

Sonoma County Dependency Drug Court (DDC): Year Three Evaluation Findings

Prepared for Sonoma County Dependency Drug Court Team
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EXECUTIVE SUMMARY

The Sonoma County Dependency Drug Court (DDC) is a 12-month court-supervised treatment program for families whose children have been removed or are at risk of removal as a result of child abuse or neglect associated with a mother's substance abuse. DDC activities include regular court appearances, intensive case management, substance abuse treatment and compliance monitoring, family support services and developmental services for children.

The focus of this report includes: 1) a description of the DDC model and programmatic components; 2) a description of program participants; 3) findings regarding treatment engagement, retention and completion; and 4) findings regarding child safety and permanency.

Evaluation Objectives

The objective of outcome evaluation activities is to determine the direct effects of participation in the DDC expansion on child outcomes and on parental involvement and engagement in treatment, relative to an equivalent group of parents in the child welfare system. The evaluation activities are designed to answer several questions including:

- Does DDC participation increase timeliness to substance abuse treatment?
- Does DDC participation improve treatment retention and completion?
- Does DDC participation reduce the rate of removal, allowing children to remain at home during alcohol or drug treatment?
- Does DDC participation support the safe and timely reunification or permanent placement of abused and neglected children?
- Does DDC participation prevent recurrence of maltreatment among families served?
- Does DDC participation prevent re-entries to foster care?

This evaluation report primarily includes information on a comparison group and DDC expansion participants. DDC expansion outcome data is evaluated against a comparison group of families comprised of parents who entered the dependency system in the 18 months prior to the implementation of the Sonoma DDC Expansion Grant and met the admission criteria for DDC.

Program Outcomes

Program outcomes are assessed in two primary areas: substance abuse treatment services and child welfare service outcomes. Process measures and outcomes of substance abuse treatment include differences between groups on participation in treatment, the timeliness of treatment services, length of stay in treatment, and satisfactory completion of treatment. Child welfare service outcomes included the child's foster care status at specific markers in the program, length of stay in foster care, time to reunification, recidivism and re-entry to foster care.

Sonoma Child Welfare Population

The number of child abuse allegations in Sonoma County decreased from 2007 to 2009, but increased in 2010 and 2011. At the same time, the number of allegations leading to substantiations has steadily declined since 2007. In 2007, 32.4% of child abuse and neglect allegations were substantiated. This decreased to 23.5% by 2011. Between 2007 and 2011, there was an increase in rates of children entering foster care in Sonoma County. In 2007, 16.0% of children in Sonoma County with substantiated allegations were placed in care. This went up to 35.7% in 2011.

DDC Participants

DDC expansion and comparison participants are women with high unemployment, low educational attainment and numerous other challenges. There were several characteristics that were different between the cohorts at baseline. The DDC expansion cohort was significantly more likely to be unemployed, receive public assistance, have a disability, have children under five and have a secondary drug problem. The comparison cohort was more likely to be homeless at admission to treatment, have marijuana as primary drug and to have a criminal justice issue.

The DDC expansion children were also significantly younger than the comparison children. A large portion of DDC expansion children were newborns or infants (30.8%), 42.1% were between one and five years of age, and 27.1% were six years of age or older.

Program Outcomes

Treatment Participation

There were no significant differences between cohorts in treatment admission rates. The DDC expansion (100.0%) entered treatment more often than the comparison (93.3%).

Timing of Treatment

The average time between the child welfare case start date and entry into substance abuse treatment was 86.3 days for the DDC expansion cohort and 118.1 days for the comparison. These differences were not statistically significant.

Time in Treatment

The DDC expansion (17.2%) cohort had significantly fewer treatment episodes that ended prior to 30 days than the comparison (31.3%) cohort. Overall, the DDC expansion (132.3 days) cohort had shorter lengths of stay in treatment than the comparison (156.0 days). These differences were not statistically significant.

Treatment Modality

No significant differences were found between cohorts with regard to treatment modality. As anticipated, both cohorts were most frequently in outpatient substance abuse treatment and least frequently in the detox modality.

Number of Treatment Episodes

There were no significant differences in the number of treatment episodes between cohorts. The DDC expansion averaged 1.57 episodes and the comparison averaged 1.93 episodes.

Treatment Discharge Status

There were no significant differences in discharge status between cohorts. The DDC expansion (67.2%) cohort had slightly higher rates of satisfactory discharge than the comparison (66.2%).

Parent Characteristics at Discharge

There were no statistically significant differences in characteristics at discharge between cohorts. Overall, 20.0% of mothers were employed and 6.7% were enrolled in school and/or job training at discharge.

Child Welfare Service Outcomes

Child Placement Status

At 6 and 12 months past the child welfare case start date, the DDC expansion children were less likely to be on track for adoptions than the comparison. By 18 and 24 months past the child welfare case start date, the DDC expansion children are more likely to be reunified than the comparison.

Timeliness of Reunification

Among those who reached permanency by 12 months, the average time to reunification was 228.6 days (7.6 months) for the DDC expansion cohort and 273.5 days (or 9.1 months) for the comparison. Among those who reached permanency by 18 months, the average time to reunification was 320.2 days (or 10.7 months) for the DDC expansion children and 307.5 days (or 10.3 months) for the comparison group. Among those who reached permanency by 24 months, the average time to reunification was 341.9 days (or 11.4 months) for the DDC expansion children and 402.5 days (or 13.4 months) for the comparison group. These differences were not statistically significant.

Length of Stay in Foster Care

The DDC expansion (Mean=326.2 days) children experienced significantly shorter stays in foster care than the comparison (Mean=554.3 days) children.

Total Number of Removals

The DDC expansion (Mean=1.04) children experienced significantly fewer removals from the care of parents or caregivers and placement into foster care than the comparison (Mean=1.31) children.

Total Number of Placement Changes

The DDC expansion (Mean=2.08) children experienced significantly fewer placement changes while in foster care than the comparison (Mean=2.93) children.

Re-Entry to Foster Care and Recurrence of Maltreatment

In 2010-2011, California's average re-entry to foster care rate was 11.8%. During the same time, Sonoma County averaged a 8.9% re-entry rate. The DDC expansion cohort had a re-entry rate of 2.5% while the comparison averaged 8.2%.

In 2010-2011, California averaged a recurrence of maltreatment rate of 6.6% within six months of the child welfare case start date. During the same time, the recurrence rate in Sonoma County was 6.1%. The overall recurrence of maltreatment rate for the DDC expansion cohort was 2.9% and 6.6% for the comparison cohort within six months of the child welfare case start date (see Figure 15). Within 12 months of the case start date, California's recurrence rate was 10.8%, County of Sonoma's rate was 8.1%, the comparison cohort was 8.2%, while the DDC expansion cohort remained low at 3.8%. Within 18 months, California's recurrence rate was 13.7%, the County of Sonoma's rate was 13.5%, while the comparison rate was 16.4% and the DDC expansion cohort rate remained low at 6.7%.

Process Evaluation Findings

Strengthening Families Program

The third round of the Sonoma County DDC SFP was held from September to December of 2011 at the California Parenting Institute (CPI). Nine individuals participated in the third round of the program and seven completed evaluation forms at the close of the program for a third round completion rate of 77.8%. Two individuals participated in SFP during one of the previous offerings as well for an overall total of 24. A full report can be found in Attachment 1.

DDC-Specific and Court Outcomes

Twenty-eight (40.6%) clients have experienced commencement from the DDC expansion program, twelve (17.4%) clients were terminated due to noncompliance, and the remaining (42.0%) clients were still receiving services at the time of data analysis. The average number of days spent in the DDC program was 339.9. There were a total of seven (10.1%) clients who were arrested during or after their involvement in the DDC program.

Sustainability

As the OJJDP Expansion Grant comes to a close, the DDC program would benefit from a particular focus on marketing and sustainability. It is recommended that the cost analysis conducted in year one be extended to DDC expansion mothers. A plan for sustainability could include the following strategies: maintenance of a strong collaborative partnership in which all members play a role in sustaining the program through ongoing planning; development and sharing of resources; grant proposals to government and private funding sources; commitment of existing funding sources; documentation of effectiveness and impact on the lives of families; obtaining political and community support; and continued institutionalization.

INTRODUCTION

The Sonoma County Dependency Drug Court (DDC) is a 12-month court-supervised treatment program for families whose children have been removed or are at risk of removal as a result of child abuse or neglect associated with a mother's substance abuse. DDC activities include regular court appearances, intensive case management, substance abuse treatment and compliance monitoring, family support services and developmental services for children.

Initially, the DDC program focused on the mother's substance abuse only. With funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the DDC expanded to include the monitoring of developmental assessments of children, referrals when additional ancillary services are indicated and offering the Strengthening Families Program (SFP) to increase family strengths and resilience and reduce risk factors for problem behaviors in high risk children.

Sonoma County Youth and Family Partnership (YFP) and Health and Human Services (HHS) Collaborative are the two bodies that have oversight and management roles in the DDC program. Representatives from education, health, human services and law enforcement make up the YFP. Health and Human Services (HHS) identifies ways to maximize funding and program effectiveness and monitors the functioning of new collaborative efforts.

Program Purpose and Objectives

The goals of the DDC Expansion Grant are to decrease the incidence of child abuse and neglect by mothers with substance use disorders, improve developmental outcomes for children and improve permanency outcomes for children.

These goals are being achieved by doubling the capacity of the DDC; providing comprehensive assessment and services to all mothers enrolled in DDC; providing developmental assessments and remediation services to all children of mothers enrolled in DDC; implementing new family-focused programming for all mothers and their children to decrease family risk factors; and increasing family stability and improve family functioning.

Target Population

The DDC serves a static population of 30 mothers and their families with 75 families served over the three year grant program. It is projected the DDC will serve 75 mothers and 130 children over the three years of the grant.

Inclusion and Exclusion Criteria

Mothers are considered for DDC inclusion if: 1) Evidence in the original Welfare and Institutions Code section (WIC) 300 petition, WIC 387 or WIC 342 petitions, and/or detention report indicate that alcohol or other drug use by the mother was a factor in the filing of the petition or is an issue at disposition; 2) The mother is willing to sign an agreement to participate in DDC; 3) The mother resides in Sonoma County; 4) The mother attended the disposition hearing; and 5) Family reunification or family maintenance services are ordered for the mother at the disposition hearing.

Mothers are excluded from the DDC if: 1) The mother is incarcerated for more than 45 days beyond the date of the disposition hearing; 2) The mother possesses or intends to utilize a valid medical recommendation for medicinal marijuana 3) The mother has a pending non-drug related felony; 4) The mother has been convicted of a crime of violence against children; 5) The mother has serious mental health issues; or, 6) The mother is currently a participant in criminal drug court.

Program Components

Within 48 hours of a case being alleged and a child being placed in protective custody, a dependency petition is filed. The Initial Detention Hearing is held within 72 hours of the petition being filed. A mother meets her attorney at the time of the Initial Detention Hearing in Dependency Court. Mothers under court supervision for child abuse and neglect are routinely screened for substance abuse. If alcohol or other drug use is noted in the court petition and a mother appears to meet the DDC eligibility requirements as stated above, the mother's attorney discusses participation in DDC. If the mother is interested in the program, the mother's attorney makes a referral to the DDC Coordinator. This procedure ensures that all eligible mothers are identified and the mother's attorney is supportive of DDC participation from their first contact with the mother.

The mother's attorney provides the mother's contact information to the DDC Coordinator. The DDC Coordinator schedules an appointment with the mother. During that appointment, the Coordinator uses the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R) to screen and determine the appropriate level of treatment service and reviews the eligibility criteria. The Coordinator then discusses treatment options and requests that the mother complete the Consent to Obtain and Release Participant Information. If the mother agrees to enter treatment, the Coordinator schedules an appointment for the mother with the treatment program.

The DDC Coordinator informs the attorney of the outcome of the assessment meeting. The mother's attorney then advises the participant of her rights, reviews the Participant Rulebook, the Application for Dependency Drug Court, and the Agreement and Order to Participate in Dependency Drug Court with the mother. The attorney also assists her in completing the Application for Dependency Drug Court and the Abstinence Contract and Acknowledgment of Receipt of Notice of Privacy Practices. The attorney submits the completed forms to the Judge, with copies to all the Team members. Some mothers ask their attorney for time to consider entering DDC and then begin participating at some point into their dependency case. As long as a mother has sufficient time remaining in her dependency case to benefit from DDC, she will be allowed to participate.

As a part of the DDC, families receive: 1) intensive case management; 2) intensive judicial supervision with frequent court appearances which include incentives and sanctions; and, 3) intensive substance abuse treatment (i.e., residential and outpatient alcohol and drug treatment services).

The DDC operates in four phases that together last approximately one year, and are used to provide judicial oversight of the parent's compliance with their treatment plan and to encourage success in recovery.

The number of days in each phase is an estimate and is not a firm time limit. Advancing from one phase to the next is determined by clinical and programmatic readiness as determined by the DDC team and as evidenced by compliance with alcohol and drug test requirements, consistent negative alcohol and drug tests, treatment plan compliance, and DDC attendance. Frequency of court appearances may also vary. Mothers may be required to appear more frequently if the team wishes to monitor progress more closely. DDC will use the following guidelines for court appearances:

- Phase 1: Minimum of 90 days. Court appearance every week
- Phase 2: Minimum of 90 days. Court appearance every two weeks
- Phase 3: Minimum of 90 days. Court appearance every three weeks
- Phase 4: Minimum of 90 days. Court appearance every four weeks

A mother must have all negative urine tests for illegal drugs or alcohol; not miss or refuse urine tests; have one hundred percent treatment attendance or be excused; one hundred percent treatment attendance or be excused; one hundred percent attendance at self help or support meetings as required; and one hundred percent attendance at DDC hearings as ordered to be compliant and successfully complete the program.

Participants are not always successful in DDC and are sometimes terminated. There are several circumstances under which a client might be terminated from the program. Honesty is integral to achieving recovery, so habitual dishonesty could exclude mothers from participating in the program. Noncompliance with court orders and/or treatment program requirements may cause termination. Consistent positive urine tests may also cause termination.

SONOMA COUNTY DDC EVALUATION PLAN

The DDC evaluation plan includes process and outcomes evaluation activities which allow for a systematic assessment of the strengths and weaknesses of the program to improve the effectiveness of the program. This ensures that activities are based on established criteria and standards, as well as client needs. Systems improvements, as well as treatment-related outcomes (e.g., timeliness of treatment access, length of stay in treatment, and parent's recovery) are monitored.

Process Evaluation Activities

Process evaluation activities identify the effectiveness of the Strengthening Families Program, and barriers or challenges the program had to overcome.

Strengthening Families Program

The third round of the Strengthening Families Program (SFP) was held from September to December of 2011. Attachment one is the complete SFP evaluation report.

Observation of Historical and Contextual Effects

Programmatic, local or national events can have an effect on program functions. External events may pose threats to the intervention, cause an observed change or cause a null-effect. Any change in the program should be taken into consideration in analysis of data and reporting.

The DDC Administrator with the Department of Health Services (DHS) - Mental Health/Alcohol and Other Drug (AOD) Division retired from her position in May of 2011. Administrative responsibilities have been distributed among other team members until the position is reassigned.

A drug testing component was added to the DDC program, the 80-hour test, which enables providers to capture alcohol use up to 80 hours prior to the date of the urine analysis sample. This change further enables the DDC team

to monitor mothers who decrease and/or eliminate their drug or alcohol use. It was also determined that social workers would refer eligible children out for ASQ assessments.

