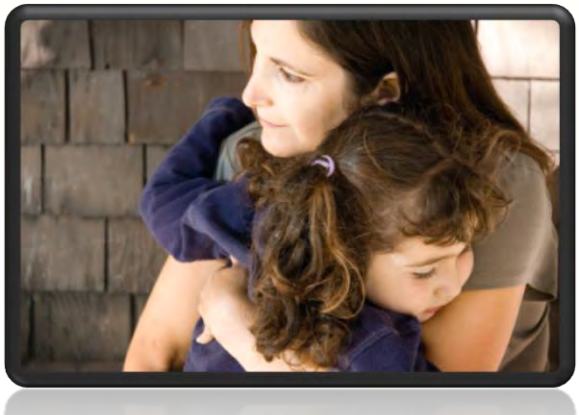
The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title:	**Marion County Fostering Attachment Treatment Court Follow-Up Process and Outcome Evaluation Report**
Author(s):	**Juliette R. Mackin, Ph.D., Jennifer A. Aborn, Mary Beth Sanders, Kate Kissick, Shannon M. Carey, Ph.D.**
Document No.:	**244165**
Date Received:	**November 2013**
Award Number:	**2009-DC-BX-0099**

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant report available electronically.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Marion County Fostering Attachment Treatment Court Follow-up Process and Outcome Evaluation Report



Submitted to:

Marguerite Kenagy, Policy Analyst
Marion Co Children & Families Dept.
451 Division St. NE, Suite 200
PO Box 14500
Salem OR 97309

Judge Tracy A. Prall
Melissa L. Miller, Treatment Court Coordinator
Marion County Circuit Court
100 High St. NE
Salem, OR 97309

Submitted by:

NPC Research
Portland, Oregon

5100 SW Macadam Ave., Suite 530
Portland, OR 97239
(503) 243-2436
www.npcresearch.com

September 2013

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Marion County Fostering Attachment Treatment Court Follow-up Process and Outcome Evaluation Report

Submitted By

NPC Research

Juliette R. Mackin, Ph.D., Principal Investigator
Jennifer A. Aborn, Process Study Coordinator
Mary Beth Sanders, Outcome Study Analyst
Kate Kissick, Consultant
Shannon M. Carey, Ph.D., Consultant

www.npcresearch.com

For questions about this report or project, please contact Juliette Mackin at (503) 243-2436 x 114 or mackin@npcresearch.com.

September 2013

Informing policy, improving programs

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ACKNOWLEDGEMENTS

This report is made possible by the great efforts, support, and participation of many people and organizations. In particular, we wish to express gratitude to:

- Judge Tracy A. Prall, Marion County Circuit Court, Oregon
- Melissa Miller, Treatment Court Coordinator, Fostering Attachment Treatment Court, Marion County, Oregon
- Marguerite Kenagy, Policy Analyst, Marion County Children & Families Department, Oregon
- Team members form the Marion County Fostering Attachment Treatment Court, for their time and willingness to be interviewed
- Fostering Attachment Treatment Court program participants who served as interview participants, for their candor and for providing the evaluation team with their unique perspectives on the program
- Maria Duryea, Lead Analyst, Research and Analytics, Department of Human Services, State of Oregon
- Judy Helvig, Research Analyst, Office of Business Intelligence, Data Collection & Reporting Unit, State of Oregon
- Jon C. Collins, Manager, Health Programs Analysis and Measurement, Office of Health Analytics, Oregon Health Authority
- Kelly Officer, Research Analyst, Oregon Criminal Justice Commission
- State of Oregon staff who assisted with our data requests
- Jerod Tarte, Kelly Jarvis, and Charley Korns at NPC Research

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

TABLE OF CONTENTS

EXECUTIVE SUMMARY I
BACKGROUND 1
PROCESS EVALUATION 3
Background on Family Drug Courts and Use of the 10 Key Components 3
Process Evaluation Methods 4
Electronic Program Survey 4
Site Visits 4
Key Stakeholder Interviews 4
Focus Groups 5
Document Review 5
Process Evaluation Results: General Summary of Process Findings and Recommendations 5
10 Key Components of Drug Courts Detailed Results 6
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. 7
Key Component #2: Using a non-adversarial approach, attorneys representing various parties promote child welfare while protecting participants' due process rights. 10
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program. 11
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services. 13
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing. 16
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance. 18
Key Component #7: Ongoing judicial interaction with each participant is essential. 20
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. 23
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. 24
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. 25
FATC Program Data 26
OUTCOME EVALUATION 29

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Outcome Evaluation Methods 30
Research Strategy 30
Data Collection and Sources 31
Sample Selection 33
Data Analyses 33
Outcome Evaluation Results 37
Treatment Outcomes 39
Program Completion Outcomes 42
Child Welfare Outcomes 45
Criminal Justice Outcomes 48
Outcome Evaluation Summary 52
REFERENCES 53
APPENDIX A: GUIDE FOR USE OF NPC DRUG COURT EVALUATION REPORTS 57
APPENDIX B: SAMPLE OF DRUG COURT REWARD AND SANCTION GUIDELINES 61
APPENDIX C: LIST OF POSSIBLE PROGRAM RESPONSES INCLUDING REWARDS AND SANCTIONS 69
APPENDIX D: DATA ELEMENTS LIST 75

LIST OF TABLES

Table 1. FATC Evaluation Data Sources 32
Table 2. Drug Court Participant and Comparison Group Characteristics 37
Table 3. Characteristics of FATC Graduates Compared to Non-Graduates 44

LIST OF FIGURES

Figure 1. FATC Participants Spent Significantly More Time in Treatment than Non-FATC Participants 40
Figure 2. Significantly More FATC Participants Successfully Completed Treatment than Non-FATC Participants 41
Figure 3. FATC Graduates Had Greater Successful Treatment Completion than Non-graduates 42
Figure 4. Fewer FATC Parents Experienced Termination of Parental Rights than Non-FATC Parents 47
Figure 5. FATC Participants Were Re-Arrested Less Often than Non-FATC Participants Over 4 Years 49
Figure 6. Fewer FATC Participants Were Re-Arrested than the Comparison Group Over 4 Years 50
Figure 7. FATC Parents Had Fewer Re-Arrests With Drug Charges than Non-FATC Parents 51

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

EXECUTIVE SUMMARY

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. As of June 30, 2012, there were 2,734 drug courts, including 1,896 adult and juvenile drug courts, 334 family courts, and 503 other types of drug courts active in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands (NDCRC, 2013).

