows drug court best practices as well as recommendations for family drug courts.
- Recommendations
  - Assign dedicated DCS Family Case Managers to the program.
  - Add treatment provider representative(s) to the drug court team.
  - Decrease time between drug testing and availability of results.
  - Provide more training/information for DCS staff about addiction.
  - Continue to look for more funding—to help participants with needs (e.g., with bus passes) and/or for more incentives
  - Provide ongoing education for public defenders and DCS staff about drug court.
  - Consider integrating 12-step groups into the program requirements.
  - Work on transportation options and supports.
  - Improve treatment quality and consistency; work on developing a universal assessment; augment release of information form to include mental health services.
  - Increase involvement of children in drug court; educate older children, foster parents, and support systems for children about addiction.
  - Increase consistency of follow-up regarding sanctions.
  - Provide training in Motivational Interviewing for all FDTC staff.
  - Continue to work on increasing numbers of participants in the program.

Conclusion: The MCFDTC has implemented a strong program that effectively supports participants to make life changes and reach their goals.



## BACKGROUND

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional roles, collaborating in the best interest of the participants. These team members include addiction treatment providers, staff from the court system, and other service providers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment usually includes random and frequent drug testing.

Over the past 19 years, the drug court model, originally developed for adult criminal offenders, has been expanded to address the poor outcomes substance-abusing parents traditionally experienced in traditional family reunification programs (Marlowe & Carey, 2012). Family Drug Treatment Courts (FDTCs) work with substance-abusing parents with child welfare cases. Similar to adult drug courts, the essential components of FDTCs include regular, often weekly, court hearings, intensive judicial monitoring, timely referral to substance abuse treatment, frequent drug testing, rewards and sanctions linked to service compliance, and generally include wraparound services (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). The FDTC team always includes the child welfare system along with the judicial and treatment systems, (Green, Furrer, Worcel, Burrus, & Finigan, 2007). While adult drug courts work primarily with criminally involved adults who participate in the drug court in lieu of jail time, participants in FDTCs may not be criminally involved; rather, FDTC participants typically become involved in drug court due to child abuse and neglect cases.

The first FDTC was established in 1995 in Reno, Nevada, and there are now 343 programs throughout the United States (Huddleston & Marlowe, 2011). A number of methodologically sound impact evaluations have been completed within the past several years revealing significantly better outcomes in the FDTC model as compared to traditional family reunification services (Green et al., 2007; Marlowe, 2010; Marlowe & Carey, 2012). A recent review of the research literature concluded that FDTC is among the most effective programs for improving substance abuse treatment initiation and completion in child welfare populations (Oliveros & Kaufman, 2011). Two evaluations (Carey, Sanders, Waller, Burrus, & Aborn, 2010a, 2010b) examined new criminal arrests as an additional outcome measure. Both studies reported significantly lower arrest rates for the FDTC participants as compared to the comparison groups (40% vs. 63%, and 54% vs. 67%, respectively). Several evaluations reported cost savings for FDTC resulting from a reduced reliance on out-of-home child placements. Estimated savings from the reduced use of foster care were approximately \$10,000 per child in Maine (Zeller,



Hornby, & Ferguson, 2007), \$15,000 in Montana (Roche, 2005), \$13,000 in Oregon (Carey et al., 2010b) and £4,000 (\$6,420) in London (Harwin et al., 2011).

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## PROCESS EVALUATION

**A** process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to appropriate individuals. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

NPC Research conducted a process evaluation of the Marion County Family Drug Treatment Court (MCFDTC) in 2010, with a follow-up in 2012. Please see those prior reports for detailed information about program policies and practices and their alignment within the 10 Key Components of Drug Courts. An additional follow-up site visit was conducted to observe the program's current operations, talk with team members and participants, and assess progress on recommendations from the 2012 process evaluation findings.

The following section outlines the methods used in the MCFDTC process evaluation. The next section provides a brief overview of the MCFDTC process evaluation results and recommendations.

### Process Evaluation Methods

The 2014 process evaluation included a follow-up site visit to MCFDTC on September 29-30, 2014. At this visit, the researcher interviewed team members, agency leadership, and program participants; observed staffing and drug court session; and reviewed program materials. The methods used to gather information from each source are described below.

#### KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person at the site visits, were a critical component of the MCFDTC process study. NPC staff conducted interviews with individuals involved in the administration and implementation of the drug treatment court program, including the current magistrate, best practices director, program coordinator, case specialists, Department of Child Services (DCS) representative, defense attorney, and guardian ad litem. The interviews gathered information about program policies and procedures, as well as program strengths and ideas for program improvement.