The Sonoma County Upstream Ad Hoc Board Committee created a portfolio of current and planned County and partner programs that reflect upstream principles. The DDC was submitted as a Model Upstream Program and was granted a tear-two program, which is a promising practice.

County Counsel worked with the DDC team to change the language in the DDC Participant Guide to enhance program compliance and sustain client recovery. Participants are required to attend a minimum of three weekly self-help or 12-step meetings. Previously, participants were required to attend a minimum of three 12-step meetings only.

The DDC Coordinator has also agreed to put successfully completed DDC participants on a lower level drug testing color (from 5 to 6 tests per week to 1 to 2 tests per week) until the child welfare case is closed. These changes protect participant rights and provide for a more personalized approach to recovery.

Outcome Evaluation Components

The objective of outcome evaluation activities is to determine the direct effects of participation in the DDC on child outcomes and on parental involvement and engagement in treatment, relative to an equivalent group of parents in the child welfare system.

Study Design

The evaluation employs a quasi-experimental design. DDC expansion outcome data are evaluated against a comparison group of families comprised of parents who entered the dependency system in the 18 months prior to the implementation of the Sonoma DDC Expansion Grant and met the admission criteria for DDC.

Data Collection Method

The evaluation is designed to minimize the creation of new data collection burdens by using and linking existing data sets within Sonoma County to the fullest extent possible. The Sonoma Web Infrastructure for Treatment Services (SWITS) is a primary data source. SWITS includes data from the American Society of Addiction Medicine (ASAM) Guidelines for Patient

Placements, and feeds into the California Outcomes Measurement System. Another source is the Child Welfare Services/Case Management System (CWS/CMS), California’s Statewide Automated Child Welfare Information System. CWS/CMS collects child and family data on safety, permanency and case management. Drug Court Coordinator monthly statistics, and the Integrated Justice System, the Human Services Database are also sources of client data. Data has been collected and analyzed through May 2012.

Linking Data Systems

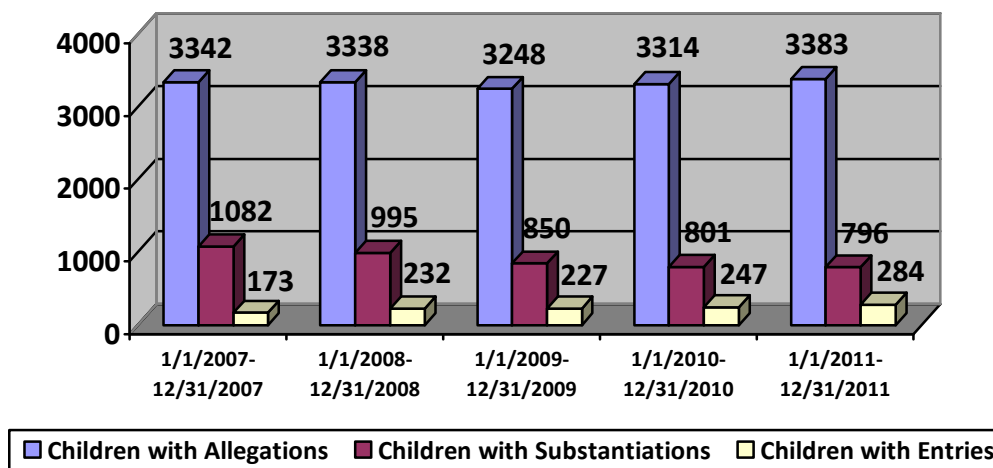
Counselors, case managers and administrative staff collect client data at admission, during treatment and at discharge. CWS produces reports from the CWS/CMS datasets on the specific safety and permanency data elements needed for the evaluation. SWITS records for specific time periods are forwarded to the evaluation consultants. DDC expansion participants, pilot participants and comparison cases are detected by running data queries. The special project codes allow for data in each system to be flagged and sent to the evaluation team for analysis and monitoring.

FINDINGS

Characteristics of the Sonoma County Child Welfare Population

Figure 1 presents the number of children who were the subject of child abuse and neglect allegations in Sonoma County, the number of allegations that were substantiated and the number of children who entered foster care.

Figure 1. Sonoma County Child Welfare Statistics*



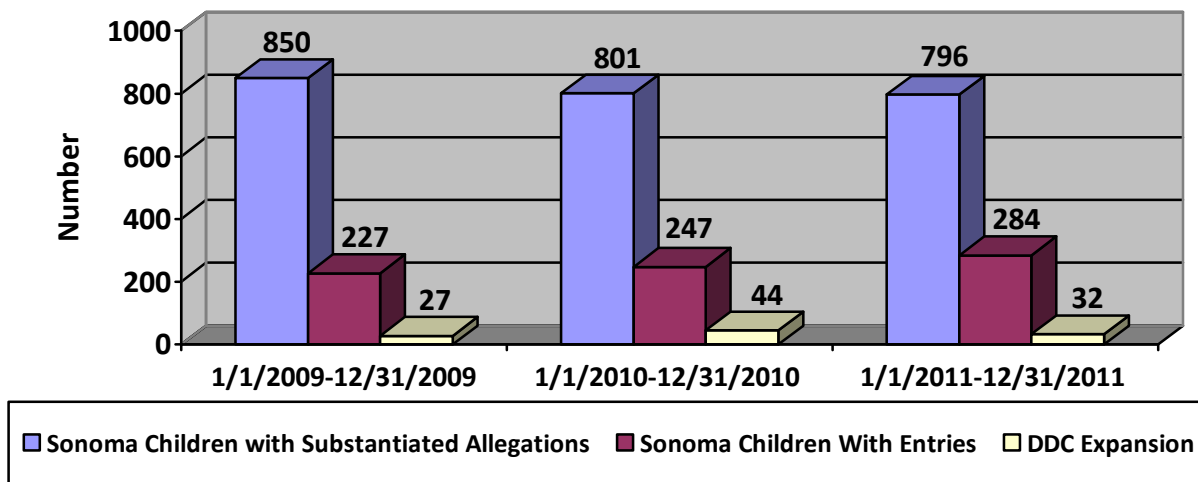
* Needell, B. et al. (2010). *Child Welfare Services Reports for California*. Retrieved 11/22/2010, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

The number of child abuse allegations in Sonoma County decreased from 2007 to 2009, but increased in 2010 and 2011. At the same time, the number of allegations leading to substantiations has steadily declined since 2007. In 2007, 32.4% of child abuse and neglect allegations were substantiated. This decreased to 23.5% by 2011. Between 2007 and 2011, there was an increase in rates of children entering foster care in Sonoma County. In 2007, 16.0% of children in Sonoma County with substantiated allegations were placed in care. This went up to 35.7% in 2011.

Characteristics of DDC Evaluation Participants

Representation of children in the DDC expansion program as compared to Sonoma County children with substantiated allegations and children who have entered care can be seen in Figure 2. The DDC expansion children comprised 3.2% of substantiated allegations within the County and 11.9% of the entries into care within the County in 2009. In 2010, the DDC expansion children comprised 5.5% of substantiated allegations and 17.8% of the entries into care within the County. In 2011, the DDC expansion children comprised 4.0% of substantiated allegations and 11.3% of the entries into care within the County.

Figure 2. Sonoma Children with Substantiated Allegations and Entries versus DDC Expansion Children

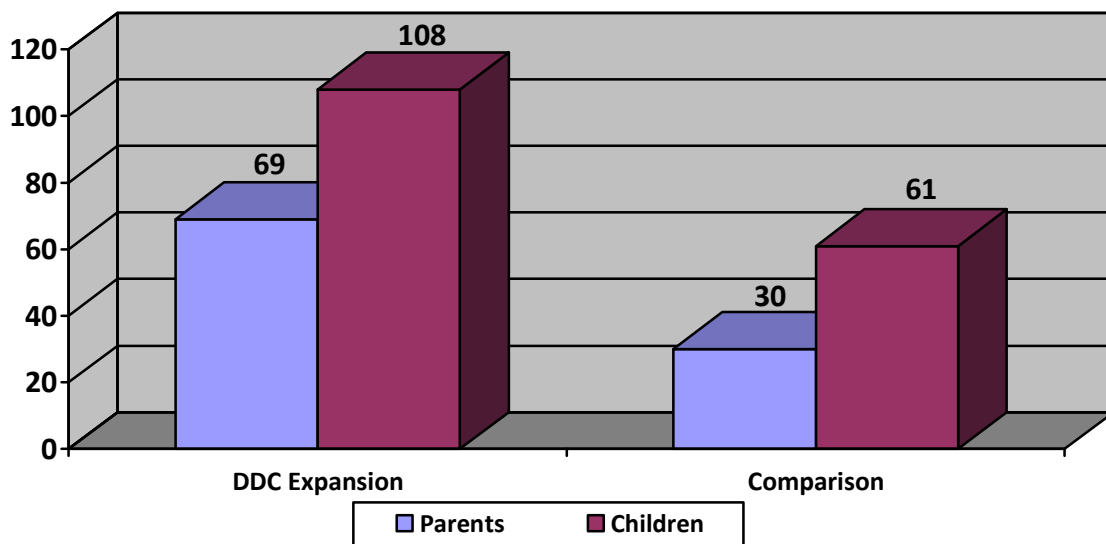


The evaluation analyzed the differences between two groups of parents and children (see Table 1 and Figure 3). The treatment cohort of women entered the dependency court system and received DDC supervision since the implementation of the Expansion Grant. Women admitted to court after September 1, 2009 are considered the DDC expansion cohort. The comparison cohort of families is comprised of parents who entered the

dependency system in the 18 months prior to the implementation of the Sonoma DDC Expansion Grant and met the admission criteria for DDC. This cohort of mothers and children received standard services and did not receive specialized court services in the DDC model.

Table 1: Participant Cohort Groups		
	Parents	Children
	N	N
DDC Expansion	69	108
Comparison	30	61

Figure 3. Parents and Children in the Evaluation



Parent Demographic and Baseline Characteristics

Table 2 presents demographic characteristics of parents in the DDC expansion and comparison cohorts. There were no significant differences between the cohorts in race/ethnicity or age. Overall, the majority of parents were Caucasian (68.6%), 13.2% were Multiracial, 7.7% were Hispanic, 2.4% were African American, 2.4% were American Indian, and 0.7% were Asian/Pacific Islander while 5.0% were Unknown. The mean age remains 30.6 years.

Table 2: Parent Demographic Characteristics					
	DDC Expansion		Comparison		Significance
	N	%	N	%	P
Race/Ethnicity					
African American	1	1.4	1	3.3	n.s.
American Indian	1	1.4	1	3.3	
Asian/Pacific Islander	1	1.4	0	0.0	
Caucasian	51	73.9	19	63.3	
Hispanic	6	8.7	2	6.7	
Multiracial	9	13.0	4	13.3	
Unknown	0	0.0	3	10.0	
Mean Age (range)	29.2		32.0		n.s.

n.s. = not significant

The SWITS data set is the most complete data on parent baseline characteristics and contains data from publicly funded treatment programs parents attended (See Table 3). DDC expansion mothers (3.4%) were significantly less likely to be employed than the comparison cohort (23.1%). The DDC expansion cohort (68.9%) was also significantly more likely to have received public assistance in the form of CalWorks or MediCal than the comparison (44.0%). The DDC expansion cohort (14.7%) was also significantly more likely to have a disability than the comparison (0.0%). DDC expansion mothers reported more than one disability; three had a developmental disability, three had a mental health disability, three had a hearing or mobility disability and three did not disclose the nature of their disability.

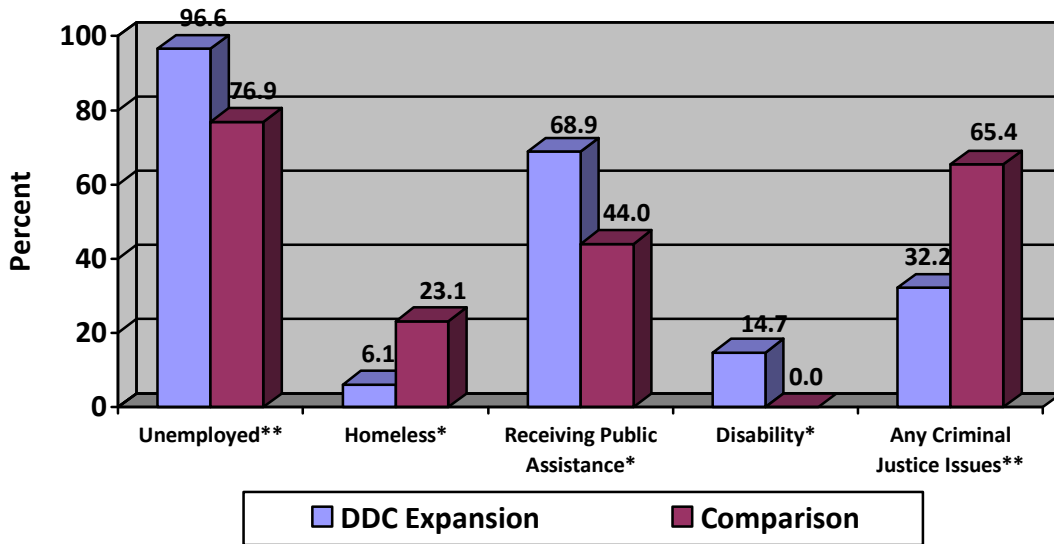
At the same time, DDC expansion mothers (6.1%) were significantly less likely to be homeless at admission than the comparison cohort (23.1%). The DDC expansion cohort was significantly less likely to be incarcerated, on probation or parole or have another criminal justice issue (32.2%) than the comparison cohort (65.4%). The comparison (.8) parents had significantly fewer children under the age of five years than the DDC expansion (1.3). The DDC expansion (100.0%) was significantly more likely to have a secondary drug problem than the comparison (62.5%).

No significant differences were found between cohorts in education, pregnancy status, arrests, mental illness, or age of first use of primary or secondary drug. The majority of DDC expansion and comparison cohorts had at least a high school education (73.2%). Overall, 4.7% of DDC expansion and comparison were pregnant at treatment admission. Nearly 14.0% of mothers were arrested in the 30 days prior to treatment admission. Overall, 30.1% of mothers had a mental illness diagnosis.