Over approximately the last 17 years, the drug court model, originally developed for adult criminal offenders, has been expanded to address the poor outcomes substance-abusing parents traditionally experienced in traditional family reunification programs (Marlowe & Carey, 2012). Family Drug Treatment Courts (FDCs) work with the child welfare system. There have been a modest number studies of FDCs (e.g., Burrus, Mackin, & Finigan, 2011; Green, Furrer, Worcel, Burrus, & Finigan, 2007; Carey, Sanders, Waller, Burrus, & Aborn, 2010a, 2010b). Many of these studies show promising outcomes for families in the child welfare system, including higher treatment completion rates, higher family reunification rates, less time in out-of-home placements for the children, and lower arrest rates (Marlowe & Carey, 2012).

In late 2008, NPC Research was contracted by the Oregon State Police and the Criminal Justice Commission to conduct the third year evaluations of 11 drug courts funded by the Byrne Methamphetamine Reduction Grant Project. NPC conducted Drug Court Process Foundations evaluations of 11 Oregon adult and family drug court sites (examining the programs' adherence to best practices within the 10 Key Components, with adjustments for the special family drug court population of parents with child welfare cases). In addition, as a part of this project, NPC performed full process, outcome and cost-benefit evaluations of two family drug court sites, the Marion and Jackson County Family Drug Court Programs. This study is a follow-up to that evaluation of the Marion County program.

This summary contains process and outcome evaluation results for the Marion County Fostering Attachment Family Treatment Court (FATC).

Process Evaluation Method and Results

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals (1997) are called the "10 Key Components of Drug Courts." Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

For this evaluation, the Marion County Fostering Attachment Treatment Court (FATC) process was examined to determine whether, and how well, the program was implementing the 10 Key

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Components. Program practices were compared to national data on common drug court practices as well as data from recent studies on best practices—the practices related to positive participant outcomes such as graduation, reduced recidivism and cost savings.

The information that supports the process evaluation was collected from an electronic program survey, drug court staff interviews, drug court participant focus groups, observations of the FATC, and program documents such as the FATC's Participant Handbook. The majority of the information was gathered from one-on-one key stakeholder interviews. The methods used to gather information from each source are described in detail in the main report.

PROCESS EVALUATION KEY FINDINGS

The Marion County Fostering Attachment Treatment Court (FATC) was implemented in January 2006. This program is designed to take 18 months from participant entry to graduation. The program takes post-adjudication/post-disposition participants. The general program population consists of substance abusing parents of children under the age of 9 at the time of program referral, who are at risk of not reunifying with their family. All of the FATC participants are polysubstance users/abusers. The estimated breakdown of FATC participants' primary drug of choice is: 1% heroin, 2% cocaine, 7% alcohol, 24% marijuana, and 66% methamphetamine. As of March 2013, a total of 144 participants had entered the program; there were 20 active participants, 58 participants had graduated, 38 participants had been discharged (unsuccessful completion), and there were 28 "neutral terminations"—participants who relocated, had medical issues that prevented them from finishing the program, or who had died. Team members include the judge, coordinator, DHS Child Welfare case workers and self-sufficiency workers, a defense attorney, a probation officer, law enforcement, treatment providers, a public health nurse, and representatives from Children's Behavioral Health.

Commendations

Results of the evaluation showed that the Marion County FATC follows many of the guidelines and best practices included in the 10 Key Components of drug courts.

- The team includes representatives from a range of collaborating agencies and provides a breadth of diverse and specialized treatment and other services to program participants.
- DHS Child Welfare case workers appear to collaborate effectively with program staff and take a non-adversarial approach during team meetings and court sessions.
- The judge has frequent and consistent contact with program participants.
- This program collects data necessary for evaluation and monitoring, and has used that information to make changes in policies and practices.
- Finally, this program has established relationships across several community agencies and regularly refers participants to services available in the community.

Although this program is functioning well in many areas, NPC's review of program operations resulted in some recommendations for program enhancements. It is recognized that it will not always be feasible to implement all recommendations due to budgetary, policy or infrastructure limitations. It is important for the team to be as flexible as possible and do what it can to work around the barriers that are not changeable, in order to accomplish the ultimate goal of doing what is best for the participants.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The following recommendations represent the primary areas of suggested program improvement that arose in the interviews, focus groups and observations during the site visit. Based on what NPC Research has learned about the FATC program and on our experience working with over 100 other drug courts, the key issues that should be addressed by this program are summarized below in general order of priority (though some of the later recommendations may be implemented more easily and therefore sooner). Background information, more detailed explanations, and additional recommendations are presented within each of the 10 Key Components in the main body of the report. Appendix B contains a document providing some suggestions for how to organize the recommendations and make plans to implement any changes.

Key Recommendations

- **Work to decrease the length of time from petition to program entry.** The length of time between a petition and drug court entry is longer than indicated by current best practices (less than 50 days). **Gain ideas from other programs.** The team (or one team member assigned who could share the information with the team) could review the systems of programs that have shorter lapses between petition, eligibility determination, and drug court entry, to gain ideas (the NADCP national conference would be a great opportunity to gather new ideas on this topic).
- **Increase participant time spent before the judge.** Programs where the judge spends at least 3 minutes per participant during status review hearings talking with participants have significantly lower recidivism and higher cost savings. The FATC should consider utilizing their full 90 minutes allotted for the court session, especially during "big court" when all program participants attend.
- **Ensure role-specific training for the new FATC judge.** We recommend that the judge attend some formal drug court trainings, specifically judge-specific, when time and funding permit, and if possible prior to starting in his role this summer.
- **Ensure that all team members receive initial and continuing drug court training.** While it is commendable that the FATC team attends local and statewide training as available, not all FATC drug court team members have been trained on the drug court model, their specific roles on the drug court team, or rewards and sanctions. The program should continue to ensure that all team members receive initial and continuing drug court training.

Overall the FATC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of Drug Courts. The FATC is commended for implementing a program that follows good FDC practice and for performing regular review of its practices and continuous quality improvements.

Outcome/Impact Evaluation Methods and Results

The purpose of outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants? This type of result includes short-term outcomes such as whether participants receive more treatment and complete treatment more often than those who do not participate. An outcome evaluation can also measure longer term outcomes (also called an "impact evaluation") including participant outcomes after program completion. In the case of drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system "revolving door?" How often are participants being re-arrested?