#### FOCUS GROUP

NPC staff conducted a focus group with current participants and an interview with a participant who was unable to attend the focus group. The focus group provided participants with an opportunity to share their experiences and perceptions regarding the drug treatment court process and program.

## DOCUMENT REVIEW

In order to better understand the new services offered by the MCFDTC, the evaluation team reviewed the Celebrating Families! curriculum. In prior site visits, NPC staff reviewed the policy and procedures manual, participant orientation information (agreement to participate form), the multiple forms used by the program in processing and assessing participants (assessment form, release/disclosure form), and other related documents (phase requirements, sanction schedule, exit form).

## DATA SYSTEM REVIEW

The researcher met with the Quest Administrator and discussed reporting capability, needs, and possible enhancements, and plans for a data extract to be used for outcome evaluation.

## Process Evaluation Results

This section includes some brief information about the MCFDTC for context and then detailed results and recommendations.

The MCFDTC was implemented in April 2010. This program is designed to take a minimum of 9 months from participant entry to graduation, though most people stay in the program about a year. The general program population consists of individuals over the age of 18 who have an open child welfare case of a child under the age of 10, whether or not the child is currently in their care. As of October 2014, the program had served 142 participants. Of this number, 16 participants have graduated. Team members include the magistrate (judge), coordinator, defense attorney, guardians ad litem, eight treatment providers, a DCS manager, and two case specialists.

## COMMENDATIONS

The program is commended for the following characteristics:

- This program has a wealth of skill, expertise, and dedication in its core staff. Team members and participants alike recognize and appreciate the contributions of the program staff. It is important to note that while there is not currently a treatment provider representative on the team (that is, someone who attends staffing meetings or drug court sessions), the team does now include several newer members who have knowledge about addiction, as well as several seasoned team members who have experience in this content area. Team members like and respect each other and reported that others are fun to work with. This foundation strengthens the team and the likelihood of addressing participant issues in an informed and constructive way.

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*"I look forward to coming here."*

~ Drug court participant

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- Participant enthusiasm about the program was notable. Participants readily volunteered their perspectives about the program and were overwhelmingly positive about how

important and helpful it is to them, how supportive the staff is, and how it is making a difference for them. Even when given repeated opportunities to provide suggestions and share any concerns they might have, the conversation returned to what they liked and appreciated about the program. Staff also reported that participants receive emotional support from the judge.

- Team members reported that their agencies feel positively about the drug court program. In some cases, there is a lack of knowledge about the program's purpose and benefits, but overall, team members feel the program is well regarded by agency staff not on the team.
- The team has recently implemented a strategy of asking participants to write letters or essays as sanctions when they have been non-compliant with program expectations. The researcher was present in the court session when two participants read their writing assignments. One participant, remarkably, had not been asked to write, but she was pre-empting what she knew would be asked of her because she had missed an appointment. Both participants expressed very deep and difficult emotional content and illustrated an understanding of their addictions and paths to healthier lifestyles. The works were impressive and extremely powerful.

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*"Without drug court, I wouldn't have made it as far as I have."*

~ Drug court participant

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Program staff may want to consider asking participants if they are willing to share their writing more publicly and possibly publish a piece in a journal or present at a national drug court conference.

- The program has recently developed a new system of incentives and rewards that include earning "drug court dollars" that participants can use to "buy" items at the drug court "incentive store." They can either use their currency for small items, including hygiene or food products, or they can save up their rewards and purchase larger items, such as clothing (e.g., a sweatshirt), appliances (e.g., a toaster), or children's products (e.g., a stroller). The program staff spent a lot of time and energy putting the system and room together, and the participants are excited about it. According to one team member, "The system provides instant gratification, or they can work toward something bigger and feel a sense of accomplishment." The most frequently selected items to date are hygiene-related products, with a few people picking food and a few selecting children's toys. They have winter clothing (hats, gloves, and sweaters), which might become more popular when the weather gets colder. The 2012 site visit highlighted a need for additional incentives and rewards, and this new system is an innovative way to address that need.
- The staff has been working over the past several years on establishing a 501-(c)(3) organization so that the program will be able to take donations and apply for additional funding streams. This addition to the program is likely to increase available resources and benefit participants, as well as heighten awareness and knowledge about the program across the community.

- The program partnered with the Children’s Bureau to offer the Celebrating Families!<sup>1</sup> curriculum, which began in August. This service is paid for by their SAMHSA grant. The curriculum offers 16 weekly groups for Family Drug Treatment Court participants who volunteer for the session. It covers topics such as drug and alcohol use, nutrition, and relationships. The class has a family meal (children and parents together), then they divide into separate groups for parents and children, then reunite for a shared activity based on what they have learned.
- Staff reported that the participants bond with the judge, trust the drug court staff, and see them as advocates. Drug court staff serves as liaisons between the participants and DCS. Everyone involved cares about the clients. The program has a wraparound feeling. The focus is not just for resolving the DCS case, but for the participants to gain independence from drugs and be on track and successful in the future.