Table 3: Parent Baseline Characteristics					
	DDC Expansion		Comparison		Significance
	N	%	N	%	P
Employment Status					
Employed (Full or Part Time)	2	3.4	6	23.1	p<.01
Unemployed	57	96.6	20	76.9	
Education					
Less than a High School Education	9	19.1	9	34.6	n.s.
At least a High School Education	38	80.9	17	65.4	
Pregnant At Admission	1	1.6	2	7.7	n.s.
Living Arrangement					
Homeless	4	6.1	6	23.1	p<.05
Dependent Living	42	63.6	11	42.3	
Independent Living	20	30.3	9	34.6	
Public Assistance					
No Public Assistance	19	31.1	14	56.0	p<.05
Yes Public Assistance	42	68.9	11	44.0	
Disabilities					
No Disabilities	58	85.3	27	100.0	p<.05
Yes Disabilities	10	14.7	0	0.0	
Criminal Justice Status					
Probation/Parole	14	23.7	12	46.2	p<.01
Incarcerated	0	0.0	3	11.5	
Other	5	8.5	2	7.7	
None	40	67.8	9	34.6	
Arrests in the Last 30 Days					
No Arrests	55	91.7	21	80.8	n.s.
Yes Arrests	5	8.3	5	19.2	
Mental Illness Diagnosis					
No Mental Illness Diagnosed	38	66.7	19	73.1	n.s.
Yes Mental Illness Diagnosed	19	33.3	7	26.9	
Average Number of Children Under Five Years	1.3		0.8		p<.01
Primary Drug Problem					
Methamphetamine	49	71.0	13	43.3	p<.05
Alcohol	10	14.5	8	26.7	
Marijuana	0	0.0	3	10.0	
Heroin	1	1.4	1	3.3	
Cocaine/Crack	2	2.9	1	3.3	
Other	3	4.3	0	0.0	
Unknown	4	5.8	4	13.3	
Secondary Drug Problem					
Methamphetamine	1	3.6	2	8.3	p<.01
Alcohol	6	21.4	6	25.0	
Marijuana	15	53.6	6	25.0	
Heroin	1	3.6	0	0.0	
Cocaine/Crack	2	7.1	1	4.2	
Other	3	10.7	0	0.0	
None	0	0.0	9	37.5	
Age of First Use Primary Drug	19.0		18.6		n.s.
Age of First Use Secondary Drug	14.8		15.9		n.s.

n.s. = not significant

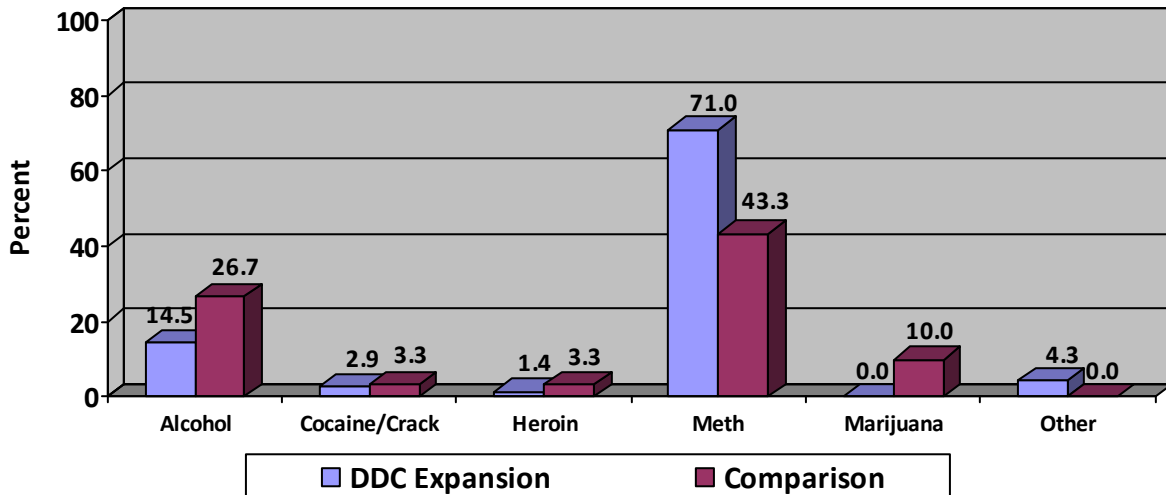
Figure 4. Parent Baseline Characteristics



*p<.05
**p<.01

The DDC expansion cohort (71.0%) was significantly more likely to have methamphetamine as primary drug than the comparison cohort (43.3%). However, there were no significant differences between cohorts with regards to age of first substance use of the primary or secondary drug. The overall average age of first use of primary drug was 18.8 years and 15.4 for the secondary drug.

Figure 5. Primary Drug of DDC Expansion and Comparison



Child Characteristics

Children’s gender, ethnicity, case intervention reason, and age were compared across cohorts (see Table 4). No differences were found between cohorts in terms of gender, primary ethnicity or case intervention reason. Overall, 49.3% of children were girls and 50.7% were boys. The majority of children were Caucasian (66.5%), 20.4% were Hispanic, 7.6% were African American, 5.5% were American Indian, and none were Asian/Pacific Islander. Neglect (56.3%) was the most frequent case intervention reason, followed by Caretaker Absence/Incapacity (22.0%), Emotional Abuse (6.8%), Substantial Risk (5.5%), Physical Abuse (4.4%), At Risk/Sibling Abused (4.0%) and Sexual Abuse (1.0%).

In terms of age, the children in the DDC expansion (Mean=4.5 years) were significantly younger than children in the comparison (Mean=8.3 years) cohort. A large portion of DDC expansion children were newborns or infants (30.8%), 42.1% were between one and five years of age, and 27.1% were six years of age or older.

	DDC Expansion		Comparison		Significance
Gender	N	%	N	%	P
Boys	54	50.5	31	50.8	n.s.
Girls	53	49.5	30	49.2	
Primary Ethnicity					
American Indian	3	2.7	5	8.2	n.s.
Asian/Pacific Islander	0	0.0	0	0.0	
African American	6	5.3	6	9.8	
Hispanic	28	25.9	9	14.8	
Caucasian	71	65.7	41	67.2	
Case Intervention*					
Substantial Risk	7	3.6	10	7.5	n.s.
Caretaker Absence/ Incapacity	41	20.8	31	23.1	
Neglect	116	58.9	72	53.7	
Emotional Abuse	18	9.1	6	4.5	
Physical Abuse	7	3.6	7	5.2	
Sexual Abuse	1	0.5	2	1.5	
At Risk, Sibling Abused	7	3.6	6	4.5	
Mean Age from Child Welfare Case Start Date (range)	4.5 (0-17)		8.3 (0-17)		p<.001

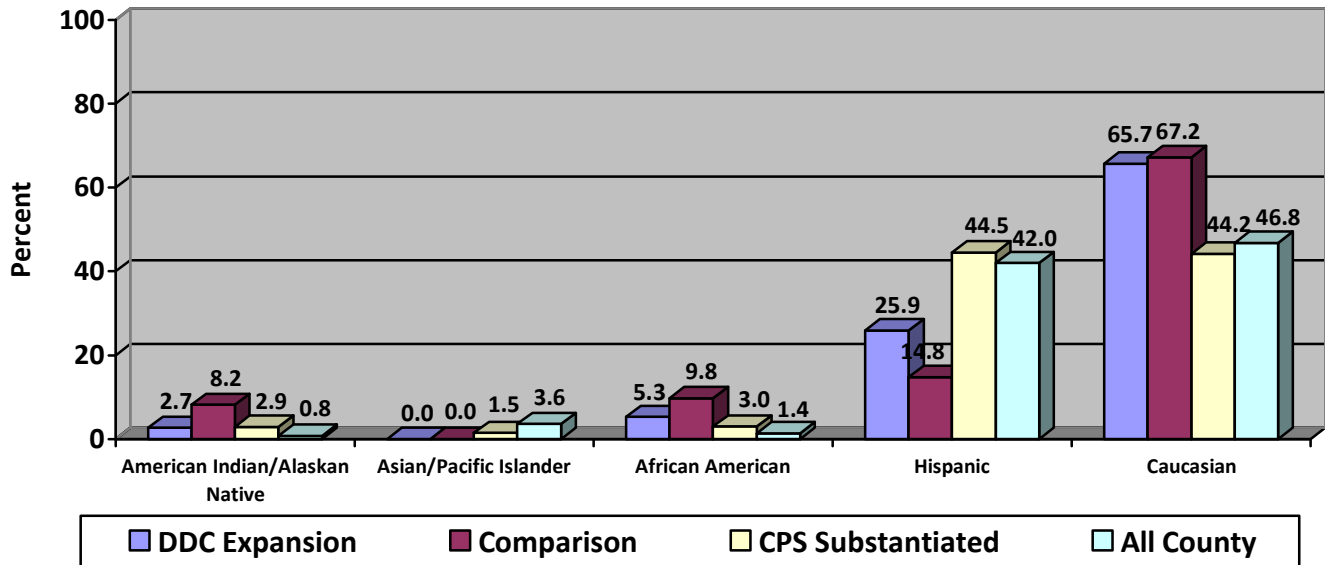
*Children had one to nine case intervention reasons, totals exceed N for each cohort.

n.s. = not significant

We also explored similarities between children of parents involved in the DDC program and Sonoma county population statistics. As shown in Figure 6, a lower percentage of Hispanics were in the DDC expansion and the comparison cohorts than have substantiated cases or than in the general

county population. There were also a higher percentage of Caucasian children in the DDC expansion and comparison cohorts than other groups. Overall, there were differences in terms of race/ethnicity in comparison to Sonoma County statistics.

Figure 6: Comparison of DDC Expansion Children with Sonoma County Statistics



PROGRAM OUTCOMES

Program outcomes were assessed in two primary areas: substance abuse treatment outcomes and child welfare services outcomes. Differences between cohorts in baseline demographic characteristics were controlled for as much as statistically possible through the use of regression analysis.

Substance Abuse Treatment Outcomes

Treatment Participation

Participation in substance abuse treatment was determined by examining whether the parent had ever been admitted to a publicly funded treatment program (see Table 5). There were no significant differences in treatment admission rates. However, the DDC expansion (100.0%) entered treatment more often than the comparison (93.3%).

Table 5: Treatment Participation					
	DDC Expansion (n=69)		Comparison (n=28)		Significance
	N	%	N	%	p
Ever in Treatment	69	100.0	28	93.3	n.s.

Note: Data are not available for those who attend private treatment centers or had private insurance to pay for treatment, since these data are not included in the SWITS data system

Timing of Treatment

The average time between the child welfare case start date and entry into substance abuse treatment was 86.3 days for the DDC expansion cohort and 118.1 days for the comparison. These differences were not statistically significant. The average time from the child welfare case start date to DDC intake was 99.4 days for the DDC expansion cohort. The average time between intake and admission into the DDC program was 17.4 days for the expansion cohort.

Time in Treatment

Table 6 shows the number of parents and their average length of time in treatment. The DDC expansion (17.2%) cohort had significantly fewer treatment episodes that ended prior to 30 days than the comparison (31.3%) cohort. Overall, the DDC expansion (132.3 days) cohort had shorter lengths of stay in treatment than the comparison (156.0 days). These differences were not statistically significant.

Table 6: Length of Time in Substance Abuse Treatment					
	DDC Expansion (n=69)		Comparison (n=28)		Significance
	N	%	N	%	p
Less than 30 Days	15	17.2	15	31.3	p<.05
31 to 45 Days	7	8.0	3	6.3	
46 to 90 Days	11	12.6	0	0.0	
91 to 120 Days	16	18.4	6	12.5	
121 to 180 Days	14	16.1	7	14.6	
181 to 365 Days	9	10.3	12	25.0	
More than 365 Days	15	17.2	5	10.4	
Average Days Per Treatment Episode	132.3		156.0		n.s.

*Mothers had one to four treatment episodes, totals exceed N for each cohort.

n.s. = not significant

Treatment Modality

We also explored the data on type of treatment (see Table 7). We classified programs by outpatient, residential or detoxification. No significant differences were found between cohorts with regard to treatment modality.

	DDC Expansion (n=69)		Comparison (n=28)		Significance <i>p</i>
	<i>N</i>	%	<i>N</i>	%	
Outpatient	138	57.7	40	55.6	n.s.
Residential	83	34.7	26	36.1	
Detoxification	18	7.5	6	8.3	

*Mothers had one to ten treatment modalities, totals exceed N for each cohort.

n.s. = not significant

Number of Treatment Episodes

Participants averaged between one and four substance abuse treatment episodes. There were no significant differences in the number of treatment episodes between cohorts.

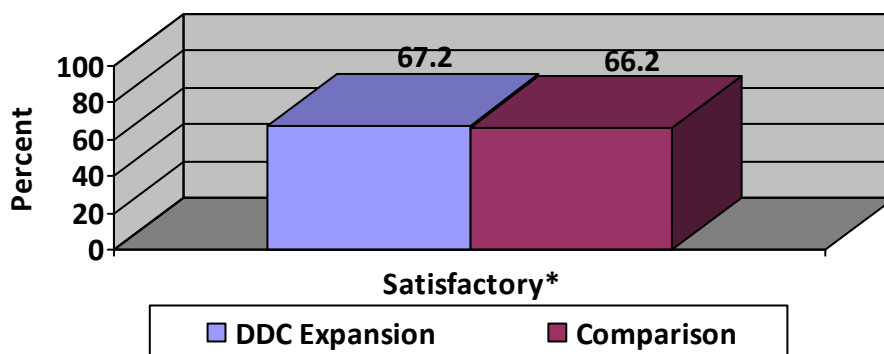
	DDC Expansion (n=69)	Comparison (n=28)	Significance
Number of Treatment Episodes	1.57	1.93	n.s.

n.s. = not significant

Treatment Discharge Status

Figure 7 shows the status of parents at discharge from the treatment episode. Satisfactory discharge status is defined as those who completed treatment (whether or not they were referred or transferred) or who left before treatment completion with satisfactory progress (whether or not they were referred or transferred). Those who left before treatment completion and had unsatisfactory progress were coded as unsatisfactory. Although not statistically significant, the DDC expansion (67.2%) cohort had slightly higher rates of satisfactory discharge than the comparison (66.2%) cohort,.

Figure 7. Treatment Discharge Status



Parent Characteristics at Discharge

There were no statistically significant differences in characteristics at discharge between cohorts. Overall, 20.0% of mothers were employed and 6.7% were enrolled in school and/or job training at discharge.

	DDC Expansion (n=15)		Comparison (n=16)		Significance <i>p</i>
	<i>N</i>	%	<i>N</i>	%	
Employment Status at Discharge					
Employed (Full or Part Time)	3	20.0	4	25.0	n.s.
Unemployed	12	80.0	12	75.0	
Enrollment in School/Job Training at Discharge					
Enrolled (School or Job Training)	1	6.7%	1	6.2%	n.s.
Not Enrolled	14	93.3%	15	93.8%	

n.s. = not significant

Child Welfare Services Outcomes

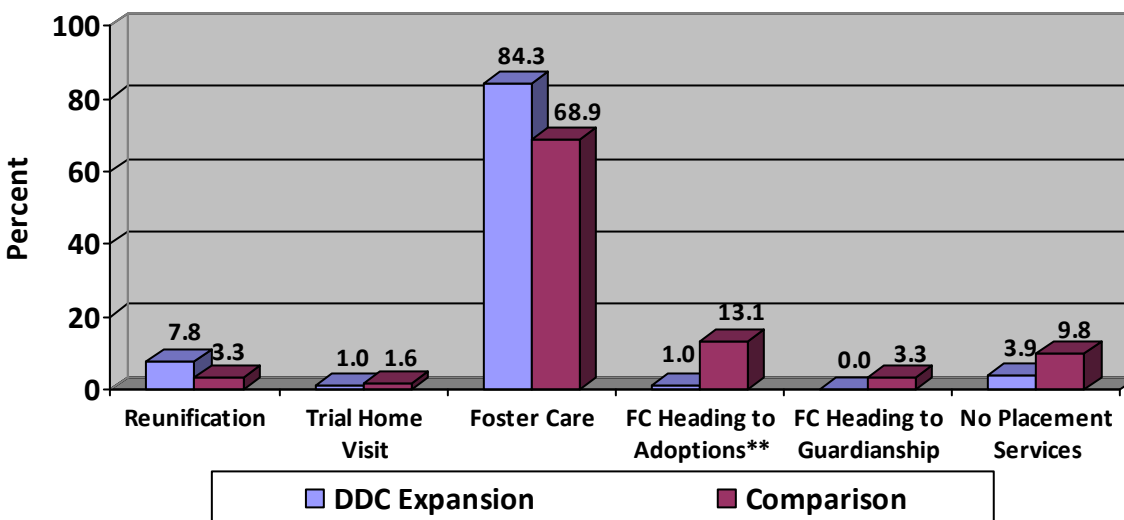
Child placement outcomes were measured by collecting data on the last placement type of comparison at 6, 12, 18 and 24 months post child welfare case start date. Data on child permanency placements were abstracted on a case-by-case basis from CWS/CMS.