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

In this evaluation both short- and long-term outcomes were assessed. Outcomes were examined in three main focus areas: 1) treatment duration, 2) treatment completion, and 3) criminal justice recidivism. The outcome portion of the evaluation report was divided into each of these three areas of interest, with specific policy-related study questions for each. These questions are listed below in the results.

A brief description of the methods used for the outcome evaluation and some of the key results are presented in this executive summary. The detailed methods and results can be found in the main evaluation report.

Methods. For the 2010 evaluation, NPC Research identified a sample of participants who entered the FATC between January 2006 and June 2008. This sample cohort was retained for the 2013 follow-up evaluation. This timeframe allowed for the availability of at least 2 years and up to 4 years of recidivism data post-program entry for nearly all study participants. A comparison group was identified in the original study from a list of family court cases for individuals that entered the court system on a petition for shelter care. The full comparison group selection process is described under the section on Sample Selection in the main report. The drug court participants and comparison individuals were matched on age, gender, race/ethnicity, indication of prior drug use, number and age of children, prior treatment history and criminal history, including number of prior arrests and prior drug arrests. Race/ethnicity was the only characteristic that differed across the matched group and was controlled for in univariate and multivariate analyses.

Both groups were examined through existing administrative databases for a period up to 4 years from the petition date and/or drug court entry date. For comparison group members, an equivalent "entry date" was calculated by creating an average of the number of days from petition to drug court entry for participants and adding that mean number of days to the petition date for comparison group members. The entry date (or proxy for comparison group members) was used in analyzing prior criminality and post-entry recidivism, via the statewide criminal justice system, and comparing across groups. The entry date was chosen for these analyses in order to better ensure that the program impact on recidivism was being captured and weighted appropriately in analyses. For the statewide drug and alcohol treatment analyses, the petition date was chosen as the entry point for pre and post treatment episode calculations (rather than the drug court entry date and proxy entry date for comparison group parents).

Data Analysis. Once all data were gathered on the study participants, the information was compiled and cleaned and analyzed via SPSS 19.0 statistical software. Analyses included t-tests, chi-square, ANCOVAs, and logistic regression. Univariate and multivariate results were adjusted (as appropriate) based on age, race/ethnicity, criminal history, treatment history and primary drug of choice. While NPC Research would typically include gender as a characteristic of interest in drug court analyses, the study sample only included two (out of 88 total) male group members, and it was deemed an inappropriate characteristic to include in univariate and multivariate tests.

OUTCOME/IMPACT EVALUATION KEY FINDINGS

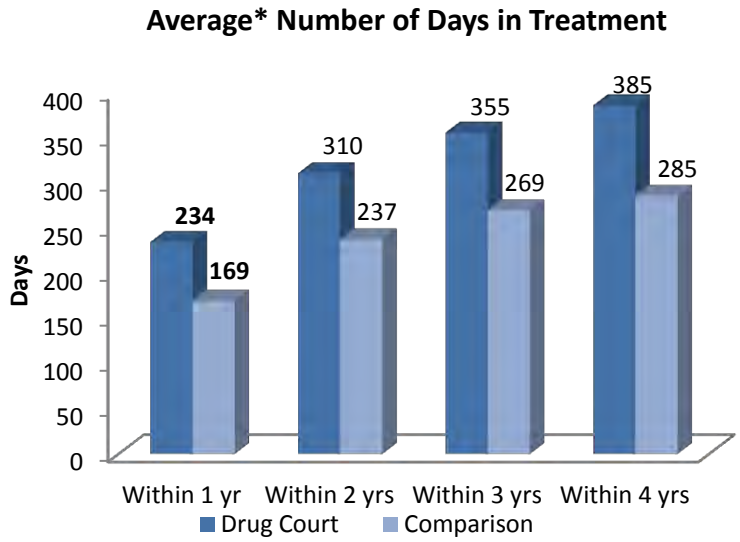
Policy Question#1(Treatment Outcome): Do FATC parents stay in treatment longer than non-FATC parents?

Yes – in the first year. Figure A illustrates the difference in time spent in treatment across 4 years from entry for FATC participants and the comparison group. In the first year after petition date, FATC program parents spent significantly more time in treatment (inpatient and outpatient combined) than parents who did not participate in the program. The pattern continued, but the

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

difference lessened and was not significant at later time points. An analysis of covariance (ANCOVA) indicated that FATC parents spent significantly[1] more days (**234**) in treatment in the year after eligible petition compared to the comparison group (**169 days**), when controlling for age and race/ethnicity.[2] This finding indicates that FATC participation increases the amount of needed service a parent receives during a critical period in their child welfare case.

Figure A. FATC Participants Spent Significantly More Time in Treatment than Non-FATC Participants



*Note: Reported means were adjusted based on race/ethnicity and age and were only significantly different at the first year.

Policy Question #2 (Treatment Outcome): Are FATC parents more likely to complete treatment than non-FATC parents?

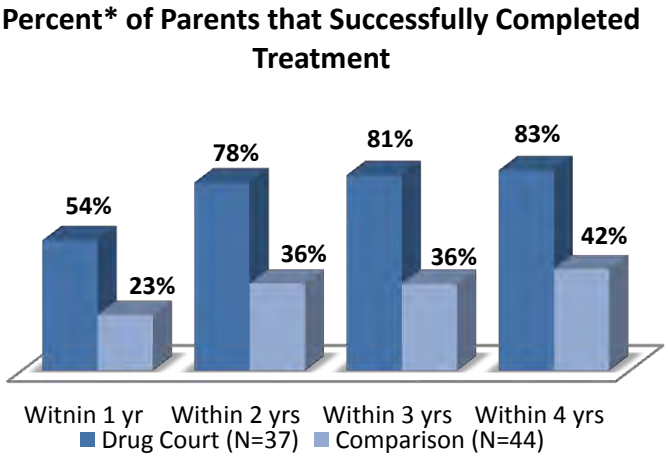
Yes. Perhaps the most encouraging treatment finding was that a significantly higher proportion of FATC parents successfully completed treatment than comparison group parents across all annual time points from 2 to 4 years post-petition. By year 2, **78**% of FATC parents had completed treatment compared to **36**% of the comparison group. Within 4 years of the eligible petition, **84%** of FATC parents had completed treatment while **42%** of the comparison group had completed treatment. The treatment completion proportions for FATC participants and comparison group are illustrated in Figure B.

[1] $F(1, 49) = 5.71$, $p = .021$.