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*“[Participants] get to be around people who are ready and willing to do anything they can ... someone is here when everyone else drops off.”*

~ Team member

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- The drug court provides a place where participants can be honest about their struggles, get support from people with similar life experiences, see people who have made progress and been successful in their recovery, and be with others who want to be clean and sober and change their lives.
- The FDTC coordinator organized a drug court education day in May, to provide information to attorneys, magistrates, guardians ad litem, and DCS staff and supervisors about drugs and trends, drug testing, and what the program offers. A case example was provided about one participant and they read a letter this graduate had written about her experience. This event was reported by team members as valuable, educational, and well received.
- The MCFTDC is creative about funding options and sources of support. Staff works hard to identify varied resources. Drug court staff noted that the coordinator lets them try out new ideas.

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<sup>1</sup> <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=100>: Celebrating Families! (CF!) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse. The CF! program uses a cognitive behavioral therapy (CBT) model to achieve three primary goals: 1) Break the cycle of substance abuse and dependency within families; 2) Decrease substance use and reduce substance use relapse, and 3) Facilitate successful family reunification.

## RECOMMENDATIONS

Although this program is operating well, NPC's review of program operations resulted in several observations and ideas from team members that could be used to build on program strengths.

### **Include a treatment provider at staffing and court sessions.**

One of the 10 Key Components of Drug Courts (NADCP, 1997) is having an integrated team that includes active representation from alcohol and other drug treatment services as well as child welfare system and court representatives. It also contributes to agencies that have a shared vision and strong interagency partnerships (10 Recommendations for Family Drug Courts; Young, Breitenbucher, & Pfeifer, 2013). The MCFDTC has worked on this area in the past and did for a time have a treatment representative who attended staffing meetings. In addition to increased coordination, having treatment staff directly involved provides expertise in addiction for discussing and deciding on appropriate program responses to relapse and participant behavior, including when treatment modes or dosage may require modification. Treatment providers also have distinct training and background experience, which can offer a unique perspective when considering creative incentives and sanctions. They see the participants in a separate setting and may have different information about the participants' needs, activities, and progress than the other team members. Finally, having treatment providers or representation at court sessions allows participants to see the entire team working together, both to enhance support and maximize efficiencies.

*"They [staff] need a little more praise than what they get."*

~ Drug court participant

- Program staff may want to seek out opportunities to participate in DCS's selection of treatment providers.
- Program staff may want to have conversations with DCS about funding treatment providers (or a representative) to attend staffing and/or court sessions.
- Team members indicated that the program needs buy-in from treatment providers who work with clients.

### **Revise the release form to specify that treatment providers can release information to the program about whether a participant is receiving mental health services.**

Team members shared that they are not told whether or not a participant is receiving mental health services because providers feel this is protected information. Including this category of service on the release form would clarify that the participant is giving permission to share this very important information with the team. Per Key Component #1, it is crucial that the team is aware of which services are needed and received by participants to provide the best possible support to each individual, and to work on accessing additional resources if needed.

**Work with treatment providers to increase reporting of information about participant progress.**

The researcher observed during staffing, at which there was not a treatment representative present (see recommendation above), that some treatment providers and drug testing staff are not informing drug court program staff when participants miss treatment sessions or required drug testing and others are sharing this information in a delayed manner. Rapid and thorough communication between agency partners is essential for the staff to be able to follow up with participants and provide additional support or intervention when warranted. Lack of information about no-shows means that there is a place for participants to spiral into difficulties or “fall through the cracks.” Working on this communication can help ensure that everyone has complete information and that responses can happen more quickly, thereby helping to increase the opportunities for success. The need for treatment provider reports was discussed in prior site visits, and while progress has been made over the years there continues to be room for improvement. Because providers, and their staff, change periodically, this area may require regular conversations with treatment agency leadership to ensure consistent reporting.

- Communication challenges were a particular concern with the Salvation Army previously. During this site visit it was reported that communication is getting better with staff at this agency.

**Work with DCS to establish consistent expectations for treatment providers.**

Treatment concerns raised by team members were the variability of service requirements across treatment providers and quality of services. Because the providers are contracted through DCS, it is necessary to work with that agency’s leadership to make any adjustments to the provider contracts in the coming funding cycle. Explain the importance of having consistent expectations for all drug court participants from all of the treatment providers who serve drug court. The same level of care, for instance, should meet the same number of sessions and hours each week, and the providers should offer the same range of service options, including relapse prevention. A related concern is the lack of available detoxification and residential treatment options, an issue that was discussed at the last site visit in 2012. The program may want to remind DCS of the challenges these service gaps produce, as well as continue to collect and share data about the need for these services and the concerns that are expressed by participants and staff about the quality of those services.