6 Month Child Placement Outcomes

The DDC expansion (1.0%) children were significantly less likely to be on track for adoptions at six months than the comparison (13.1%) children. No other differences were found between the placements of DDC expansion and comparison children at 6 months.

Table 10: 6 Month Child Placement Outcomes					
	DDC Expansion (n=102)		Comparison (n=61)		Significance
	N	%	N	%	
					n.s.
Reunification	8	7.8	2	3.3	n.s.
Trial Home Visit	1	1.0	1	1.6	n.s.
Foster Care	86	84.3	42	68.9	n.s.
Foster Care Heading to Adoptions	1	1.0	8	13.1	p<.01
Foster Care Heading to Guardianship	0	0.0	2	3.3	n.s.
No Placement Services	4	3.9	6	9.8	n.s.

Figure 8. 6 Month Child Placement Outcomes



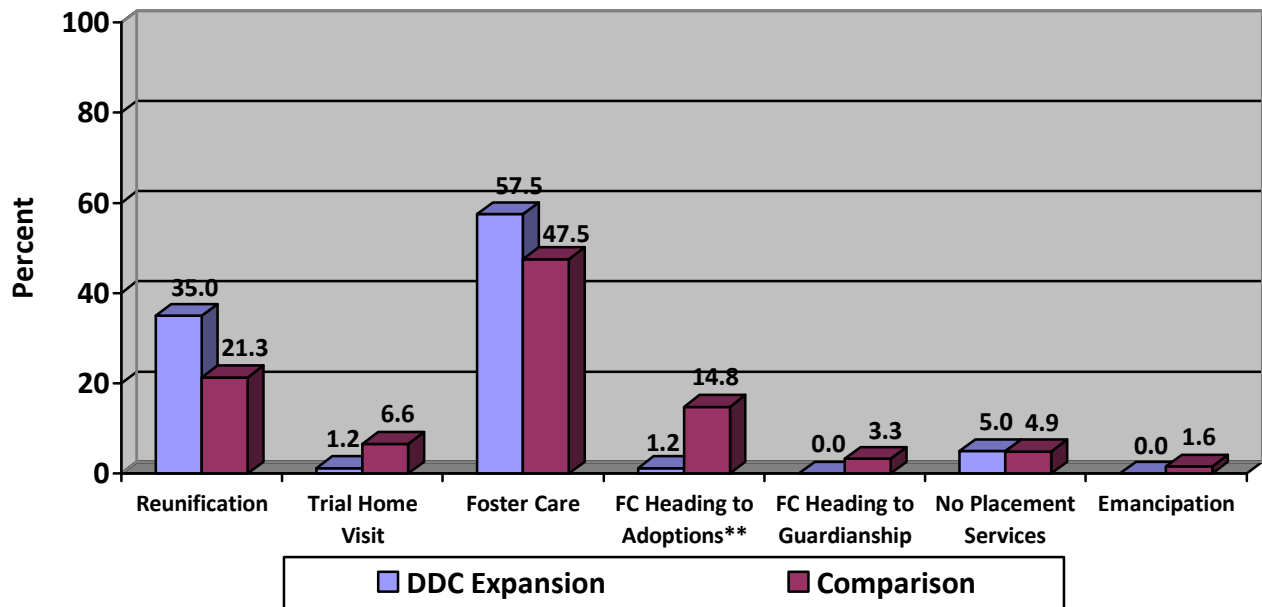
**p<.01

12 Month Child Placement Outcomes

Significantly fewer DDC expansion (1.2%) children were on track for adoptions at 12 months after their child welfare case start date than comparison (14.8%) children. No other differences were found between the placements of DDC expansion and comparison children at 12 months.

Table 11: 12 Month Child Placement Outcomes					
	DDC Expansion (n=80)		Comparison (n=61)		Significance
	N	%	N	%	
Reunification	28	35.0	13	21.3	n.s.
Trial Home Visit	1	1.2	4	6.6	n.s.
Foster Care	46	57.5	29	47.5	n.s.
Foster Care Heading to Adoptions	1	1.2	9	14.8	p<.01
Foster Care Heading to Guardianship	0	0.0	2	3.3	n.s.
No Placement Services	4	5.0	3	4.9	n.s.
Emancipation	0	0.0	1	1.6	n.s.

Figure 9. 12 Month Child Placement Outcomes



**p<.01

12 Month Time to Permanency

Among those who reached permanency within 12 months, the DDC expansion and comparison children took a statistically equivalent number of days to reach permanency. Among those who reached permanency, the average time to reunification was 228.6 days (7.6 months) for the DDC expansion cohort and 273.5 days (or 9.1 months) for the comparison.

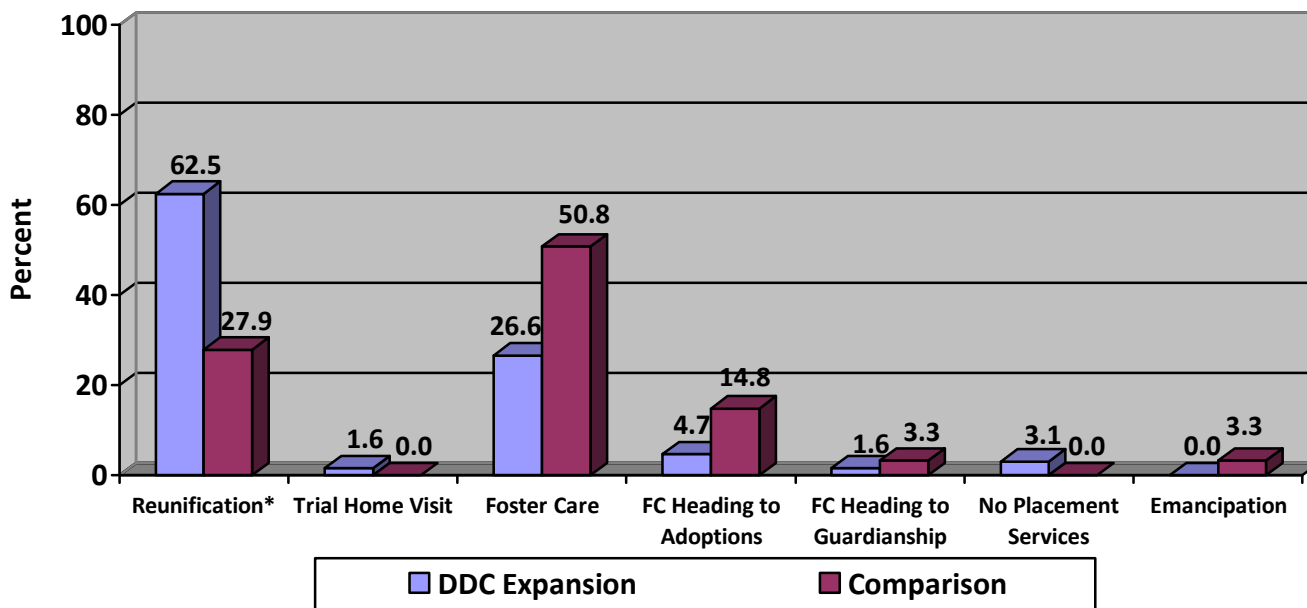
	DDC Expansion	Comparison	Significance
Number of children who reach permanency	26	15	
Time to permanency (among those reaching permanency in 12 months)	228.6 Days	273.5 Days	n.s.

18 Month Child Placement Outcomes

DDC expansion (62.5%) children were significantly more likely to be reunified at 18 months than the comparison (27.9%).

	DDC Expansion (n=64)		Comparison (n=61)		Significance
	N	%	N	%	
Reunification	40	62.5	17	27.9	p<.05
Trial Home Visit	1	1.6	0	0.0	n.s.
Foster Care	17	26.6	31	50.8	n.s.
Foster Care Heading to Adoptions	3	4.7	9	14.8	n.s.
Foster Care Heading to Guardianship	1	1.6	2	3.3	n.s.
No Placement Services	2	3.1	0	0.0	n.s.
Emancipation	0	0.0	2	3.3	n.s.

Figure 10. 18 Month Child Placement Outcomes



*p<.05

18 Month Time to Permanency

Among those who reached permanency, the average time to reunification was 320.2 days (or 10.7 months) for the DDC expansion children and 307.5 days (or 10.3 months) for the comparison group. These data are shown in Table 14.

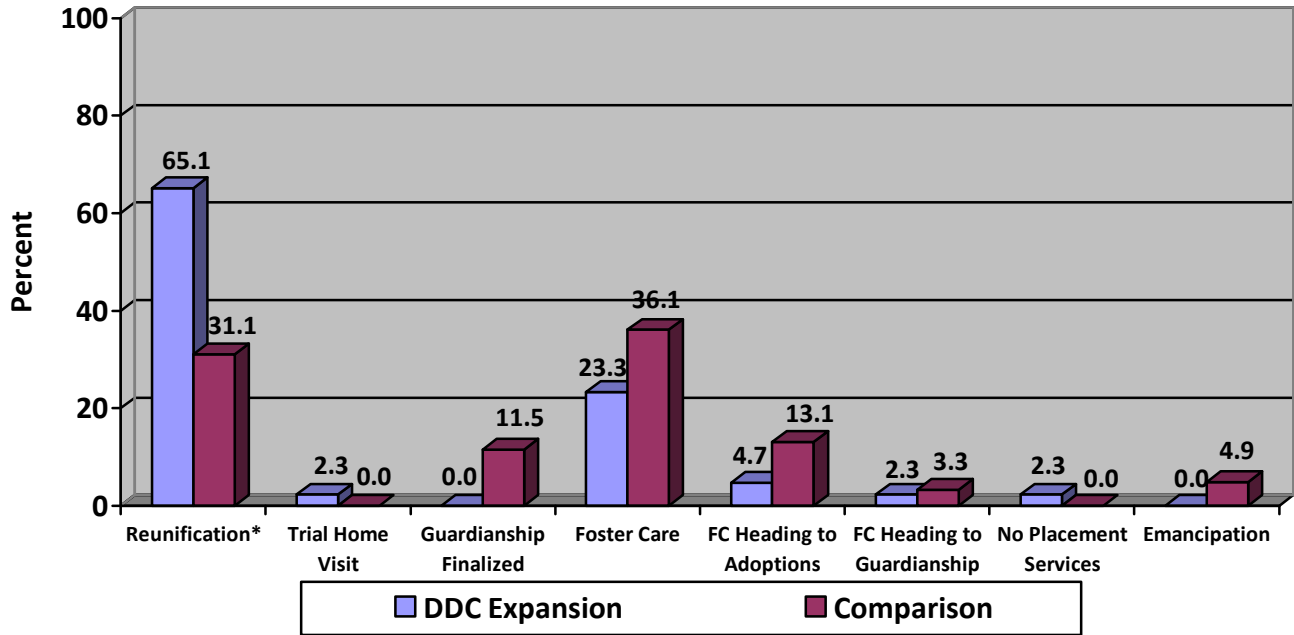
Table 14: Time to Permanency at 18 Months			
	DDC Expansion	Comparison	Significance
Number of children who reach permanency	45	21	
Time to permanency (among those reaching permanency in 18 months)	320.2 Days	307.5 Days	n.s.

24 Month Child Placement Outcomes

DDC expansion (65.1%) children were significantly more likely to be reunified at 24 months than the comparison (31.1%) children.

Table 15: 24 Month Child Placement Outcomes					
	DDC Expansion (n=43)		Comparison (n=61)		Significance
	N	%	N	%	
Reunification	28	65.1	19	31.1	p<.05
Trial Home Visit	1	2.3	0	0.0	n.s.
Guardianship finalized	0	0.0	7	11.5	n.s.
Foster Care	10	23.3	22	36.1	n.s.
Foster Care Heading to Adoptions	2	4.7	8	13.1	n.s.
Foster Care Heading to Guardianship	1	2.3	2	3.3	n.s.
No Placement Services	1	2.3	0	0.0	n.s.
Emancipation	0	0.0	3	4.9	n.s.

Figure 11. 24 Month Child Placement Outcomes



24 Month Time to Permanency

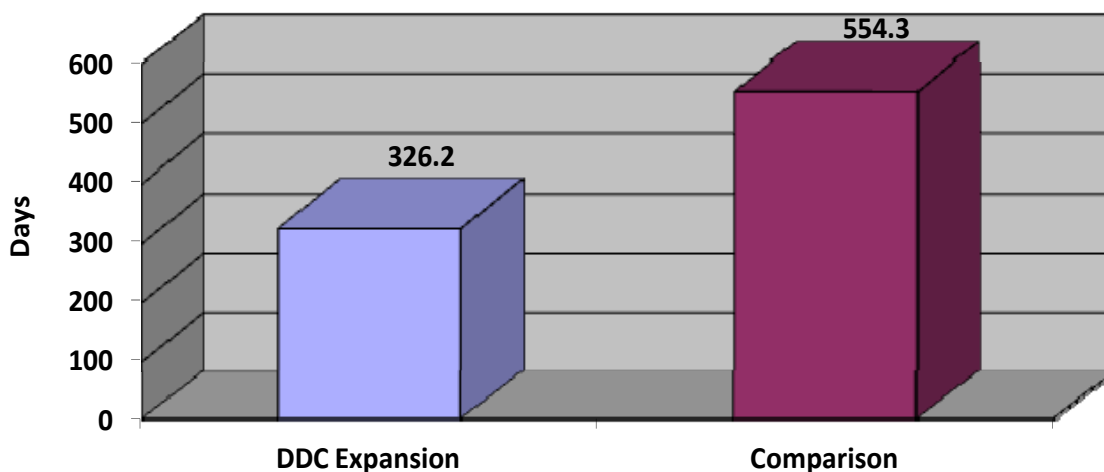
Among those who reached permanency, the average time to reunification was 341.9 days (or 11.4 months) for the DDC expansion children and 402.5 days (or 13.4 months) for the comparison group. These data are shown in Table 16.

	DDC Expansion	Comparison	Significance
Number of children who reach permanency	30	29	
Time to permanency (among those reaching permanency in 18 months)	341.9	402.5	n.s.

Overall Length of Stay in Foster Care

The DDC expansion (Mean=326.2 days) children experienced significantly shorter stays in foster care than the comparison (Mean=554.3 days) children (see Figure 13).

Figure 13. Length of Stay in Foster Care by Cohort



Total Number of Removals

The DDC expansion (Mean=1.04) children experienced significantly fewer removals from the care of parents or caregivers and placement into foster care than the comparison (Mean=1.31) children.

Total Number of Placement Changes

The DDC expansion (Mean=2.08) children experienced significantly fewer placement changes while in foster care than the comparison (Mean=2.93) children.