[2] Prior criminality was omitted from this analysis, as it did not have an effect on treatment enrollment, did not differ significantly across groups, and substantially diminished the strength of the corrected model. Group had a significant ($p < .05$) value in the model with criminality included as well as the final corrected model, which excluded prior criminality.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure B. Significantly More FATC Participants Successfully Completed Treatment than Non-FATC Participants



*Note: The proportions illustrated are based on crosstabs, which showed significant differences (via chi-square analysis) over all 4 years.

Policy Question #3 (Child Welfare Outcome): Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FATC parents compared to non-FATC parents?

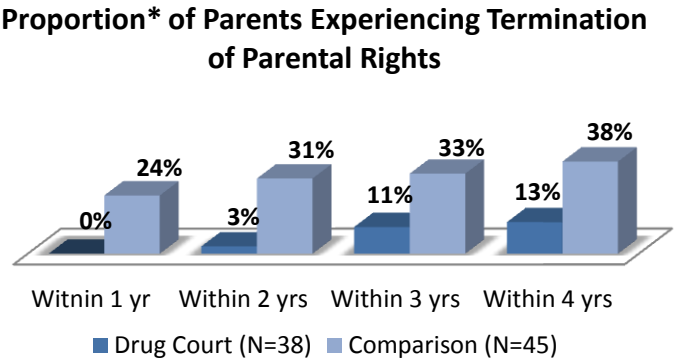
Yes. FATC parents experienced significantly fewer out-of-home adoptions and terminations of parental rights than non-FATC parents, though the proportional rate of reunification did not differ significantly across the two groups.

Though reunification episodes did not differ significantly across the two groups, by 4 years after drug court entry (or the equivalent for the comparison group) 50% of FATC parents had experienced at least one reunification with a child compared to 40% for the comparison group. FATC participants experienced significantly fewer instances of parental rights termination. By 4 years after the drug court start date (or an equivalent date for the comparison group) **38%** of non-FATC parents had their parental rights terminated for one or more children compared to **13%** of the FATC parents ($p < .05$).[3]

[3] A chi-square test indicated significance: $\chi^2(1, N = 83) = 6.41$, $p < .05$, as did Fisher's exact test, $p < .05$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure C. Fewer FATC Parents Experienced Termination of Parental Rights Than Non-FATC Parents



*Note: The proportions illustrated are based on crosstabs, which showed significant differences (via chi-square analysis) over all 4 years.

FATC parents also experienced a lower incidence of out-of-home child adoption than non-FATC parents. By 4 years after entry, **26%** of non-FATC parents had experienced 1 or more children being adopted out of the home as compared to **5%** of FATC participants ($p < .01$).[4]

These results show a positive difference in permanency decisions for FATC program participants compared to parents that did not attend the program. FATC parents experienced less parental rights termination overall and less adoption out-of-home by 4 years from program entry, which indicates that they were more successful at achieving stability and a home that was deemed safe for their children.

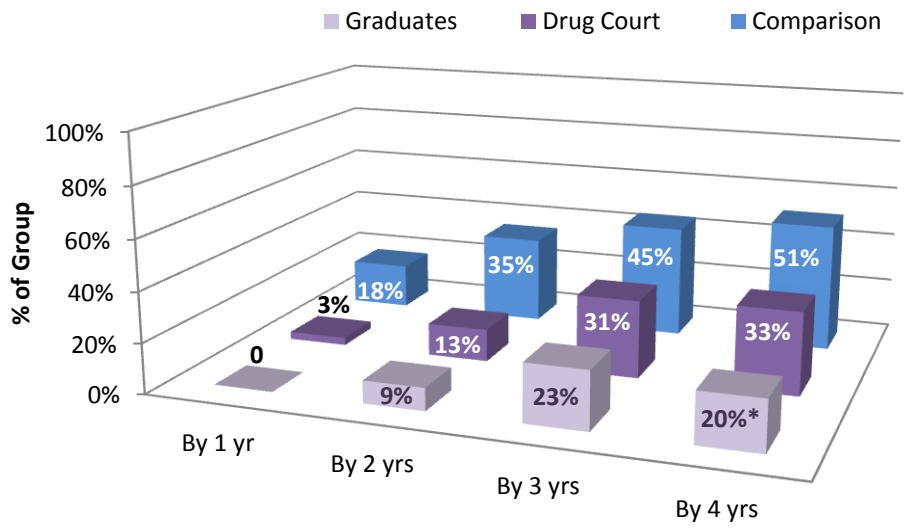
Policy Question #4 (Criminal Justice Outcome): Do FATC parents have fewer subsequent arrests than non-FATC parents? Are program participants arrested less often than non-participants?

Yes. FATC parents were re-arrested less often than the comparison group. Figure D illustrates the average number of re-arrests for the 4 years after entering the drug court program for FATC graduates, all FATC participants, and the comparison group. T-tests indicated that FATC parents had significantly[5] fewer arrests than non-FATC parents for the first 2.5 years from program entry (or proxy entry for comparison group). Though not significant, the program group also had fewer arrests than the comparison group in the third and fourth years from entry.

[4] A chi-square test indicated significance: $\chi^2(1, N = 47) = 6.91$, $p < .01$, as did Fisher's exact test, $p < .01$.
[5] Mean number of cumulative arrests by year 2.5 was significantly lower for FATC parents, $t(82) = 2.40$, $p < .05$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure D. Fewer FATC Participants Were Re-Arrested than the Comparison Group Over 4 Years



Note: N sizes at 1 to 3 years: Graduates n = 22, All Drug Court Participants n = 39, Comparison Group n = 49; N sizes at 4 years: Graduates n = 20, All Drug Court Participants n = 36, Comparison Group n = 39.

* Though the recidivism rates are cumulative at each time point, the 4th year percentage of graduates is lower than the 3rd year, due to the fact that fewer people were included in the 4th year analysis (a subgroup).

Additionally, FATC participants had fewer re-arrests than the comparison group at up to 4 years after drug court entry. Overall, the mean number of arrests was fairly low across both groups (with a range of 0 to .97). While this difference was statistically significant for up to 2.5 years from post drug court entry, ($p < .05$) it lacked significance[6] by 4 years from entry. However, univariate analysis of the mean arrests by 4 years after entry highlighted a trend[7] towards FATC parents having significantly fewer arrests than the comparison group.

These findings indicate that the program helps reduce recidivism in the first 2 years after entry, and that the program *may* contribute to long-term (4 years and later) recidivism reductions for FATC participants compared to non-FATC parents.