- There were concerns expressed about the conditions, such as hygiene, at the detoxification facility. Request that DCS conduct a site visit and follow up with this provider to ensure that they are meeting health code regulations and providing a safe environment for clients.
- Another concern was that some treatment providers drop clients for a missed appointment. This practice is not conducive to recovery or program success, and also



leads to multiple agency transitions and a delay in treatment services. When a client changes treatment providers, she must have a new assessment, which DCS pays for, wait for space in a new group, figure out how to get to the new provider, and develop a relationship with a new counselor. Any of these steps can create a delay in the participant doing the recovery work that she needs to do as well as causes unnecessary disruptions and adjustments. Add a discussion about treatment provider policies and procedures to the conversation about treatment provider contracted expectations and consistency.

*“Drug court changed my outlook on all my other services.”*

~ Drug court participant

- A team member also raised the concern about co-parents not being allowed to attend the same provider, which creates barriers to treatment for some families. DCS may need to consider increasing the number of providers to ensure that all clients can access appropriate treatment services.
- There was a question of whether providers, since they are not at the table at staffing or drug court sessions, are even aware of these concerns. If they were, one team member noted, they would be able to make adjustments to their programs. Ensure that the concerns about providers are being communicated to treatment agencies and that requests for changes are explicit.

#### **Work with DCS to adjust the assessment and referral process for drug court participants.**

A consistent concern over the years has involved the process of treatment assessment and referrals. Currently, DCS staff makes referrals to treatment providers and each individual provider conducts its own drug and alcohol assessment, which is not accepted by any other provider. Drug court staff members have a closer relationship with participants and generally know more about addiction and addiction treatment than DCS staff. They also have a smaller caseload and could increase the efficiency of the referral process. In addition, if drug court staff conducted assessments in house that were universal to all providers, it would also greatly reduce the time between when participants are identified for the program and when they are able to start treatment. It was reported that discussions were occurring between drug court and DCS staff to determine if there could be adjustments in this area, to allow drug court staff to conduct clinical assessments internally and make treatment referrals.

#### **Decrease the time between drug testing and the availability of results.**

In order for program staff to provide rapid responses to participant behavior, as well as to intervene quickly if a participant is relapsing, they need to know it is happening. A critical component of drug courts and a major factor contributing to their success, is a strong drug testing and reporting system. Drug test results should be instant whenever possible and received within a maximum of 48 hours. In addition, participants should be tested randomly at least twice per week, to identify drug use if it occurs. Observations of the staffing and drug

court hearing indicated that some participants were being tested infrequently by treatment providers and the local testing centers and that the team was trying to make decisions without a recent drug test result. For example, a drug test result was received on 9/29 that had been conducted on 9/15 (a 2 week delay). Working on this area will help provide the program with a stronger rationale for interventions, when they are warranted, as well as more accurate information about participant progress.

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*"People are not the same when they're under the influence. Once they are clean and sober, they need another chance."*

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~ Team member

These topics were discussed in 2012. At that time the program had applied for and received funds to conduct additional drug testing, and to conduct those tests with more instant methods. The program has continued to access grant dollars to continue to enhance the testing system and maintain this program improvement. Working with the other providers who conduct testing will help round out a positive testing system.

#### **Work with DCS to implement a system of dedicating Family Case Managers to FDTC.**

Conversations continued from the last site visit about the frequent turnover of DCS Family Case Managers (FCMs), the tendency for these staff to be early in their careers and therefore have limited experience, and the challenge of having many different staff work with the drug court program. While the idea of dedicated FCMs was discussed in 2012, there seemed to be more awareness this year of the benefits that this change could create as well as willingness to pursue it in practice.

Having dedicated staff as part of the drug court team (including attending team meetings) could have a side benefit of reducing turnover—which many team members mentioned as a problem—either because of the selection process (identifying those FCMs who are more experienced and therefore less likely to leave their positions), or because they will have the opportunity to work with the drug court team (which would provide professional support) as well as see participants who are successful at conquering their addiction issues and making other positive changes for themselves and their children (thus reducing burnout).

FCMs should be selected to work with the drug court that have some understanding of addiction, or would be required to attend training to gain this knowledge. Ideally, these FCMs would be supervised by the DCS representative on the drug court team, which would help with service coordination and mapping client needs to available resources. Additionally, decisions about when (and which) participants need a bus pass or funds for clothing and other resources, would be coordinated with the rest of the team and happen more efficiently. It should be noted that many team members mentioned what a difficult job being an FCM is, at many levels, and their empathy for staff in this role. Having the FCM on the team could also help portray this person to participants as an ally, and someone who is there to help them.