RE-ENTRY TO FOSTER CARE AND RECURRENCE OF MALTREATMENT

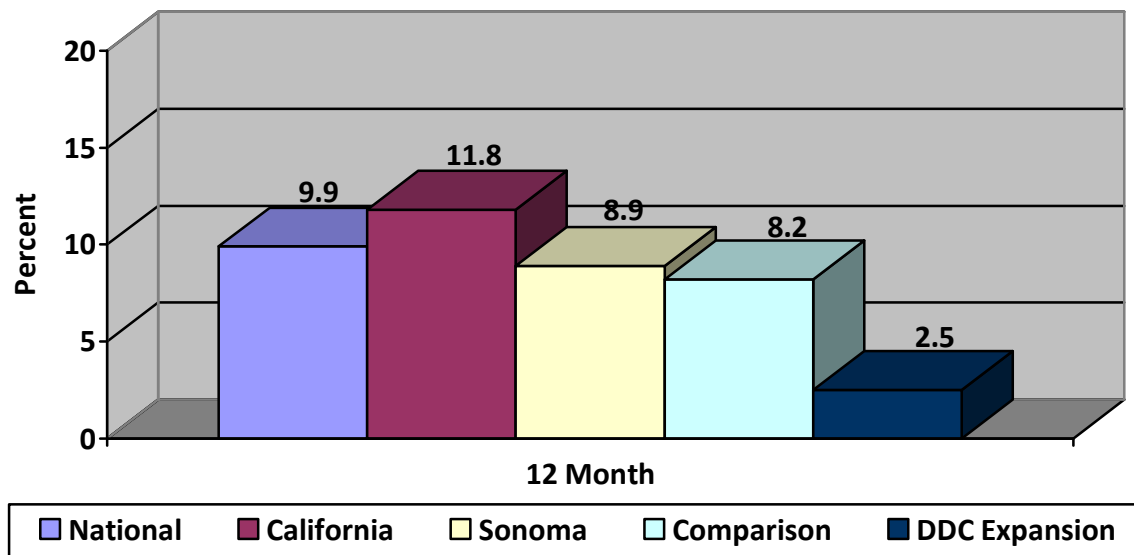
Re-entry and recurrence are calculated using the Federal definitions of re-entry to foster care following reunification and recurrence of maltreatment based on the Child and Family Service Review (CFSR) measures. The following provides a comparison of the rates of re-entry to foster care and recurrence of maltreatment to the Federal, State, and Sonoma County Child CFSR measures.

Re-Entry to Foster Care Following Reunification

Re-entry following reunification is an indicator in CFSR Permanency Outcome 1 – Children Have Permanency and Stability in Their Living Situations. This indicator is computed as the percentage of children reentering foster care within 12 months of reunification. The denominator is the total number of

children who exited foster care to reunification in a 12 month period; the numerator is the count of these reunified children who then reentered care within 365 days of the reunification discharge date. In 2010-2011, California’s average re-entry to foster care rate was 11.8%. During the same time, Sonoma County averaged a 8.9% re-entry rate. The DDC expansion cohort had a re-entry rate of 2.5% while the comparison averaged 8.2% (see Figure 14).

Figure 14. Re-Entry to Foster Care Rates



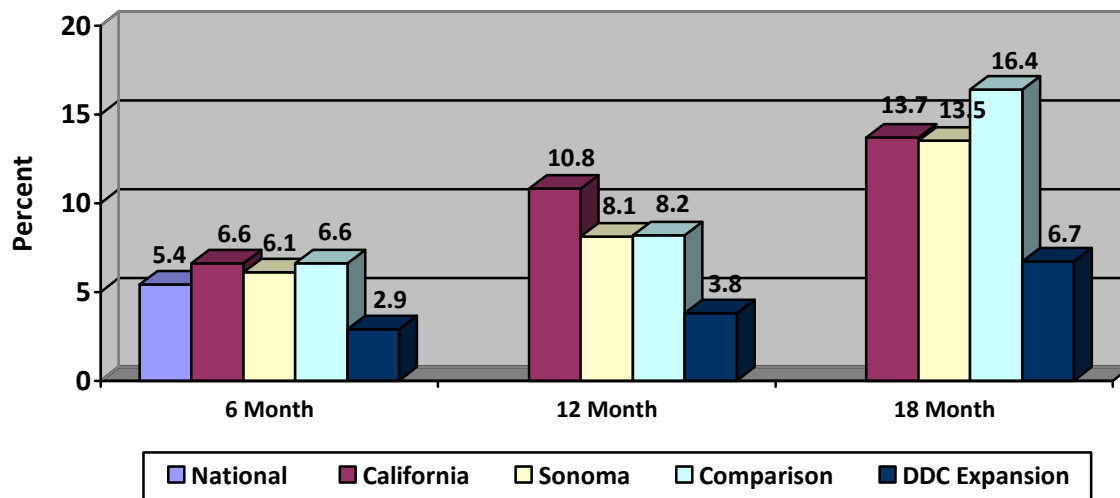
Recurrence of Maltreatment

Recurrence of maltreatment is an indicator of CFSR Safety Outcome 1 – Children Are, First and Foremost, Protected from Abuse and Neglect. This indicator is the percentage of children who were victims of a substantiated child maltreatment allegation within a six month period for whom there was no additional substantiated maltreatment allegation during the subsequent six months. The denominator is the total number of children with a substantiated allegation during the six month period; the numerator is the count of these children who had no other substantiated allegation in the six months following their substantiated allegation.

In 2010-2011, California averaged a recurrence of maltreatment rate of 6.6% within six months of the child welfare case start date. During the same time, the recurrence rate in Sonoma County was 6.1%. The overall recurrence of maltreatment rate for the DDC expansion cohort was 2.9% and 6.6% for the comparison cohort within six months of the child welfare case start date (see Figure 15). Within 12 months of the case start date,

California’s recurrence rate was 10.8%, County of Sonoma’s rate was 8.1%, the comparison cohort was 8.2%, while the DDC expansion cohort remained low at 3.8%. Within 18 months, California’s recurrence rate was 13.7%, the County of Sonoma’s rate was 13.5%, while the comparison rate was 16.4% and the DDC expansion cohort rate remained low at 6.7%.

Figure 15. Rates of Recurrence of Maltreatment



COST ANALYSIS

As a component of the Sonoma County Family Recovery Project and an addendum to the Sonoma County DDC evaluation, Children and Family Futures (CFF) performed a cost analysis of the DDC during year one of the DDC expansion program. The cost analysis utilized child welfare data from the Human Services Department, Family, Youth and Children’s Services (FY&C), substance abuse treatment data from the Department of Health Services, Alcohol and Other Drug Services (AODS), and program outcomes of the pilot DDC. It is recommended that the cost analysis be extended to the outcomes of the DDC expansion cohort.

PROCESS EVALUATION FINDINGS

This section presents findings from the process evaluation activities that have occurred during the third year of the DDC program.

Strengthening Families Program (SFP)

The third round of the Sonoma County DDC SFP was held from September to December of 2011 at the California Parenting Institute (CPI). Nine individuals participated in the third round of the program and seven completed evaluation forms at the close of the program for a third round completion rate of 77.8%. Two individuals participated in SFP during one of the previous offerings as well for an overall total of 24.

Participants responded to demographic questions and indicated their level of satisfaction with SFP. Participants also rated parenting, family strength, child activity and feelings on a retro pre/post questionnaire using Likert scales. Parents had to remember their behavior and their child's behaviors before the program and think about areas that changed because of SFP. The parenting domain includes statements about parent and child behaviors related to communication, organization, affection, quality time, discipline, conflict and substance use. The overall family strength and resilience domain looks at broad categories such as supportiveness, unity and physical health. The child activities domain captures how often the child engages in activities like fighting, sitting still and paying attention. The last section of the evaluation form asks how often parents had feelings like happiness or sadness in the past week.

The impact of SFP was measured by calculating overall statistical differences between participant ratings at the beginning and the end of the program, in addition to percent change. As a result of inattention to the scales in each section, one participant's ratings were excluded from the results.

The third round of SFP was successful both in terms of client satisfaction and significantly impacting specific areas of parenting, family strength, child activities and parent feelings. Participants gave high ratings for overall satisfaction with SFP (4.71; scale of 1 to 5), for SFP helping their family (3.71; scale of 1 to 4) and for group leaders (4.86; scale of 1 to 5).

Overall ratings increased for positive behaviors and feelings, and decreased for negative items on the evaluation. According to participants, SFP improved their parenting behavior. Participants reported improvements in the way they express themselves toward their children. SFP equipped participants to be more organized, appropriate with consequences and set healthy boundaries. Participants were talking to their children more and expressed coping better with family responsibilities. Participants perceived their families to be stronger and more resilient.

Some areas have potential for further improvement, such as child activities and parent feelings. SFP did not have a strong impact on the feelings of participants, although many factors that cannot be controlled for could have a negative influence on feelings and ability to cope with feelings. Parents not having custody of children at the start of the program could have diluted the effect of SFP. Participants should keep thinking about how to apply what they learned at SFP outside of sessions to strengthen their families over time. A full report can be found in Attachment 1.

Court Outcomes

Twenty-eight (40.6%) clients have experienced commencement from the DDC expansion program, twelve (17.4%) clients were terminated due to noncompliance, and the remaining (42.0%) clients were still receiving services at the time of data analysis. The average number of days spent in the DDC program was 339.9. There were a total of seven (10.1%) clients who were arrested during or after their involvement in the DDC program.

SUMMARY AND RECOMMENDATIONS

DDC expansion and comparison participants are women with high unemployment, low educational attainment and numerous other challenges. There were several characteristics that were different between the cohorts at baseline. The DDC expansion cohort was significantly more likely to be unemployed, receive public assistance, have a disability, have children under five and have a secondary drug problem. The comparison cohort was more likely to be homeless at admission to treatment, have marijuana as primary drug and to have a criminal justice issue. The DDC expansion children were also significantly younger than the comparison children.

Regression analysis was conducted as an attempt to control for baseline demographic characteristic differences as much as statistically possible. Adjusting participants in the comparison cohort should be explored because of the numerous demographic differences between cohorts at baseline.

Judicial supervision, intensive case management, treatment and court compliance monitoring, and family support offered by the DDC program have a positive impact on substance abuse treatment outcomes related to early engagement in treatment. The DDC expansion cohort was less likely to leave substance abuse treatment in the first 30 days than the comparison.

DDC expansion mothers would benefit from a focus on substance abuse treatment engagement and retention, since there were no significant differences in treatment participation, modality, number of episodes, or discharge status between cohorts. A NIATx improvement project is one method of making a small change to remove treatment barriers and positively impact outcomes. Further evaluation is necessary to identify and remove obstacles to the success of DDC expansion mothers in substance abuse treatment.

The DDC program has a positive impact on child welfare service outcomes, particularly when utilizing a longitudinal design. By 18 and 24 months past the child welfare case start date, the DDC expansion children are more likely to be reunified than the comparison. The DDC expansion children spent less time in foster care, had fewer removals and fewer placement changes than the comparison. The DDC program also has a positive impact on re-entry into foster care and recurrence of maltreatment rates. The DDC expansion cohort had lower re-entry to foster care rates than the comparison, National, State and County rates. The DDC expansion cohort had consistently lower recurrence of maltreatment than the comparison, National, State and County rates.

As the OJJDP Expansion Grant comes to a close, the DDC program would benefit from a particular focus on marketing and sustainability. It is recommended that the cost analysis conducted in year one be extended to DDC expansion mothers. A plan for sustainability could include the following strategies: maintenance of a strong collaborative partnership in which all members play a role in sustaining the program through ongoing planning; development and sharing of resources; grant proposals to government and private funding sources; commitment of existing funding sources; documentation of effectiveness and impact on the lives of families; obtaining political and community support; and continued institutionalization.

ATTACHMENT ONE: STRENGTHENING FAMILIES PROGRAM THIRD ROUND EVALUATION REPORT

The third round of the Sonoma County Dependency Drug Court (DDC) Strengthening Families Program (SFP) was held from September to December of 2011 at the California Parenting Institute (CPI). Nine individuals participated in the third round of the program and seven completed evaluation forms (See Attachment 1) at the close of the program for a third round completion rate of 77.8%. Two individuals participated in SFP during one of the previous offerings as well for an overall total of 24.

Participants responded to demographic questions and indicated their level of satisfaction with SFP. Participants also rated parenting, family strength, child activity and feelings on a retro pre/post questionnaire using Likert scales. Parents had to remember their behavior and their child's behaviors before the program and think about areas that changed because of SFP. The parenting domain includes statements about parent and child behaviors related to communication, organization, affection, quality time, discipline, conflict and substance use. The overall family strength and resilience domain looks at broad categories such as supportiveness, unity and physical health. The child activities domain captures how often the child engages in activities like fighting, sitting still and paying attention. The last section of the evaluation form asks how often parents had feelings like happiness or sadness in the past week.

The impact of SFP was measured by calculating overall statistical differences between participant ratings at the beginning and the end of the program, in addition to percent change. As a result of inattention to the scales in each section, one participant's ratings were excluded from the results.

Parent and Child Demographics

All of the third round participants were female (100.0%). The overall total was 96.0% female with one male participating over the grant period. Most third round participants (42.9%) were Caucasian, two (28.6%) were multiracial, one (14.3%) was Hispanic or Latino and one (14.3%) was African American. The breakdown of adult ethnicity was similar overall; there was 60.0% Caucasian, 20.0% Hispanic or Latino, 12.0% multiracial or other, 4.0% African American and 4.0% American Indian. One hundred percent of third round participants spoke English as their primary language, while 96.2% spoke English at home overall. The average age of third round participants (34.9) was nearly five years older than the overall (30.4) average. Approximately 57.0% of third round participants did not complete high school, which corresponds with participants overall. All third round participants were not working with the exception of one; making the average income approximately \$5,000 a year. Overall, three participants were working (12.5%) for an average income of approximately \$3,500 a year.

Over 85.0% of third round participants indicated they were single parents compared to 76.9% overall. Five (71.4%) third round participants lived in a home or apartment compared to 34.6% overall. Two (28.6%) third round participants were living with a relative or in transitional housing compared to 61.5% overall. Third round participants reported having between zero and three (average of 1.14) children under 18 years. Over the grant period, participants reported having between zero and four (average of 1.64) children under 18 years. All participants (96.2%) had an open child welfare case at the time of the evaluation with the exception of one.

The majority of third round children identified in evaluation forms were girls (71.4%) and 28.6% were boys. Child gender overall was similar with 65.2% girls and 34.8% boys. The average child age in round three was 6.8 years compared to 7.4 overall. Third round children ranged from second to seventh grade,

while the overall range was from preschool to seventh grade. None of the children were on medications for behavioral or emotional problems. The majority of children were living with a relative (57.1%) or in a foster home (14.3%) prior to third round of SFP. Three (28.6%) participants had their children living with them prior to the program. By the end of round three, 42.9% had their children living at home with them. Overall, more children were living with a relative (46.2%) or in a foster home (30.8%) prior to the program. Four (23.1%) participants total had their children living with them prior to the program. By the end of the program, 42.3% overall had their children living at home with them.

Client Satisfaction

Satisfaction for the third round was 4.71 on a scale of 1 to 5 (1=Not at all; 2=Very little; 3=Somewhat; 4=Well; 5=Very well). Satisfaction ratings for round three were higher than the overall average rating of 4.42. One hundred percent of third round participants rated their satisfaction with SFP as well or very well, and all of the participants (100.0%) would recommend this class to other families. Overall ratings were similar with 92.3% well or very well satisfied with SFP and willing to recommend the class to other families. One hundred percent of round three participants would also come back for refresher classes or family reunions compared to 65.4% overall.

The mean rating for how much SFP helped third round families was 3.71 on a scale of 1 to 4 (1=Not at all; 2=Very little; 3=Somewhat; 4=A lot) while the overall rating was slightly lower at 3.58. The majority of round three participants (71.4%) reported that SFP helped their family a lot and the rest of participants (28.6%) thought it was somewhat helpful. Overall, 61.5% of participants reported that SFP helped their family a lot, 34.6% thought it was somewhat helpful, and one participant (3.8%) indicated that the program helped their family very little.