Outcome Evaluation

The outcome analyses were based on a cohort of FATC participants who entered the drug court program from January 1, 2006, through July 31, 2008, and a comparison group of offenders eligible for the FATC program but who received the traditional family court process.

Overall, the results of the outcome analysis for the Marion County FATC program are very positive. Compared to child welfare involved parents who experienced traditional family court processes, the FATC participants (regardless of whether they graduated from the program):

- Spent more time in treatment (within the first year from program entry) than non-FATC parents.
- Were more likely to successfully complete treatment: Twice as many FATC parents completed treatment than non-FATC parents.

[6] $t(73) = 1.25$, $p = .217$
[7] ANCOVA corrected model: $F(5, 56) = 2.26$, $p = .061$

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- Experienced less termination of parental rights in the 4 years after program entry. Nearly 40% of the comparison group experienced 1 or more termination of parental rights as compared to only 13% of the FATC participants.
- Had fewer out-of-home adoptions in the 4 years after program entry. Over one quarter of the comparison group lost custody of one or more children to out-of-home adoption as compared to only 5% of the FATC program group.
- Were significantly less likely to be re-arrested up to 2 ½ years from program entry. Additionally, a trend-level univariate analysis indicated that even when controlling for age, race/ethnicity, prior treatment and prior arrests, FATC participation contributed to reductions in recidivism.

Other outcomes, detailed in the main text showed that:

- FATC participants had significantly reduced re-arrests with **drug** charges in the first 2 ½ years from program entry. FATC was serving the program participants for the intended minimum length of time (12 to 18 months)
- The length of time in the program was a predictor of successful program completion.

Overall, the drug court program has been successful in its main goals of reducing drug use and criminal justice recidivism among its participants and increasing public and child safety.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

BACKGROUND

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. As of June 30, 2012, there were 2,734 drug courts, including 1,896 adult and juvenile drug courts, 334 family courts, and 503 other types of drug courts in all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands (NDCRC, 2013).

Over approximately the last 17 years, the drug court model, originally developed for adult criminal offenders, has been expanded to address the poor outcomes substance-abusing parents traditionally experienced in traditional family reunification programs (Marlowe & Carey, 2012). Family Drug Treatment Courts (FDCs) work with the child welfare system. There have been a modest number studies of FDCs (e.g., Burrus, Mackin, & Finigan, 2011; Green, Furrer, Worcel, Burrus, & Finigan, 2007; Carey, Sanders, Waller, Burrus, & Aborn, 2010a, 2010b). Many of these studies show promising outcomes for families in the child welfare system, including higher treatment completion rates, higher family reunification rates, less time in out-of-home placements for the children, and lower arrest rates (Marlowe & Carey, 2012).

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate beyond their traditional roles. The partners on the team include all of the key agencies that are impacted by and involved in the case. Depending on the type of drug court, the team includes addiction treatment providers, district or state attorneys, public defenders, child welfare staff, child advocates, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment may also include regular and frequent drug testing.

The rationale of the drug court model is supported by a vast reservoir of research literature (Marlowe, 2010). There is evidence that treating substance abuse leads to a reduction in criminal behavior as well as reduced use of the health care system. The National Treatment Improvement Evaluation Study (SAMHSA/CSAT, 1994) found significant declines in criminal activity comparing the 12 months prior to treatment and the 12 months subsequent to treatment. These findings included considerable drops in the self-reported behavior of selling drugs, supporting oneself through illegal activity, shoplifting, and criminal arrests. In a study using administrative data in the state of Oregon, Finigan (1996) also found significant reduction in police-report arrests for those who completed treatment.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005; Wilson, Mitchell, & MacKenzie, 2006; Gottfredson, Kearley, Najaka, & Rocha, 2005, 2006) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer rearrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Bhati and colleagues found a 221% return on the investment in drug courts (Bhati, Roman, & Chalfin, 2008). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Family Drug Treatment Courts (FDCs) work with substance-abusing parents with child welfare cases. Similar to adult drug courts, the essential components of FDCs include regular, often weekly, court hearings, intensive judicial monitoring, timely referral to substance abuse treatment, frequent drug testing, rewards and sanctions linked to service compliance, and generally include wraparound services (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). The FDC team always includes the child welfare system along with the judicial and treatment systems, (Green, Furrer, Worcel, Burrus, & Finigan, 2007). While adult drug courts work primarily with criminally involved adults who participate in the drug court in lieu of jail time, participants in FDCs may not be criminally involved; rather, FDC participants typically become involved in drug court due to civil family court matters.

The first FDC was established in 1995 in Reno, Nevada, and there are now well over 300 programs throughout the United States (Huddleston & Marlowe, 2011). A number of methodologically sound impact evaluations have been completed within the past several years revealing significantly better outcomes in FDC as compared to traditional family reunification services (Green et al., 2007; Marlowe, 2010). A recent review of the research literature concluded that FDC is among the most effective programs for improving substance abuse treatment initiation and completion in child welfare populations (Oliveros & Kaufman, 2011). Two evaluations (Carey, Sanders, Waller, Burrus, & Aborn, 2010b) examined new criminal arrests as an additional outcome measure. Both studies reported significantly lower arrest rates for the FDC participants as compared to the comparison groups (40% vs. 63%, and 54% vs. 67%, respectively). Several evaluations reported cost savings for FDC resulting from a reduced reliance on out-of-home child placements. Estimated savings from the reduced use of foster care were approximately $10,000 per child in Maine (Zeller, Hornby, & Ferguson, 2007), $15,000 in Montana (Roche, 2005), $13,000 in Oregon (Carey et al., 2010b) and £4,000 ($6,420) in London (Harwin et al., 2011).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

PROCESS EVALUATION

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals (1997) are called the "10 Key Components of Drug Courts." Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

For this evaluation, the Marion County Fostering Attachment Treatment Court (FATC) process was examined to determine whether, and how well, the program was implementing the 10 Key Components. Program practices were compared to national data on common drug court practices as well as data from recent studies on best practices—the practices related to positive participant outcomes such as graduation, reduced recidivism and cost savings.