- One of the barriers to having dedicated FCMs is the timing of DCS staff assignment, which occurs prior to a determination of drug court participation. A concern was expressed that a client entering drug court might then need to change FCMs. However, this drawback seems worth enduring for the benefits of having trained and consistent DCS staff as part of the drug court program. In addition, because of the high turnover rate of FCMs, many drug court participants have multiple FCMs over their year of program involvement anyway. This change might actually reduce the number of staff transitions they experience.
- In the interim, DCS is encouraged to communicate with FCM staff the importance of being responsive to participant needs and questions. Staff and participants both reported that DCS staff is more responsive to drug court staff than to the participants.
- Continue to provide regular training and information to DCS staff about what drug court is and how it impacts and supports DCS clients. In addition, team members commented that DCS FCMs need more training in addictions. This concern was heard in prior site visits as well. One team member suggested that training could include information about what people do in drug court, what people do in a treatment session, and what an NA meeting is like. This person indicated that DCS staff has to take 24 hours per year of continuing education per state requirements. Currently this training does not specify addictions or other special areas, but it is worth exploring to see if this expectation could be set.
- A related concern and recommendation involves the DCS FCM caseloads, which are higher than state law recommends. Currently caseloads range from 25 to 30 children, when the state recommendation is a maximum of 17 children. This overload is likely contributing to some of the problems discussed above, including staff burnout, slow service provision, and non-responsiveness to requests.
- One issue that was reported was that child and family meetings with the guardian ad litem and DCS staff to discuss the parent's progress and status of the case, which are supposed to be occurring monthly, are held much less frequently, if at all. One team member expressed concern about some families not having met in a year. Drug court helps increase the accountability and follow-through regarding child and family meetings, since drug court staff request these meetings. Including drug court staff in those meetings was also noted as a huge asset, since they know about addiction and the effects of specific drugs, which is outside the expertise of most FCMs.

#### **Continue to assist participants with their transportation needs.**

The major participant need continues to be transportation, though this area appears less of a crisis during the 2014 site visit compared to previous years. The program has worked with DCS to smooth out the system of helping participants access DCS-funded bus passes, and has obtained a grant that they use to provide bus passes to participants until they can obtain one from DCS. In addition, the program has worked with clients to identify transportation options when they do not live or work in proximity to the bus system, and consider transportation when advocating for which treatment provider or other service the participant might attend.

Many team members commented on the poor quality of the public transportation system and how it is difficult to use even when participants live near a bus line.

Continue to explore other creative options to address transportation challenges, such as providing gas cards or setting up a car pooling program between participants. One idea is to work on gaining permission for staff, or a program partner, to transport participants if there is a short term need or there are no other viable transportation options, or setting up a system that overcomes the transport restriction barrier. A team member mentioned that because transportation is such a challenge, it is an easy excuse for participants to use when they do not want to do something. Therefore, it is important that the program assist in removing any excuses the participants might have for not making appointments and not completing other program requirements.

#### **Consider integrating the 12-step/self-help model into the drug court core program.**

Team members reported that one of the benefits of the program is exposing participants to Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) and the 12-step model. This self-help system helps participants establish a network of support in their natural environments that will be there beyond their program participation. However, staff observed that participants were directed to meetings as a punishment (as a sanction) rather than having it be a part of program or treatment expectations for all participants. Staff suggested incorporating involvement in a community-based support group (whether that be AA, NA, or some other group) as part of the program in a positive way, to help participants build community connections and supports (e.g., having a sponsor who they could connect with daily). In discussions about this recommendation, ensure that participants have a range of options to fulfill this requirement, such as SMART Recovery<sup>®</sup> [<http://www.smartrecovery.org>] in case AA or NA is not appropriate for their specific situation.

- If the program integrates self-help meetings into core requirements, discuss the number of meetings that will be required, or whether there will be a system of determining an individualized plan for how many meetings are expected or at what frequency.

#### **Ensure consistency and follow-through with sanctions.**

A team member commented that while sanctions seem to be appropriate to the noncompliance or infraction, the program is not consistent about their enforcement. This team member reported that for some participants who fail to follow an imposed sanction the requirement eventually “fizzles.” The program team should pay close attention to its response to participants who have sanction requirements, to ensure that once a sanction is imposed it is completed, and that participants receive reminders and support, as well as firm expectations, for them to finish the necessary tasks. Team members felt that the program has a good distinction between sanctions and treatment responses, where community service is used as a

sanction for missed appointments, and 12-step meetings, writing assignments, and additional treatment sessions are used to respond to relapse/substance use.