Satisfaction with third round group leaders was rated 4.86 on a scale of 1 to 5 (1=Not at all; 2=Very little; 3=Somewhat; 4=Well; 5=Very well) compared to 4.69 overall. All of the round three participants (100.0%) rated their satisfaction with their group leaders as well or very well. Overall, 96.2% rated their satisfaction with their group leaders as well or very well, and one participant (3.8%) rated their satisfaction with group leaders as somewhat.

Third round participants reported between 0 and 3 hours of service per week from CPI prior to beginning SFP, the average being one hour for round three compared to just over thirty minutes overall. Most round three participants knew program staff (71.4%) prior to signing up for the program compared to 53.85 overall. Similar to previous rounds, participants heard about round three of SFP from court staff (57.1%), their case manager (14.3%) or other program staff (28.6%).

Participants reported that they attended between 10 and 13 round three sessions of SFP. The average attendance reported by third round participants was 11.43 or 81.6% compared to an average of 12.62 or 90.1% overall. Children also attended between 10 and 13 round three sessions. The average attendance of children was 11.29 or 80.6% compared to 11.92 or 85.1% overall. Attendance for round three of SFP was down by 8.5% for adults and 4.5% for children compared to overall attendance.

Parenting

Participants rated the frequency of their parenting and child behaviors on a Likert scale from 1 to 5 (1=Never; 2=Seldom; 3=Sometimes; 4=Frequently; 5=Almost Always). Most items were positive statements for which increases in mean ratings were expected, but thirteen items were negative

statements for which decreases would be appropriate after SFP. For example, ratings for yelling and fighting a lot decreased (see items 21 and 29 in Table 1).

For the third round of SFP, participants reported the most change for positive items such as using appropriate consequences when children misbehave (53.5% increase) and children controlling their anger (44.4% increase). The most change was also reported for negative items such as using physical punishment with children (46.2% decrease), arguing about the same things over and over (46.2% decrease), yelling or shouting when children misbehave (41.7% decrease), having serious arguments in the family (41.7% decrease) and fighting a lot in the family (41.7% decrease).

Participants in the third round reported the least change for positive statements like talking about negative consequences of drug use (2.9% increase), knowing where children are and who they are with (5.7% increase), letting children know participants care for them (6.1% increase), being loving and affectionate with children (9.1% increase) and checking to see if children complete their homework (10.8% increase).

The results indicate that participants see SFP as having a positive impact on their parenting and their children's behavior. The mean ratings of round three participants increased for positive statements and decreased for negative statements. The ratings for each one of the positive statements about parenting increased between 2.9% and 53.5%. The most change was reported on items referring to improved communication and appropriate use of consequences. The least change was reported on items related to being attentive and caring toward children, which could potentially be due to mean ratings being consistently high from pre to post SFP.

At the same time, there was a trend for the percent change between pre and post scores to decrease between rounds of SFP for more than half (67.5%) of the items. Item one for example; praising children for good behavior had a 43.5% change for the first round, a 24.3% change in the second round and a 21.0% change for third round ratings. The lowered percent change may be due to the fact that third round participants rated items relatively high before SFP.

Looking at all DDC clients who have participated in SFP, there were significant differences in the majority (85.0%) of areas addressed in the parenting section from the beginning to the end of the program. Significant differences between pre and post ratings were found for six items after the third round when they had not been significant before; findings on children doing chores, knowing where children are and who they are with, talking to children about school, checking on homework completion, children's friends being a good influence and children getting good grades had all previously not been statistically significant. Overall, analysis of the evaluation data indicates SFP had a significant impact on the parenting behavior of DDC clients.

Table 1: Parenting Mean Scores and Percent Change

Survey Item	First Round (N=9)			Second Round (N=10)			Third Round (N=7)			Significance (N=26)
	Before	After	% Change	Before	After	% Change	Before	After	% Change	Before Versus After
1. I praise my child when he/she has behaved well.	3.33	4.78	43.5	3.70	4.60	24.3	3.86	4.67	21.0	p<.001
2. I use clear directions with my child.	2.78	4.22	51.8	2.40	4.00	66.7	3.43	4.17	21.5	p<.001
3. My child controls his or her anger.	3.22	4.00	24.2	2.90	3.60	24.1	3.00	4.33	44.4	p<.001
4. My child helps with chores, errands, and other work.	3.22	4.12	28.0	3.40	3.80	11.8	3.71	4.33	16.7	p<.01
5. I handle stress well.	2.44	3.78	54.9	3.40	4.10	20.6	3.57	4.17	16.7	p<.01
6. I feel I am doing a good job as a parent.	3.33	4.44	33.3	3.40	4.60	35.3	4.00	4.67	16.7	p<.001
7. We talk as a family about problems, or we hold family meetings.	2.33	4.00	71.7	1.80	3.60	100.0	2.57	3.50	36.1	p<.001
8. We go over schedules, chores, and rules to get better organized.	1.78	3.62	103.4	1.60	3.30	106.3	2.57	3.33	29.6	p<.001
9. I spend quality time with my child.	3.56	4.78	34.3	3.30	4.60	39.4	3.71	4.83	30.1	p<.001
10. I let my child know I really care about him or her.	3.78	5.00	32.3	4.10	4.70	14.6	4.71	5.00	6.1	p<.001
11. I am loving and affectionate with my child.	3.67	4.89	33.2	4.00	5.00	25.0	4.43	4.83	9.1	p<.001
12. I enjoy spending time with my child.	3.78	5.00	32.3	4.10	4.90	19.5	4.29	5.00	16.7	p<.001
13. I follow through with consequences when rules are broken.	2.33	3.89	67.0	2.60	4.20	61.5	3.57	4.33	21.3	p<.001
14. I reward completed chores with praise, allowances or privileges.	3.11	4.67	50.2	2.70	4.40	63.0	3.14	3.83	22.0	p<.001
15. I talk to my child about his or her plans for the next day or week.	2.56	4.11	60.5	2.30	3.90	69.6	2.86	3.50	22.5	p<.001
16. I talk to my child about his or her friends.	2.44	3.78	54.9	2.50	3.50	40.0	2.86	3.50	22.5	p<.001
17. I know where my child is and who he/she is with.	4.11	5.00	21.7	4.10	4.50	9.8	4.57	4.83	5.7	p<.05
18. I talk to my child about his/her feelings.	3.00	4.56	52.0	3.10	4.70	51.6	3.43	4.17	21.5	p<.001
19. I use appropriate consequences when my child will not do as I ask.	2.44	4.00	63.9	2.50	4.20	68.0	2.71	4.17	53.5	p<.001
20. I use physical punishment when my child won't do what I ask.*	1.44	1.11	-22.9	1.70	1.30	-23.5	1.86	1.00	-46.2	n.s.
21. I yell or shout when my child misbehaves.*	3.11	2.11	-32.2	2.90	1.90	-34.5	2.86	1.67	-41.7	p<.01
22. I talk to my child about how he/she is doing in school	2.33	3.67	57.5	1.60	2.70	68.8	3.29	4.50	37.0	p<.01
23. I check to see if my child completes his/her homework	2.00	3.13	56.5	1.30	1.70	30.8	2.86	3.17	10.8	p<.05
24. I feel happy about my life most of the time.	2.78	4.22	51.8	2.40	3.90	62.5	3.71	4.67	25.6	p<.001
25. Our family has clear rules about alcohol and drug use.	3.11	4.44	42.8	1.22	4.00	227.9	3.43	4.17	21.5	p<.001
26. People in my family often insult or yell at each other.*	2.25	1.78	-20.9	3.10	1.90	-38.7	1.86	1.17	-37.2	p<.05
27. People in my family have serious arguments.*	2.12	1.62	-23.6	2.90	1.50	-48.3	1.71	1.00	-41.7	p<.05
28. We argue about the same things over and over.*	2.33	2.00	-14.2	2.90	1.50	-48.3	1.86	1.00	-46.2	p<.05
29. We fight a lot in our family.*	2.44	1.67	-31.6	2.40	1.20	-50.0	2.00	1.17	-41.7	p<.05
30. My child is happy most of the time.	4.00	4.67	16.8	3.50	4.50	28.6	3.86	4.33	12.3	p<.01
31. My child's friends are a good influence.	3.57	4.14	16.0	2.88	3.62	25.7	3.50	4.40	25.7	p<.05
32. My child gets good grades (A's or B's, or "satisfactory").	2.44	3.22	32.0	1.20	1.60	33.3	3.40	4.75	39.7	p<.01
33. My child gets into trouble at school.*	1.33	1.78	33.8	1.22	1.33	9.0	1.86	1.50	-19.2	n.s.
34. My child uses tobacco.*	0.89	0.89	0.0	.90	.90	0.0	1.14	.83	-27.1	n.s.
35. My child drinks alcohol.*	0.89	0.89	0.0	.90	.90	0.0	1.14	.83	-27.1	n.s.
36. My child uses illegal drugs.*	1.22	0.89	-27.0	.90	.90	0.0	1.14	.83	-27.1	n.s.
37. I use alcohol or drugs around my child.*	2.44	1.00	-59.0	2.80	1.00	-64.3	1.29	1.00	-22.2	p<.01
38. I have 5 or more drinks of alcohol in a day.*	1.67	1.00	-40.1	2.80	1.00	-64.3	1.14	1.00	-12.5	p<.05
39. I use illegal drugs (marijuana, etc.)*	2.56	1.00	-60.9	2.70	1.00	-63.0	1.14	1.00	-12.5	p<.01
40. I talk with child about negative consequences of drug use.	2.44	3.33	36.5	2.00	2.22	11.0	2.43	2.50	2.9	n.s.

Family Strength

Participants rated their family's strength on twelve categories using a Likert scale from 1 to 5 (1=None; 2=Little Strength; 3=Some Strength; 4=Considerable Strength; 5=Very Strong). There were increases in strength on all of the items on the scale (see Table 2).

The largest increases were reported for positive family communication (48.6%), effective parenting skills (41.8%), family organization (31.7%) and effective discipline style (31.7%). Moderate changes were reported for positive mental health (26.3%), knowledge and education (26.1%), family unity (21.4%) and physical health (21.4%). The least amount of change was reported for emotional strength (16.8%), spiritual strength (16.7%), social networking (16.6%) and family supportiveness (16.6%).

The results show that participants of SFP perceive the program to improve all facets of family strength listed on the questionnaire. The most change was reported on items such as communication, organization and discipline. Moderate change was reported on complex items such as mental health. Areas with potential for improvement are the emotional, spiritual and social needs of the family.

As seen in the previous section, the trend for the percent change to go down between rounds of SFP continued for three fourths (75.0%) of the family strength items. Item six for example; family unity had a 50.2% change for the first round, a 31.3% change in the second round and a 21.4% change for the third round. The lowered percent change may be due to the fact that third round participants rated items relatively high before SFP. Conversely, round two participants rated items relatively low before SFP.

Looking at all DDC clients who have participated in SFP, there were significant differences in each of the areas (100.0%) addressed in the family strength section from the beginning to the end of the program. Significant differences between pre and post ratings had an even lower possibility of being due to chance after the third round for half (50.0%) of the items; effective discipline, positive mental health, physical health, emotional strength, and knowledge and education all had slight adjustments to the p-value. Overall, analysis indicates that SFP is enhancing the strength of families involved with the program.

Table 2: Family Strength Mean Scores and Percent Change

Survey Item	First Round (N=9)			Second Round (N=10)			Third Round (N=7)			Overall Significance (N=26)
	Before	After	% Change	Before	After	% Change	Before	After	% Change	Before Versus After
1. Family Supportiveness/Love/Care	3.78	4.56	20.6	2.90	4.80	65.5	4.29	5.00	16.6	p<.001
2. Positive Family Communication (clear directions, rules, praise)	3.33	4.11	23.4	2.30	4.10	78.3	3.14	4.67	48.6	p<.001
3. Effective Parenting Skills (reading to child, rewarding)	2.89	4.33	49.8	2.40	4.20	75.0	3.29	4.67	41.8	p<.001
4. Effective Discipline Style (less spanking, consistent discipline)	3.50	3.89	11.1	2.30	4.30	87.0	3.29	4.33	31.7	p<.001
5. Family Organization (rules, chores, self responsibility)	2.67	4.22	58.1	2.00	3.80	90.0	3.29	4.33	31.7	p<.001
6. Family Unity (togetherness, cohesion)	3.11	4.67	50.2	3.20	4.20	31.3	3.57	4.33	21.4	p<.001
7. Positive Mental Health (generally feeling good about selves)	3.25	4.38	34.8	2.80	4.10	46.4	3.43	4.33	26.3	p<.001
8. Physical Health	3.78	4.67	23.5	3.50	4.20	20.0	3.57	4.33	21.4	p<.01
9. Emotional Strength	3.33	4.67	40.2	3.00	4.10	36.7	3.71	4.33	16.8	p<.001
10. Knowledge and Education	3.22	4.44	37.9	3.00	4.00	33.3	3.57	4.50	26.1	p<.001
11. Social Networking (making or talking with friends, community)	2.89	4.44	53.6	2.70	4.30	59.3	3.86	4.50	16.6	p<.001
12. Spiritual Strength	3.11	4.44	42.8	2.50	4.00	60.0	3.57	4.17	16.7	p<.001

Child Activities

Participants rated the frequency of their children's activities and behaviors on a Likert scale from 1 to 5 (1=Never; 2=Sometimes; 3=Often; 4= Almost Always; 5=Always). Most of the items were negative statements for which decreases in the mean ratings were expected, but twenty items were positive statements for which increases in the mean ratings would be appropriate after SFP (see Table 3).

Third round participants reported the most change for positive items such as completing work and chores (42.7% increase), concentrating (26.6% increase) and being friendly (26.3% increase). There were also negative items like fighting (30.1% decrease) and skipping school (26.9% decrease) that had the most change.

Participants reported the least change for working well alone (1.3% increase) and being able to sit still (1.9% increase), as well as for negative items like always being on the go (.9% decrease), blurting out answers before the question is complete (2.5% decrease) and looking sad or down (2.7% decrease).

Unfortunately, four negative items had slight increases in mean ratings for round three. Participants reported increases in nightmares (2.3%), trouble sleeping (2.3%), running around and climbing on things (2.7%) and lying (9.3%). There was also an unexpected decrease in friends seeking children for social activities (2.6%). No changes were reported for children seeking peers for activities together. No patterns in percent change were observed between rounds for child activities.

The overall results indicate areas of child activity that SFP did not impact according to parent observation. Looking at all DDC clients who have participated in SFP, there were significant differences in just over one fourth (28.3%) of the areas addressed in the child activities section from the beginning to the end of the program. Significant differences between pre and post ratings were found for eleven items after the third round when they had not been significant before; being friendly, concentrating, interacting well with other kids, helping others, being polite, communicating, resolving conflicts, seeking out peers for activities, staying on task, sitting still and having a lot of friends had all previously not been statistically significant. On the other hand, pre and post ratings for lying had been significantly different after round two but differences are no longer statistically significant after the third round.

Analysis indicates that SFP is perceived by participants to impact fifteen areas of child behavior. Participant perception of child activities may not change due to the majority of clients receiving custody of their children at some point during the program.