BACKGROUND ON FAMILY DRUG COURTS AND USE OF THE 10 KEY COMPONENTS

As described above, FDCs are problem-solving courts modeled after the adult drug court approach. Similar to Adult Drug Courts (ADCs), the essential components of FDCs include regular, often weekly, court hearings, intensive judicial monitoring, timely referral to substance abuse treatment, frequent drug testing, rewards and sanctions linked to service compliance, and generally include wraparound services (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). Also, similar to ADCs, FDCs are characterized by a non-adversarial judicial context in which participants receive intensive judicial monitoring and services through a collaborative drug court team. Given these similarities, many, if not most of the 10 Key Components inform the practices of FDC. Further, given that all problem-solving courts are patterned after the adult drug court model, which has a strong evidence base for effectiveness, the 10 Key Components should be used as guidelines for these courts until any changes in practice that reflect different guidelines have been justified by solid research. However, it is worth noting some of the essential differences between Adult Drug Courts and Family Drug Courts.

First, the FDC team always includes the child welfare system along with the judicial and treatment systems, (Green et al., 2007). Second, while ADCs work primarily with criminally involved adults who participate in the drug court in lieu of jail time, participants in FDCs may or may not be criminally involved; rather, FDC participants become involved in drug court due to civil family court matters. Finally, the primary goal of FDC is generally working toward parental sobriety, family reunification and child safety (Harrell & Goodman, 1999) rather than reduced criminal recidivism, although in some FDCs a reduction in criminal recidivism is also a goal. FDC programs have the difficult task of balancing a child's best interests, and a parent's needs and treatment goals.

The following section outlines the methods used in the Marion County Fostering Attachment Treatment Court process evaluation. The next section provides a brief overview of the (FATC) process evaluation results and recommendations. Finally, the detailed results of the process eval-

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

uation for each of the 10 Key Components are provided. This final section of the process results describes how the FATC practices fit within each component and compare to national data and research on drug court practices. Each component is followed by NPC's suggestions and recommendations for enhancing program practice.

Process Evaluation Methods

The information that supports the process evaluation was collected from an online program assessment, family dependency treatment court staff interviews, a court participant focus group, observations of the family dependency treatment court, and review of program documents such as the family dependency treatment court's Participant Handbook. The majority of the information was gathered from one-on-one key stakeholder interviews. The methods used to gather information from each source are described below.

Electronic Program Survey

An electronic survey was used to gather program process information from key program staff. This survey, which provides a consistent method for collecting structure and process information from drug courts, was developed based on three main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the 10 Key Components established by the National Association of Drug Court Professionals (1997). The typology interview covers a number of areas, particularly areas related to the 10 Key Components, including eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation criteria, aftercare, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of an electronic survey allows NPC to build an understanding of the program, as well as to collect information that will support a thorough review of the data collected about the site.

Site Visits

An NPC evaluation staff member conducted site visits in March and April 2013. During these visits, she facilitated a focus group with current treatment court participants, observed a Marion County Fostering Attachment Treatment Court (FATC) hearing and team meeting, and interviewed key treatment court staff. These observations, interviews, and focus group provided information about the structure, procedures, and routines used in the treatment court.

Key Stakeholder Interviews

Key stakeholder interviews, conducted in person and by telephone, were a critical component of the Marion County Fostering Attachment Treatment Court process study. NPC staff conducted detailed interviews with individuals involved in the administration of the treatment court, including the current judge, coordinator, DHS Child Welfare, DHS Self Sufficiency, defense attorney, probation officer, Children's Behavioral Health service providers and treatment providers (Her Place and Intensive Treatment and Recovery Services). Interviews were conducted to clarify and expand upon information gained from the online assessment and to obtain a deeper and more comprehensive understanding of the FATC process.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Focus Groups

NPC staff conducted a focus group with current participants (N=7). The focus group, which took place during the March 2013 site visit, provided current participants with an opportunity to share their experiences and perceptions about the drug court process.

Document Review

In order to better understand the operations and practices of the Marion County Fostering Attachment Treatment Court (FATC), the evaluation team reviewed program documents including the participant handbook, the FATC participant interview form, and previous evaluation reports.

Process Evaluation Results: General Summary of Process Findings and Recommendations

This section includes some background information about the Marion County Fostering Attachment Treatment Court (FATC) for context and then a brief summary of the results and recommendations. The section following this one provides the detailed results and recommendations for each key component.

The Marion County Fostering Attachment Treatment Court (FATC) was implemented in January 2006. This program is designed to take 18 months from participant entry to graduation. The program takes post-adjudication/post-disposition participants. The general program population consists of substance abusing parents of children under the age of 9 at the time of program referral, who are at risk of not reunifying with their family. All of the FATC participants are polysubstance users/abusers. The estimated breakdown of FATC participants' primary drug of choice is: 1% heroin, 2% cocaine, 7% alcohol, 24% marijuana, and 66% methamphetamine. As of March 2013, a total of 144 participants had entered the program; there were 20 active participants, 58 participants had graduated, 38 participants had been discharged (unsuccessful completion), and there were 28 "neutral terminations"—participants who relocated, had medical issues that prevented them from finishing the program, or who had died. Team members include the judge, coordinator, DHS Child Welfare case workers and self-sufficiency workers, a defense attorney, a probation officer, law enforcement, treatment providers, a public health nurse, and representatives from Children's Behavioral Health.

<u>Commendations</u>

Results of the evaluation showed that the Marion County FATC follows many of the guidelines and best practices included in the 10 Key Components of drug courts.

- The team includes representatives from a range of collaborating agencies and provides a breadth of diverse and specialized treatment and other services to program participants.
- DHS Child Welfare case workers appear to collaborate effectively with program staff and take a non-adversarial approach during team meetings and court sessions.
- The judge has frequent and consistent contact with program participants.
- This program collects data necessary for evaluation and monitoring, and has used that information to make changes in policies and practices.
- Finally, this program has established relationships across several community agencies and regularly refers participants to services available in the community.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Although this program is functioning well in many areas, NPC's review of program operations resulted in some recommendations for program enhancements. It is recognized that it will not always be feasible to implement all recommendations due to budgetary, policy or infrastructure limitations. It is important for the team to be as flexible as possible and do what it can to work around the barriers that are not changeable, in order to accomplish the ultimate goal of doing what is best for the participants.

The following recommendations represent the primary areas of suggested program improvement that arose in the interviews, focus groups and observations during the site visit. Based on what NPC Research has learned about the FATC program and on our experience working with over 100 other drug courts, the key issues that should be addressed by this program are summarized below in general order of priority (though some of the later recommendations may be implemented more easily and therefore sooner). Background information, more detailed explanations, and additional recommendations are presented within each of the 10 Key Components in the main body of the report. Appendix B contains a document providing some suggestions for how to organize the recommendations and make plans to implement any changes.