### **Continue to write grants and seek out funding opportunities.**

Program staff consistently looks for ways to bring resources into the program, including frequent grant applications. Team members indicated that the program could benefit from more funding, to enhance treatment, address transportation challenges, or to use for further incentives. In addition, drug court staff consistently seeks out partnerships and support networking that will continue to educate and raise awareness about the program and enhance resource.

*“You put your heart into this program.”*

~ Drug court participant

- Several staff members mentioned that the program has a friend in comedienne and inspirational speaker who spoke movingly at the last drug court graduation and is a program champion. She is in recovery herself and lives in Indiana part of the year.

### **Work on increasing the number of participants in drug court.**

It was noted by many team members and participants that one area for the program to improve would be to increase the number of DCS clients who were able to access the program. Efforts are underway in several areas to increase numbers, including educating public defenders and DCS staff about the program (so that they will encourage their clients to consider participation). The program is now fully staffed with the recent hiring of a second Case Specialist. Information is given to every prospective participant at their initial hearing and/or pre-trial conference, which “plants seeds” about the program for them to consider. Continue to work on educational efforts to help public defenders and DCS staff understands the value of the drug court program and the support it can offer, instead of seeing drug court as “just another service for their overwhelmed clients.” It was mentioned by one team member that other judges might need education about drug court as well.

- The public defender representative on the team is interested in providing presentations to her colleagues with assistance from other drug court staff.
- One team member asked whether there could be a time choice/option for drug court participants to attend court sessions, which might allow more participants to join and be successful in the program if the current time is difficult for them. For example, people who work during the day would find it hard to be in drug court. The team could discuss whether at some point in the future there could be an evening session.
- Team members believe it would be beneficial to bring more male participants into the program. The program is perceived as being geared toward recruiting and serving women; there are fathers who could benefit, but who thought it was a women’s only program. There was a suggestion to bring 5 or 6 men in at one time to help them feel more comfortable, and so that they could have their own group after court.

- Currently the program is voluntary. One team member raised the question of whether the program could be required. Making it required could increase the number of people who benefit from its services, as well as potentially encourage participants to engage in the program more deeply.

### **Obtain training for staff in Motivational Interviewing**

Motivational Interviewing<sup>2</sup> is established as an evidence-based practice in the treatment of individuals with substance use disorders. It is a method for building rapport with clients and guiding them to use their own values to engage in the change process. Training in this method could increase staff confidence and skills, engage and retain participants, and support interactions with individuals in partner agencies. This topic was raised at a state drug court conference and was suggested by a team member.

### **Involve children and the child's support systems in the program.**

Participants commented on how much they appreciate when the program involves their children, and specifically appreciated the Celebrating Families! groups for being family-centered. The program also displays a decorated board with photos of the children during drug court sessions. Several team members suggested that the program could benefit families by helping to educate and support older children, foster parents, and other support systems for the children about addiction. The program may want to consider whether or how children could have greater involvement in the program, such as in drug court sessions if appropriate.

## **PARTICIPANT FEEDBACK**

Program participants were invited to share their experiences about the program in a focus group or interview with NPC Research staff. Five participants joined the focus group and one was interviewed; all were in person. All participants were female. They were from a range of program phases and at different points in their CHINs cases.

Please see Appendix A for a detailed list of participant comments.

### **Participant commendations**

Overall, participants were overwhelmingly appreciative of the program and the staff who make it what it is. They feel it has changed their lives and given them support and resources to help them get and stay clean and sober, and be better parents. The key aspects of the program that they value are the emotional support, accountability, fairness, positive attitude/approach, encouragement, structure, forgiveness, sincerity, generosity, caring, consistency, services and tangible resources, inclusion of their families/children, safety, praise, and incentives/rewards.

They trust and respect the staff. They also benefit from having a network of peers dealing with similar struggles. They find it refreshing to be around people who understand addiction and see

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<sup>2</sup> <http://www.motivationalinterviewing.org>

them as more than their disease, and possessing the potential to change. They reported that succeeding in the program week to week helps them gain a sense of accomplishment and pride.

The participants talked about learning how to trust; gaining self esteem and self confidence; practicing being honest; and obtaining new tools, skills, and experiences, such as practicing strategies for stress and time management.

### **Participant suggestions for program improvement**

Participants had very few suggestions for program improvements, as they were more interested in talking about what they liked about the program and what it meant to them. There were several concrete suggestions as well as a few concerns.