Table 3: Observations of Child Activities Mean Scores

Survey Item	First Round (N=9)			Second Round (N=10)			Third Round (N=7)			Overall Significance (N=26)
	Before	After	% Change	Before	After	% Change	Before	After	% Change	Before Versus After
1. Completes work and chores	3.00	4.12	37.3	2.10	3.40	61.9	2.57	3.67	42.7	p<.001
2. Is friendly	4.00	4.50	12.5	3.60	4.00	11.1	3.43	4.33	26.3	p<.01
3. Is stubborn*	3.50	2.50	-28.6	3.40	3.40	0.0	2.71	2.50	-7.7	n.s.
4. Concentrates	3.38	3.88	14.8	2.30	2.80	21.7	3.29	4.17	26.6	p<.01
5. Breaks rules*	3.25	2.50	-23.1	2.60	2.30	-11.5	2.29	1.83	-19.9	n.s.
6. Socializes with other kids	3.38	3.75	10.9	4.00	4.20	5.0	4.29	4.67	8.8	n.s.
7. Shows poor effort*	2.00	1.62	-19.0	1.60	1.40	-12.5	1.71	1.50	-12.3	n.s.
8. Works well alone	3.50	3.62	3.4	2.40	2.60	8.3	3.29	3.33	1.3	n.s.
9. Hurts others physically*	2.12	1.12	-47.2	1.60	1.40	-12.5	1.71	1.50	-12.3	n.s.
10. Pays attention	3.38	4.12	21.9	2.30	3.10	34.8	3.00	3.67	22.2	p<.001
11. Breaks things*	2.00	1.12	-44.0	1.90	1.50	-21.1	1.29	1.17	-9.6	n.s.
12. Is rejected by other kids*	1.75	1.25	-28.6	2.10	1.50	-28.6	1.29	1.17	-9.6	n.s.
13. Learns up to ability	3.25	3.75	15.4	2.90	3.30	13.8	3.57	4.17	16.7	p<.01
14. Yells at others*	2.62	2.13	-18.7	2.40	2.00	-16.7	2.29	1.83	-19.9	n.s.
15. Interacts well with other kids	3.88	4.00	3.1	3.60	4.00	11.1	3.14	3.50	11.5	p<.05
16. Is easily distracted*	3.00	2.62	-12.7	3.50	3.00	-14.3	2.29	2.00	-12.7	n.s.
17. Takes others' property*	2.50	1.88	-24.8	2.10	1.80	-14.3	1.43	1.17	-18.4	n.s.
18. Avoids other kids*	1.88	1.50	-20.2	1.60	1.40	-12.5	1.57	1.33	-15.1	n.s.
19. Fights*	2.25	1.50	-33.3	1.40	1.40	0.0	1.43	1.00	-30.1	n.s.
20. Is eager to learn	3.87	3.50	-9.6	3.60	4.10	13.9	3.42	3.67	7.2	n.s.
21. Damages other's property on purpose*	2.12	1.87	-11.8	1.30	1.30	0.0	1.14	1.00	-12.3	n.s.
22. Mind wanders*	2.75	2.57	-6.5	2.50	2.20	-12.0	2.00	1.83	-8.3	n.s.
23. Shows off or clowns*	3.50	3.12	-10.9	2.60	2.50	-3.8	2.43	2.33	-4.0	n.s.
24. Doesn't listen to others*	3.00	2.75	-8.3	2.50	1.90	-24.0	2.14	1.83	-14.3	n.s.
25. Helps others	3.38	4.00	18.3	3.40	4.00	17.6	3.57	4.00	12.0	p<.01
26. Is polite	3.38	4.00	18.3	3.30	3.90	18.2	3.14	3.33	6.2	p<.01
27. Has nightmares*	2.00	1.62	-19.0	2.30	1.90	-17.4	1.14	1.17	2.3	n.s.
28. Has trouble sleeping*	1.62	1.38	-14.8	2.30	1.80	-21.7	1.14	1.17	2.3	n.s.
29. Knows how to communicate	3.88	4.12	6.2	2.90	3.80	31.0	3.29	3.67	11.4	p<.01
30. Knows how to stay out of trouble	3.25	3.75	15.4	3.00	3.20	6.7	3.14	3.33	6.2	n.s.
31. Can resolve conflicts without fights	3.13	4.00	27.8	2.50	3.30	32.0	3.14	3.33	6.2	p<.01
32. Lies*	3.12	2.12	-32.1	2.40	1.90	-20.8	1.83	2.00	9.3	n.s.
33. Seeks out peers for activities together	3.38	3.88	14.8	3.40	4.10	20.6	3.00	3.00	0.0	p<.05
34. Argues with adults*	2.88	2.12	-26.4	2.50	2.10	-16.0	2.00	1.67	-16.7	n.s.
35. Works hard	3.38	4.12	21.9	3.50	4.20	20.0	3.71	4.00	7.8	p<.01

Table 3 Continued: Observations of Child Activities Mean Scores

36. Teases other kids*	2.62	2.00	-23.7	1.30	1.10	-15.4	1.43	1.17	-18.4	n.s.
37. Stays on task until completed	2.50	3.12	24.8	2.10	2.70	28.6	2.86	3.00	4.9	p<.01
38. Can sit still	2.38	2.87	20.6	1.90	2.50	31.6	2.29	2.33	1.9	p<.01
39. Skips school (0 if not old enough for school)*	1.12	0.88	-21.4	.50	.50	0.0	1.14	.83	-26.9	n.s.
40. Uses a weapon in a fight*	1.25	0.88	-29.6	.90	.90	0.0	1.14	1.00	-12.3	n.s.
41. Friends seek him/her out for social activities	3.00	3.50	16.7	2.70	2.80	3.7	2.67	2.60	-2.6	n.s.
42. Runs around a lot, climbing on things*	3.50	3.75	7.1	3.70	3.70	0.0	3.57	3.67	2.7	n.s.
43. Runs away from home overnight*	1.00	1.00	0.0	.90	.90	0.0	1.29	1.00	-22.5	n.s.
44. Starts physical fights*	1.62	1.12	-30.9	1.40	1.30	-7.1	1.43	1.17	-18.4	n.s.
45. Has lots of friends	3.75	3.88	3.5	3.50	4.00	14.3	3.67	4.00	9.0	p<.05
46. Is always "on the go"*	2.75	2.50	-9.1	2.80	2.90	3.6	2.86	2.83	-0.9	n.s.
47. Is irritable*	2.00	1.88	-6.0	1.90	2.00	5.3	2.29	2.00	-12.7	n.s.
48. Loses temper*	2.62	2.13	-18.7	2.40	2.20	-8.3	2.14	1.83	-14.3	n.s.
49. Looks sad or down*	2.25	2.25	0.0	2.00	1.80	-10.0	2.57	2.50	-2.7	n.s.
50. Interrupts others*	2.88	2.38	-17.4	2.50	2.00	-20.0	2.00	1.50	-25.0	n.s.
51. Has low energy*	1.25	1.25	0.0	1.20	1.20	0.0	1.29	1.17	-9.6	n.s.
52. Blurts out answers before the question is completed*	2.25	1.88	-16.4	1.80	1.50	-16.7	1.71	1.67	-2.5	n.s.
53. Stutters*	1.12	1.12	0.0	1.00	1.00	0.0	1.29	1.17	-9.6	n.s.

* Indicates reverse scored item

n.s. = not significant

Parent Feelings

Participants rated the frequency of their feelings and expression of emotion on a Likert scale from 1 to 5 (1=Never; 2=Sometimes or 1-2 days; 3=Often or 3-4 days; 4=Most Days or 5-6 days; 5=All Days). Most of the items were negative statements for which decreases in the mean ratings were expected, but four items were positive statements for which increases in the mean ratings would be appropriate after SFP (see Table 4).

Third round participants reported the most change for being bothered by things that usually don't bother them (25.0% decrease), thinking life was a failure (22.5% decrease) and feeling like people dislike them (22.5% decrease). There was also an unexpected increase in restless sleep by 24.6%. The least change was reported for feeling lonely (1.4% decrease), having a poor appetite (4.5% decrease) and talking less than usual (6.2% decrease). There was no change in not being able to get going. No patterns in percent change were observed between rounds for parent feelings.

Significant differences between pre and post ratings were found for one item after the third round when they had not been significant before; feeling hopeful about the future had previously not been statistically significant. On the other hand, pre and post ratings for restless sleep had been significantly different after round two but differences are no longer statistically significant after the third round.

SFP did not appear to have a strong impact on the feelings of participants when compared to the other constructs. Results could have been affected by factors outside of the sphere of influence of SFP such as the status of the dependency case, struggles in recovery, unemployment or conflict in romantic relationships.

Looking at all DDC clients who have participated in SFP, there were significant differences in two of the areas addressed in the parent feelings section from the beginning to the end of the program. Analysis indicates that SFP is perceived to significantly enhance participant feelings of hopefulness and happiness.

Table 4: Parent Feelings Mean Scores

Survey Item	First Round (N=9)			Second Round (N=10)			Second Round (N=7)			Overall Significance (N=26)
	Before	After	% Change	Before	After	% Change	Before	After	% Change	Before Versus After
1. I was bothered by things that usually don't bother me.*	2.50	2.12	-15.2	2.00	1.90	-5.0	2.00	1.50	-25.0	n.s.
2. I did not feel like eating; my appetite was poor.*	1.88	1.50	-20.2	2.00	1.60	-20.0	1.57	1.50	-4.5	n.s.
3. I felt I could not shake off the blues even with help.*	2.38	1.75	-26.5	2.40	1.70	-29.2	1.29	1.17	-9.6	n.s.
4. I felt that I was just as good as other people.	3.22	3.56	10.6	3.90	3.60	-7.7	3.14	3.33	6.2	n.s.
5. I had trouble keeping my mind on what I was doing.*	3.00	3.00	0.0	2.80	2.10	-25.0	1.71	1.50	-12.3	n.s.
6. I felt depressed.*	3.33	3.11	-6.6	2.60	1.90	-26.9	1.43	1.33	-6.8	n.s.
7. I felt that everything I did was an effort.*	3.88	3.88	0.0	3.20	3.30	3.1	2.14	2.50	16.8	n.s.
8. I felt hopeful about the future.	4.12	4.00	-2.9	3.20	4.40	37.5	3.71	4.33	16.8	p<.05
9. I thought my life had been a failure.*	2.67	2.00	-25.1	2.80	1.80	-35.7	1.29	1.00	-22.5	n.s.
10. I felt fearful.*	2.11	2.56	21.3	2.70	2.10	-22.2	1.43	1.33	-6.8	n.s.
11. My sleep was restless.*	2.89	2.44	-15.6	3.00	1.80	-40.0	2.14	2.67	24.6	n.s.
12. I was happy.	2.89	3.56	23.2	2.90	4.00	37.9	3.43	3.67	6.9	p<.01
13. I talked less than usual.*	2.44	2.11	-13.5	2.10	2.70	28.6	1.57	1.67	6.2	n.s.
14. I felt lonely.*	3.22	2.78	-13.7	2.50	2.10	-16.0	1.86	1.83	-1.4	n.s.
15. People were unfriendly.*	2.00	1.67	-16.5	2.10	1.70	-19.0	1.29	1.17	-9.6	n.s.
16. I enjoyed life.	3.67	4.22	15.0	3.10	3.40	9.7	4.00	4.33	8.3	n.s.
17. I had crying spells.*	2.67	2.78	4.1	1.90	1.40	-26.3	1.57	1.33	-15.1	n.s.
18. I felt sad.*	3.00	2.56	-14.7	2.00	1.40	-30.0	1.57	1.33	-15.1	n.s.
19. I felt that people dislike me.*	2.33	1.89	-18.9	2.00	1.50	-25.0	1.29	1.00	-22.5	n.s.
20. I could not get "going".*	2.44	2.00	-18.0	1.90	1.90	0.0	2.00	2.00	0.0	n.s.

* Indicates reverse scored item

n.s. = not significant

Limitations

Limitations include: 1) small sample size, 2) custody issues, and 3) self-report evaluation forms. Although the overall sample size more than doubled since the first evaluation report, a sample size of twenty-six is still somewhat small and may have reduced the probability of finding statistically significant differences when differences may have existed. Another issue is that most parents did not have custody of their children at the start of SFP, which interferes with participant ability to report on their children. The evaluation is also self report, which could have an effect on the validity of participant responses. Keeping limitations in mind, SFP had a statistically significant impact on areas of parenting, family strength, child activities and parent feelings.

Round Three versus Previous Rounds

Demographically, third round participants were similar to those who participated in the previous rounds of SFP. Similarities were found in ethnicity, primary language, education, employment status, involvement with child welfare, child gender, child age, use of medications and child placement. There were differences in participant gender with one of the participants in round two being male. Round three participants also averaged approximately 5 years older than previous rounds. There were more single parents in round three, more parents living in a home or apartment and fewer young children.

Overall satisfaction ratings went up in round three (.29), satisfaction with group leaders went up by .17 and ratings for SFP helping families went up by .13. Round three participants had more interaction with CPI prior to the program starting and were also more willing to come back to the program after it ended. At the same time, third round attendance was lower than previous rounds by 8.5% for parents and 4.5% for children.

According to participants, SFP had the most impact on parenting and family strength with varied influence on child behavior and parent feelings. The most change for parents was observed for items referring to communication, as well as consistency such as following through on consequences. The most change for children was reported on items referring to behavioral and social change. When it came to the family, the ratings changed the most for items related to communication and organization. Results should be interpreted with caution due to the fact that most of the participants did not have custody of their children at the start of the program. SFP also appeared to have less impact on negative parent feelings than it did on parenting and family strength. It is important to note that statistically significant differences were found in each of the domains when considering ratings from all three rounds of SFP over the grant period.

Summary of Results

The third round of SFP was successful both in terms of client satisfaction and significantly impacting specific areas of parenting, family strength, child activities and parent feelings. Participants gave high ratings for overall satisfaction with SFP (4.71; scale of 1 to 5), for SFP helping their family (3.71; scale of 1 to 4) and for group leaders (4.86; scale of 1 to 5).

Overall ratings increased for positive behaviors and feelings, and decreased for negative items on the evaluation. According to participants, SFP improved their parenting behavior. Participants reported improvements in the way they express themselves toward their children. SFP equipped participants to be more organized, appropriate with consequences and set healthy boundaries. Participants were talking to their children more and expressed coping better with family responsibilities. Participants perceived their families to be stronger and more resilient.

Some areas have potential for further improvement, such as child activities and parent feelings. SFP did not have a strong impact on the feelings of participants, although many factors that cannot be controlled for could have a negative influence on feelings and ability to cope with feelings. Parents not having custody of children at the start of the program could have diluted the effect of SFP. Participants should keep thinking about how to apply what they learned at SFP outside of sessions to strengthen their families over time.

ATTACHMENT TWO: STRENGTHENING FAMILIES PROGRAM QUESTIONNAIRE

INSTRUCTIONS TO ADMINISTER THIS QUESTIONNAIRE (Please read in advance. Do NOT read aloud!)¹

Have the parents/guardians take the retrospective/post-questionnaire at an additional session if possible. If not, administer it either a week prior to graduation or at the graduation. This questionnaire asks the parents to report on their parenting skills and their identified child's skills ***in the month BEFORE beginning this class and in the last month before THE CLASS ENDS***. We know that the evaluation process can feel intrusive. We apologize, but we need your help and support to make this work – so that *CF!* can become an “evidence based program.” This designation is crucial to the long term functioning and financing of the program. Without this level of evaluation, funding will not be available through state, federal, and county funding sources. This is an opportunity to find out how successful this program is for your community. Your attitude is contagious as you have established yourself as a leader and role model for these families.

QUESTIONNAIRE INSTRUCTIONS (Please read in advance. Do NOT read aloud)

Have Parents determine the Identified Child to be rated. The parents are asked to rate only one child in the program so that they don't have to fill out forms for all children.

For those sites that are receiving funding for a specific SFP age version, the parents MUST rate a child in that age range (SFP 3-5, 6-11, 10-14, or 13 –17) attending the program as the “identified” child.