Key Recommendations

- **Work to decrease the length of time from petition to program entry.** The length of time between a petition and drug court entry is longer than indicated by current best practices (less than 50 days). **Gain ideas from other programs.** The team (or one team member assigned who could share the information with the team) could review the systems of programs that have shorter lapses between petition, eligibility determination, and drug court entry, to gain ideas (the NADCP national conference would be a great opportunity to gather new ideas on this topic).
- **Increase participant time spent before the judge.** Programs where the judge spends at least 3 minutes per participant during status review hearings talking with participants have significantly lower recidivism and higher cost savings. The FATC should consider utilizing their full 90 minutes allotted for the court session, especially during "big court" when all program participants attend.
- **Ensure role-specific training for the new FATC judge.** We recommend that the judge attend some formal drug court trainings, specifically judge-specific, when time and funding permit, and if possible prior to starting in his role this summer.
- **Ensure that all team members receive initial and continuing drug court training.** While it is commendable that the FATC team attends local and statewide training as available, not all FATC drug court team members have been trained on the drug court model, their specific roles on the drug court team, or rewards and sanctions. The program should continue to ensure that all team members receive initial and continuing drug court training.

Overall the FATC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of Drug Courts. The FATC is commended for implementing a program that follows good FDC practice and for performing regular review of its practices and continuous quality improvements.

10 Key Components of Drug Courts Detailed Results

The Marion County Fostering Attachment Treatment Court was implemented in January 2006. The program is designed to take 18 months from participant entry to graduation. The general

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

program population consists of substance abusing parents of children under the age of 9 at the time of program referral who are at risk of not reunifying with their family.

As a reminder, "drug court" is used throughout this report as a generic term for adult, family, DWI and juvenile drug courts. All of these drug court models have at their base, a non-adversarial model that combines substance abuse treatment with the authority of the court system. Therefore, the 10 Key Components of Drug Courts are relevant to all these programs. Additional guidelines specifically for FDCs are beginning to emerge as the research continues to grow in this area but have not yet officially been established as of the writing of this report.

KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

The focus of this component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the drug court system and the extent of collaboration of all the agencies involved in the program.

Key Component #1 focuses on the collaboration of a variety of agencies. The partnerships include the integration of treatment services with traditional court case processing, and the engagement of various other justice and service agencies, including probation, law enforcement, and community partners (child welfare, employment, housing, transportation, and other groups). Each professional who interacts with the participants observes them from a unique perspective, at different times of the day or week, and under varied circumstances. This range of perspectives offers holistic, useful information for the team to draw upon in determining court responses that will change participant behavior. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. For these collaborations to be true "partnerships," regular meetings and collaborations with these partners should occur. If successful, the FDC will benefit from the expertise that resides in all of the partner agencies, and participants will enjoy greater access to a variety of services.

National Research

Research (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey & Waller, 2011) has indicated that greater representation of team members from collaborating agencies (e.g., child welfare, treatment, court, wrap-around services, law enforcement, etc.) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up.

Drug court research has also demonstrated that drug courts with fewer treatment providers (one or two is optimum) resulted in more positive participant outcomes including higher graduation rates and lower costs (Carey et al., 2008, 2012).

Marion County Fostering Attachment Treatment Court Process

- The drug court team is composed of the judge, coordinator, DHS Child Welfare case workers and self sufficiency workers, a defense attorney, a probation officer, a public health nurse, law enforcement, treatment providers (Intensive Treatment and Recovery Services [ITRS] and Her Place), and Children's Behavioral Health (CBH) service providers.
- Staffing meetings where participant progress is discussed are held on the first, second, and fourth Wednesday of each month. These meetings are always attended by the judge, coordinator, defense attorney, DHS case workers and self sufficiency workers, treatment

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

providers, and CBH. The probation officer and public health nurse usually attend. The average length of time of a typical meeting is 1-1.5 hours. Program staff submits participant progress reports to the coordinator the Monday prior to staffing meetings. The coordinator then compiles the various participant updates into one report which is distributed to the team prior to staffing. The judge leads the meetings by identifying participants to be discussed, using the compiled report as a guide. Cases that are coded as "red" because they are out of compliance are discussed first and the coordinator provides their "roadmap" to foster discussion. The roadmap is created at program entry for each individual and illustrates a concrete list of goals as well as a way to track and chart progress towards goals. More time is allocated for discussion of "red" cases, while "green" cases that are in compliance and on target are discussed, time allowing, during the latter half of the staffing meeting. The treatment providers, case workers, attorney, probation officer, coordinator and CBH counselors discuss participant progress, both achievements and obstacles. Observation and key staff interviews indicated that although the judge has the authority to make the final decision, the team generally arrives at a unified recommendation for each participant.

> "Everyone in the program is very compassionate; it's not just a job. They really care and want us to succeed. They appreciate our efforts."
> *~Fostering Attachment Treatment Court Participant*

- Drug court hearings are held on the first, second and fourth Wednesday of each month from 10:30 to 12:00 p.m. These hearings are always attended by the judge, coordinator, defense attorney, DHS case workers, treatment providers, and CBH. The probation officer usually attends.
- The coordinator, probation officer, DHS case workers, and CBH counselors make home visits.
- The coordinator, probation officer, treatment providers, DHS case workers and CBH counselors perform case management for FATC participants.
- There are two primary DHS Child Welfare caseworkers dedicated to working with the FATC participants. One DHS Self Sufficiency worker is also included on the FATC team. They attend all staffing and court sessions, bringing the perspective of the entire family to the team. Case workers provide case management services to the participants and their families, as well as report on family drug court participant progress in staffing meetings.
- Children's Behavioral Health provides family and parenting services for FATC participants. One umbrella agency, ITRS, provides addiction treatment services. Male participants receive their treatment services at ITRS, while female participants receive treatment services at Her Place.
- Treatment providers communicate with the court verbally at team meetings and drug court sessions, through written progress reports, and via email. Information from the treatment provider is always given to the court in a timely way. Observation indicated that treatment and service providers are highly involved in the staffing meetings as well as in the court sessions.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- The FATC has an Executive Team that meets on an as-needed basis, separately from regular team meetings. Those participating on this team are the judge, coordinator, DHS Child Welfare, Housing Authority, ITRS, a probation representative, defense attorney, prosecutor, law enforcement representative, and a Community Behavioral Healthy representative. The FATC currently does not have an advisory committee.