#### **Suggestions:**

- Have yoga monthly: Participants enjoyed when yoga was offered in the past. This is a different tool for dealing with stress and a way for participants to decompress.
- Look at all of the drug screens (to see patterns and confirmations that a person is truly clean) and address the drug testing site that consistently comes up with dilute results. Participants believe that the results from the other testing location (that sends tests out) are more reliable. There was a request that a single dilute test not be used alone in judging a person's program compliance.
- For the Department of Child Services (DCS) Representative: Set up times to talk regularly with the participants about their needs and concerns. There was a request to develop a more direct relationship between participants and this team member, to facilitate information-sharing and resource provision. This check-in could occur just after court sessions on a monthly basis or at some other established time.

#### **Concerns:**

- There was a range of perspectives and experiences among participants regarding the quality of their DCS Family Case Managers (FCM). There were many concerns expressed that some of the FCMs lack the training and life experience that is needed for that position. Participants feel more comfortable with staff who are direct, honest, responsive, and helpful, and who are aligned with the program's approach and philosophy, characteristics they feel some FCMs lacked.
- There was a concern that the Child Advocate is representing children without having enough time with them to really know their wishes or best interests. It might help to clarify the Child Advocate's role for participants and it might be beneficial to have the Advocate attend drug court sessions (even periodically).

### **Participant needs**

Participants felt that the program staff members are extremely supportive and helpful in getting them resources. There were some remaining needs that were mentioned, including:

- Transportation, including financial assistance for people who live in areas where there is good bus service
- Ways to deal with stress



- A safe place to go in their free time
- Drug and alcohol free recreational activities that do not cost money
- A Spanish translator, so that a partner can participate in family-based services
- An age-appropriate car seat
- Holiday resources, including gifts for children
- Help with paying utilities

### **Summary/Overall feedback from participants**

The six participants who provided feedback about the program had primarily positive comments and clearly wanted to convey their gratitude for its existence and the very special judge, coordinator, and case specialists who do so much for them. It was clear that they saw this core group as the “program” and did not have as close a connection with the other team members or their treatment or DCS staff. They offered extensive support and concrete suggestions to each other, demonstrating that they were encouraged and empowered to help themselves and others, and not just rely on staff to assist them, and that they do serve as a support group and family for each other. Their appreciation of the program was heartfelt and illustrated the power of the program to help people overcome addiction and develop skills that will help them live healthier lives and provide a safe, stable environment for their children.

### **CONCLUSIONS**

Overall the MCFDTC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of Drug Courts, Recommendations for Family Drug Courts, as well as enhancements to address local needs. This program is commended for implementing a well-organized and thoughtful program that follows strong drug court practices, for adapting effectively to unexpected changes (such as staff turnover), and for effectively supporting families so that they can make life changes and reach their goals.



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## **APPENDIX A: PARTICIPANT NOTES**



## **Participant notes – September 2014**

### **Why did you join?**

Kelly approached me after court—she was clean and put together. She handed me a brochure with stats (about participating helping with CHINS case). I was sober and ready. They were here for me. I signed up because of the stats. I had a sincere desire to get clean.

It was a way to get my case over faster (and get my kids back sooner).

### **What do you like about the program?**

It's another level of accountability.

We feel we can be honest.

There are people I can network with—a support group.

They don't beat us down. They focus on how we can move forward. They are encouraging.

They are hands on/involved.

They remember the important things.

They keep you on track.

They help with things they don't need to – like offering to go to medical appointments.

They are sincere.

They make us proud of what we do.

They care—we respect them.

I can be honest—I don't care if I will be sanctioned.

Kelly and other staff are available 24/7. That has made a difference. She helped answer questions on the legal side; helped me understand what was going on in this process. Very supportive.

It (the program) jelled with me.

In an AA group, I share in a general way, but in the drug court group, I get into more personal details of my life.

They began to structure group time a little more—at first it was a check in. Last time a person from the Children's Bureau came – I liked it. The topic was "relationships."

We have had yoga. I needed that. It was incredible. It's a different way of dealing with stress – another type of outlet.

The program has been vital.

Lizzy is a saint. She is completely available.

They have listened to me, gave me a place where I could be heard.

They understand addiction—know we will relapse. I feel ashamed. I tend to mess up. It helps a lot [to have this program].

I look forward to coming here. They never give negative feedback, even with a sanction. We know it's coming, get it out of the way.



It's nice to be able to get to know the judge. I have my case in front of her, I face her every week, she's my CHINS judge too. They don't cross the wires/courts. They are very professional. Drug court has a purpose—they keep it about recovery.

We respect her (the judge).

They give us a planner that I write everything down in. They keep you on track.

Without drug court, I wouldn't have made it as far as I have.

(the program provides) the best support and consistency. I know AA and this program will be here—it's available.