If the parent has more than one child in the SFP program age range attending groups, it is best for them to select the child with the most behavioral problems or the oldest child in that age range. If more than one adult is attending, the mother or father should rate the identified child and the second adult (e.g., spouse, step parent, foster parent, grandparent) should rate the child with the next most behavior problems.

¹ Karol Kumpfer, Ph.D. Psychologist, Department of Health Promotion and Education, University of Utah for *Celebrating Families!*[™] and Strengthening Families Program evaluation. It can be used only by authorized personnel on this project.

Read each of the Questionnaire's questions and the answers out loud to the parents as a group. (Write the scale on a flip chart or the board to point to them). Have participants confidentially write their answers in the answer spaces on the questionnaire. If no answer fits the response categories, have the parents mark "Other" and write down their answer. The evaluation staff will use this data to create new categories on the next version of this questionnaire. The parents have the right to not complete any question that they don't want to.

IMPORTANT INSTRUCTIONS FOR MONITORING (Please read in advance. Do NOT read aloud)

Please monitor that the parents have written down **two numbers** next to each question. Remind parents as they complete the questionnaire for each question that they should write a number for how things were **when they started** the class and then a number for **now**. **Monitor after the first few questions, and check again when they turn in their sheets. If some are not completed, ask them to finish the questionnaire with two numbers per question.** (The questionnaires are useless if they only write down one score for each question or mark the same number (5) for all questions. So please stress to parents that the **numbers should be different if they think that their family has improved or changed.**) It may be helpful to have blank pieces of paper available that parents can use like rulers to line up under the questions and answer blanks to be sure they put the numbers in the correct spaces.

COLLECTING THE QUESTIONNAIRES FROM PARENTS

(1) Have a manila envelope addressed to Dr. Kumpfer at LutraGroup, (2) Have the parents place the completed Questionnaires in the envelope. (3) When you have collected them all, make a photocopy and then mail by regular postal service or Federal Express the originals to Dr Kumpfer. Please do not send by Certified Mail as they get returned if no one is at office to sign for them. Keep the photocopies in a labeled file so you can find them in case the originals are lost in the mail. (4) In the envelope, please include your one page Site Coordinator Information Survey, Retro/Post Questionnaires parent with Client Satisfaction, youth surveys for youth 10 and above, and new Group Leader surveys. **Include a cover sheet that states:**

- The agency
- The beginning and end days of the cycle
- The number of families starting and completing the cycle.
- A contact person at the agency if we have any questions.

Retro/Post-Questionnaire Instructions to the Parent (To be read EXACTLY AS WRITTEN)

You and your family have completed the Strengthening Families Program to help your family to be stronger, kinder, and more organized. You have learned how to be a better parent and your child or children learned many new social skills to make friends more easily, behave better at home, and do better in school. To know how much you and your child(ren) have changed, we are asking you some questions. First we will ask about you and your family **BEFORE the class**, and then we will ask how your family is **NOW**. Please answer these questions as honestly and accurately as you can. Your answers are confidential and will not be told to anyone, including any agency staff working with your family. The results will be sent without names attached to our evaluator at the University of Utah.

This is not a test. The information from this questionnaire is used to monitor the program; to see how families have changed; and to recommend ways to improve the program in the future. You don't have to answer any question that you don't want to. I will read the questions and the possible answers to you. Please write down the number of the best answer for you. Remember, there are no right or wrong answers. If you have any questions, just ask.
Thank you.

When you have finished section one and are ready to begin the "parenting scale," read the following instructions:

For the rest of the questionnaire, you will need to write two answers to every question. On the left side of the page you will write a number for how things were **BEFORE** you started the program. On the right side you will write a number for how things are **NOW**. That means if you think your family has changed because of participation in Strengthening Families, the two numbers you write down will be **DIFFERENT**. If you have any questions, please ask.

STRENGTHENING FAMILIES PROGRAM: ABOUT YOUR FAMILY

Name (First Name and Initial of Last Name only): _____

Agency: _____

Today's Date | ____ | ____ | / | ____ | ____ | / | ____ | ____ |

Which version of the Strengthening Families Program (SFP) did you complete?

1 = SFP 3- 5, 2 = SFP 6 -11, 3 = SFP 10- 14, 4 = SFP 12-16

Is this your first time participating in Strengthening Families Program? Yes No

If No, how many sessions of your previous round did you and your family attend? _

1. _____ Gender of Adult Completing This Form **1** = Male **2** = Female
2. _____ Gender of identified Child **1** = Male **2** = Female
3. _____ What is your ethnicity? (If mixed, circle all that apply)
1 = African American/Black **5** = Alaska Native
2 = Asian **6** = White
3 = American Indian **7** = Hispanic or Latino
4 = Pacific Islander **8** = Other(specify): _____
4. _____ What is the language you use most often at home?
1 = English **2** = Spanish **3** = Other(specify): _____
5. _____ (years) How old are you?
6. _____ (years) How old is your identified teen?
7. _____ (grade) What is this your child's grade in school?
8. _____ (# kids) How many children under 18 years of age live in your home?
9. _____ Has the identified child taken medications for behavioral/emotional problems in the last year?
1=No **2**=Ritalin **3**=Dexedrine **4**=Cylert **5**=Imipramine **6**=Prozac
7=Other(specify): _____
10. _____ What is your current parenting status?
1= Single Parent **2**=Two parents at home **3**=Joint or shared custody
4= Child(ren) in foster care **5**=Children with relatives
6=Other(specify): _____
11. _____ What is your relationship to the identified child in program?
1 = Mother **4** = Aunt or Uncle **7** = Close Non-relative
2 = Father **5** = Older Sister or Brother (Mentor/Advocate)
3 = Grandparent **6** = Foster Parent
8 = Other(specify): _____
12. _____ (years) How long has the identified child lived with you? (0 if child never lived with you)
13. _____ Where are you living now?
1=home or apartment **2**=rented home or apartment **3**=group home
4=residential treatment center **5**=prison or jail **6**=Other(specify): _____
14. _____ What is the highest grade in school you finished regardless of getting a degree? (for example: 1=1st grade, 8=8th grade, 12=12th grade, 13=college freshman, 16=college graduate)
15. _____ (hours/week) How many hours per week do you work in paid employment?
16. _____ (thousand/yr.) What is the family's total yearly income from all sources?
17. _____ (# kids) How many children do you have?

18. _____ Where were your children living prior to your participation in class? (circle all that apply)
1=with you 2=with a relative 3=foster home 4=Other(specify): _____
19. _____ Where are your children living now?
1=with you 2=with a relative 3 =foster home 4=Other(specify): _
20. _____ In the last six months, have you had an open DYFS (Division of Youth and Family Services) case or do you have an open case at this time? 1= No 2 = Yes

Client Satisfaction (Kumpfer, 2002)

1. _____ **(Hours/Week) Prior to beginning SFP, how many hours of service per week did you or your family receive from this agency?**
2. _____ **Who told you about this class?**
1= friend, 2= program staff, 3= case manager, 4= counselor,
5= court staff, 6= read about it, 7= Other(specify): _____
3. _____ **How well did you know any of the program staff prior to signing up for this program?**
1= Not at all, 2=Very little, 3= Somewhat, 4 = Well, 5= Very Well
4. _____ **How many sessions did you attend of this program?**
5. _____ **How many sessions did this child attend?**
6. _____ **How satisfied were you with this program?**
1= Not at all, 2 Very little, 3= Somewhat, 4 = Well, 5= Very Well
7. _____ **Would you like to come back for refresher classes or reunions?**
1= Yes, weekly, 2= once a month, 3= every six months,
4 =once a year, 5=Never
8. _____ **Would you recommend this course to other families?**
1= Yes, definitely, 2= Yes, 3= Maybe, 4= No
9. _____ **How much has this class helped your family?**
1= Not at all, 2 Very little, 3= Somewhat, 4 = A lot
10. _____ **Overall, how would you rate satisfaction with your group leaders?**
1= Not at all, 2 Very little, 3= Somewhat, 4 = Well, 5= Very Well

PARENTING SCALE (Kumpfer, 1989)

Please use the following scale to rate yourself or your identified child before and after this program. (Two numbers should be written down and should be different if you saw change):

1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always

Before Program		Now
_____	1. I praise my child when he/she has behaved well.	_____
_____	2. I use clear directions with my child.	_____
_____	3. My child controls his or her anger.	_____
_____	4. My child helps with chores, errands, and other work.	_____
_____	5. I handle stress well.	_____
_____	6. I feel I am doing a good job as a parent.	_____
_____	7. We talk as a family about issues/problems, or we hold family meetings.	_____
_____	8. We go over schedules, chores, and rules to get better organized.	_____
_____	9. I spend quality time with my child.	_____
_____	10. I let my child know I really care about him or her.	_____
_____	11. I am loving and affectionate with my child.	_____
_____	12. I enjoy spending time with my child.	_____
_____	13. I follow through with reasonable consequences when rules are broken.	_____
_____	14. I reward completed chores with affirmations/praise, allowances or privileges.	_____
_____	15. I talk to my child about his or her plans for the next day or week.	_____
_____	16. I talk to my child about his or her friends.	_____
_____	17. I know where my child is and who he/she is with.	_____
_____	18. I talk to my child about his/her feelings.	_____
_____	19. I use appropriate consequences when my child will not do what I ask.	_____
_____	20. I use physical punishment when my child will not do what I ask.	_____
_____	21. I yell or shout when my child misbehaves.	_____
_____	22. I talk to my child about how he/she is doing in school (write 0 if your child is not in school.)	_____

Before Program	1= Never, 2= Seldom 3= Sometimes, 4= Frequently, 5= Almost Always	NOW
_____	23. I check to see if my child completes his/her homework (write 0 if your child is not old enough for homework.)	_____
_____	24. I feel happy about my life most of the time.	_____
_____	25. Our family has clear rules about alcohol and drug use.	_____
_____	26. People in my family often insult or yell at each other.	_____
_____	27. People in my family have serious arguments.	_____
_____	28. We argue about the same things in my family over and over.	_____
_____	29. We fight a lot in our family.	_____
_____	30. My child is happy most of the time.	_____
_____	31. My child's friends are a good influence.	_____
_____	32. My child gets good grades (A's or B's, or "satisfactory"). (write 0 if your child is not in school).	_____
_____	33. My child gets into trouble at school (or other organized setting if not old enough for school).	_____
_____	34. My child uses tobacco. (Age of first use: _____ years)	_____
_____	35. My child drinks alcohol. (Age of first use: _____ years)	_____
_____	36. My child uses illegal drugs. (Age of first use: _____ years. Drugs used?: _____.)	_____
_____	37. I use alcohol or drugs around my child.	_____
_____	38. I have 5 or more drinks of alcohol in a day.	_____
_____	39. I use illegal drugs (marijuana, etc.)	_____
_____	40. I talk with my child about the negative consequences of drug use.	_____

OVERALL FAMILY STRENGTHS/RESILIENCE (Kumpfer, 1997)

How much strength would you say your family had when starting the program (Before Program) and Now? (Two numbers needed. Second number should be larger if family improved)

1 = None 2 = Little strength 3 = Some strength 4 = Considerable strength 5 =Very Strong

Before Program		Now
_____	1. Family Supportiveness/Love/Care	_____
_____	2. Positive Family Communication (clear directions, rules, praise)	_____
_____	3. Effective Parenting Skills (reading to child, rewarding)	_____
_____	4. Effective Discipline Style (less spanking, consistent discipline)	_____
_____	5. Family Organization (rules, chores, self responsibility)	_____
_____	6. Family Unity (togetherness, cohesion)	_____
_____	7. Positive Mental Health (generally feeling good about selves)	_____
_____	8. Physical Health	_____
_____	9. Emotional Strength	_____
_____	10. Knowledge and Education	_____
_____	11. Social Networking (making or talking with friends, building community)	_____
_____	12. Spiritual Strength	_____

PARENT OBSERVATIONS OF CHILD’S ACTIVITIES (POCA-R, Kellam)

How often did your identified child do the following activities in the last month? (For the “Before Program” column, think back to last December before you began the program).

1. Never 2. Sometimes 3. Often 4. Almost always 5. Always

Before Program		Now
_____	1. Completes work and chores	_____
_____	2. Is friendly	_____
_____	3. Is stubborn	_____
_____	4. Concentrates	_____
_____	5. Breaks rules	_____
_____	6. Socializes with other kids	_____
_____	7. Shows poor effort	_____

_____	8. Works well alone	_____
_____	9. Hurts others physically	_____
_____	10. Pays attention	_____
_____	11. Breaks things	_____
_____	12. Is rejected by other kids	_____
_____	13. Learns up to ability	_____
_____	14. Yells at others	_____
_____	15. Interacts well with other kids	_____
_____	16. Is easily distracted	_____
_____	17. Takes others' property	_____
_____	18. Avoids other kids	_____
_____	19. Fights	_____
_____	20. Is eager to learn	_____
_____	21. Damages other's property on purpose	_____
_____	22. Mind wanders	_____
_____	23. Shows off or clowns	_____
_____	24. Doesn't listen to others	_____
_____	25. Helps others	_____
_____	26. Is polite	_____
_____	27. Has nightmares	_____
_____	28. Has trouble sleeping	_____
_____	29. Knows how to communicate	_____
_____	30. Knows how to stay out of trouble	_____
_____	31. Can resolve conflicts without fights	_____
_____	32. Lies	_____
_____	33. Seeks out peers for activities together	_____
_____	34. Argues with adults	_____
_____	35. Works hard	_____
_____	36. Teases other kids	_____
_____	37. Stays on task until completed	_____
_____	38. Can sit still	_____
_____	39. Skips school (0 if not old enough for school)	_____
_____	40. Uses a weapon in a fight	_____
_____	41. Friends seek him/her out for social activities	_____
_____	42. Runs around a lot, climbs on things	_____
_____	43. Runs away from home overnight	_____
_____	44. Starts physical fights	_____
_____	45. Has lots of friends	_____

_____	46. Is always "on the go"	_____
_____	47. Is irritable	_____
_____	48. Loses temper	_____
_____	49. Looks sad or down	_____
_____	50. Interrupts or intrudes on others	_____
_____	51. Has low energy	_____
_____	52. Blurts out answers before the question is completed	_____
_____	53. Stutters	_____

About You (CES-D, Radloff, 1977)

How often you have felt the following ways during the past week?

1. Never 2. Sometimes (1-2 days) 3. Often (3-4 days) 4. Most days (5-6 days) 5. All days

Before Program	Now
_____ 1. I was bothered by things that usually don't bother me.	_____
_____ 2. I did not feel like eating; my appetite was poor.	_____
_____ 3. I felt that I could not shake off the blues even with help from family/friends.	_____
_____ 4. I felt that I was just as good as other people.	_____
_____ 5. I had trouble keeping my mind on what I was doing.	_____
_____ 6. I felt depressed.	_____
_____ 7. I felt that everything I did was an effort.	_____
_____ 8. I felt hopeful about the future.	_____
_____ 9. I thought my life had been a failure.	_____
_____ 10. I felt fearful.	_____
_____ 11. My sleep was restless.	_____
_____ 12. I was happy.	_____
_____ 13. I talked less than usual.	_____
_____ 14. I felt lonely.	_____
_____ 15. People were unfriendly.	_____
_____ 16. I enjoyed life.	_____
_____ 17. I had crying spells.	_____
_____ 18. I felt sad.	_____
_____ 19. I felt that people dislike me.	_____
_____ 20. I could not get "going".	_____

Thanks you so much for your time in completing this survey!!