The program is simple—the simpler the better. It makes it easier to work the program, like AA. You get support—we are in a place for getting resources. Drug screens have to be clean and services completed. It was a huge transition – big hoops to jump through.

The program provides services—If they don't know [about a needed service], they find it. If you need it, they get it, or show you how to get it.

This place shows the kids I am doing well. They make the kids a part of everything. It's not about me, it's about us.

[Drug court] It's my safe haven. It's all positive.

In drug court, there is clapping, praise, drug court dollars.

You feel really happy about the progress you've made.

You get way more out of this than I ever put in.

When I first came in I was a negative grouch [others said they were too].

I go to IOP 3 days a week, but it's not drug court, it's not my people [this participant offered that she did like IOP, it just wasn't the same as coming to drug court]. I am more comfortable with this judge and everyone here.

They like to see our progress.

We're like a big family here.

They're a big influence on how we build ourselves up.

[One participant described coming back to drug court after messing up] They just said, let's move forward.

They talk about whatever is going on with you. Whatever you want.

You don't trust anyone but this is different.

Drug court changed my outlook on all my other services. I get something out of every story.

You put your heart into this program.

We laugh, have adult conversations. I can finally be just me.

We are all here because of DCS and we all have kids.

You can joke and laugh and also be serious. It's a balance (fun and serious).

It's an extra thing to do. Drug court and home visits, then kids, job, etc. They're trying to fill up our time! (we didn't use our time well)

We crave that praise.

You lose a lot of self-esteem as an addict. They give that back.

Attending class is a big deal for us and we're doing all these things! I have accomplished all that at the end of the week. There is no pity party for us. It's what I need to do.

I work best under pressure.

We need that structure.

If they let me be lazy I'll be lazy. Put it off if I can.

They want to see you have legitimate reasons for missing.

They make sure you are held accountable—you're going to finish it.

We don't have to be here [participants whose cases are already closed]. We choose to be. It's worth it. Even the community service hours are worth it.

I don't know what else they could do to improve.

Judge knows you and monitors you—even if other people come in and say things about you.

She's fair (judge).

She doesn't like bullsh\_\_.

She's not condescending.

If she knows you're trying, she gives you a chance.

When they took my kids I wasn't mad because I knew I had chances and had messed up. She was fair.

I see four people every week.

I didn't care about anything [before drug court]—laundry, kids being late to school, etc. Now it's all done! Kids are up on time, kids' clothes are clean. I love and appreciate the routine.

They [staff] need a little more praise than what they get.

Something nice.

They do so much more than they get paid for.

They deserve a raise.

Give them resources to help along the way.

[Several participants commented about the support they had received from their respective Family Case Managers]

I think it's good that DCS comes into drug court sessions.

### **What would you change about the program if you could?**

I wouldn't change anything.

Have yoga monthly. It's a way to decompress.

Look at all the drug screens. [Several participants talked about drug screens consistently coming up dilute at one testing site, while when they test at the other site, they are always fine—where they send the tests out.]

[Several participants mentioned concerns that they had regarding their respective Family Case Managers]



Child advocate speaks for my kid when they see her one time a month for 30 minutes.

**Participant needs:**

Transportation is an issue for lots of people.

Public transportation option for people on a bus line/who live in areas where the public transportation is good.

Ways to help deal with stress.

A safe place to go: some people live in communities where there is nowhere safe to go. Where there are no sober activities available.

Drug and alcohol free activities at no cost. Just recreational. That doesn't have something to do with getting to the bottom of something or massaging my brain.

I asked for a Spanish translator for my boyfriend for Celebrating Families.

**Other comments:**

Having a child removed is not a motivator, it's a consequence (like death). It's the worst consequence of my disease [addiction].

It's not about getting stopped [from using], it's about staying stopped. About the people and agencies that help.

Hitting bottom helped motivate—when you lose the last thing that was more important than [using].

People with diseases don't love their kids less. [Addiction is] demoralizing. There is stigma.

I had to completely eliminate people, places and things that had to do with [using]. That left me with nothing.

90% of people [in the program] have no desire to stop getting high.

It's a choice to be in here. If someone comes in high, it disrespects us.

People think you can't tell if they're high. When you see someone high, you think, "Was I acting that stupid?" You probably did! It makes you stop and think, "that was me." [participants gave examples, such as going to McDonald's, picking up their kids from school, etc.]

[My significant other] doesn't understand addiction. He has lost his trust [of me]. It's a trust you lost that you have to gain back.

My kids are angry. [participants described how younger children are angry and don't understand what is happening, and how they have to deal with that, while the older children can see when their mom is doing better.]

Family is waiting for you to f\_\_\_ up. I don't have any positive environment at home. Kids don't trust me [gave example].