Commendations

- **The FATC promotes excellent communication between the team members.** Team members attend every staffing meeting and report on participant status and progress on a regular basis, as well as maintain frequent email and phone contact which ensures team members have all the information they need.
- **FATC program participants receive treatment through two outpatient agencies.** Research shows that having one to two agencies providing treatment is significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2008, 2012). The FATC is commended for following best practices in this area by having a single primary agency utilized for program participant referrals.

Recommendations

- **Create a policy and procedure manual**. The FATC program does not currently have a policy manual but is working towards developing one. A policy or procedure manual helps to ensure that all partners are operating under the same assumptions—and also helps in clarifying roles, responsibilities, and expectations. It can be used as a part of the training process for new team members. In addition, the policy manual can work as a guide for other interested parties to use in duplicating this program in other jurisdictions. An example of a program policy manual will be forwarded to the FATC program by the evaluator in conjunction with this report.
- **Formalize the Executive Team and have consistent meetings.** The FATC should re-implement regular meetings of its Executive Team (we suggest quarterly) for the purpose of discussing and making decisions about drug court policy issues, promote understanding of each team member's role, and allow the team to become united on drug court goals. Assigning one team member as facilitator (perhaps the coordinator) can help focus the discussion, assist the team in coming to a consensus, and ensure meeting minutes and decisions made by the team are recorded. This committee would be used as a venue for addressing each of the recommendations described in this report, such as developing a policies and procedures manual.
- **Work to decrease the time between progress reporting (Monday) and staffing meeting (Wednesday).** The processing of information and production of summary reports about participants is a time-consuming process in this program. Working to standardize reporting forms and information, as well as future implementation of a Web-based data system that can be accessed by all team members, would decrease the burden on program staff and increase efficiency. Ideally, progress reporting would happen just before staffing so that there is less opportunity for status changes and updates between reporting and staffing discussions.
- **Continue to attend to incentives and rewards.** It is easy to focus on the crises and challenging cases and lose track of the importance of maintaining attention on those participants who are doing well. Make sure to spend time in staffing discussing incentives and

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

rewards, highlights of positive cases, and strategies for using successful participants as models for new and struggling participants. Ensure that significant time is spent in all court sessions on the accomplishments and lessons learned by participants who are compliant with program requirements and making positive changes.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, ATTORNEYS REPRESENTING VARIOUS PARTIES PROMOTE CHILD WELFARE WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the various parties with an interest in each case (the department of human services/child welfare, and defense/family counsel). Unlike traditional case processing, drug court case processing favors a collaborative approach. The second focus area is that drug court programs remain responsible for promoting the best interest of the child. The third focus area is the protection of the participants' due process rights.

National Research

Drug Court research by Carey et al. (2008, 2012) and Carey and Waller (2011) found that participation by the prosecution and parents' attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism costs.

In addition, courts that included non-drug charges as eligible for participation also showed lower recidivism costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants were terminated had lower recidivism costs (Carey et al., 2008). Although FDCs are typically not criminal courts, some FDCs, including the Marion County program, do include parents with criminal charges.

Marion County Fostering Attachment Treatment Court Process

- One defense attorney is dedicated to the FATC team and his position does not rotate. The defense attorney always attends FATC staffing meetings and court sessions. The defense attorney appears to take a non-adversarial approach in team meetings and during court.
- The defense attorney, among others, may identify and refer potential drug court participants.
- DHS caseworkers are part of the FATC team and always attend team meetings and drug court sessions in addition to making home visits and performing case management. They work closely with team members and appear to take a non-adversarial approach in team meetings and during court. The DHS Child Welfare supervisor attends at least one team meeting per month and attends court on the same day.

Commendations

- **The FATC has a dedicated defense attorney assigned to the program who regularly attends team meetings and court sessions.** Additionally, the defense attorney assigned to the FATC is on a permanent, non-rotating term. Research indicates that when defense attorneys regularly attend staffing meetings, programs exhibit a 93% increase in cost savings, compared to programs that do not perform this practice (Carey et al., 2008; Carey, Mackin, & Finigan, 2012).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- **Marion County FATC program has two DHS Child Welfare case workers specifically assigned to family drug court and its participants.** Keeping the number of case workers to a minimum is an efficient use of resources.

Recommendations

- The defense attorney and DHS Child Welfare representatives appear to successfully take a non-adversarial team approach while participating in meetings and treatment court proceedings. Overall, the FATC appears to have successfully integrated this key component. There are no other suggestions for this area at this time.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

The focus of this key component is on the development and effectiveness of the eligibility criteria and referral process. Different drug courts allow different types of criminal or child welfare histories. Some drug courts also include other criteria such as requiring that participants admit to a drug problem or other "suitability" requirements that the team uses to determine whether they believe specific individuals will benefit from and do well in the program. Drug courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who do the referring so that appropriate individuals that fit the court's intended service population are referred. Drug courts also differ in how they determine if a client meets these criteria. While drug courts are always focused on clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens or risk/needs assessments. A screening process that includes more than just an examination of legal eligibility may take more time but may also result in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system from child welfare petition to referral to drug court entry. The goal is to implement an expedient process. The amount of time that passes between child welfare petition to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake are all factors that impact the expediency of program entry.

National Research

Those adult drug courts that expected 50 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012). It is likely that an equivalent measure from petition to program entry will yield similar results. Further, reducing time between arrest (or other precipitating incident) and the first treatment session has been shown to significantly decrease substance use. Donovan, Padin-Rivera, and Kowaliw (2001) found that in reducing the time to entry approximately 70% of clients entered treatment, and of those that entered 70% completed their assigned treatment. Those who entered treatment showed significant reductions in substance use and improved psychosocial function.

Other research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

(Carey & Perkins, 2008). This indicates that screening participants for suitability does not improve participant outcomes.

Marion County Fostering Attachment Treatment Court Process

- The FATC takes post-adjudication/post-disposition participants.
- The judge, defense attorney, caseworkers, and parole and probation identify and refer potential participants.
- Clients must be amenable to alcohol and drug treatment to be eligible for the program.
- The FATC program eligibility requirements are written and all agencies or individuals who can make referrals are given a copy of the eligibility requirements.
- All of the FATC participants are polysubstance users/abusers. The estimated percent of participants' primary drug of choice is as follows: 1% heroin, 2% cocaine, 7% alcohol, 24% marijuana, and 66% methamphetamine.
- The FATC does *not* exclude those who are dual-diagnosis, except if they have a serious mental health issue. In addition, the FATC does *not* exclude those who are on narcotic replacement therapy, who are using suboxone, who are currently using benzodiazepines, or who are currently using prescription opiates for pain management issues. Finally, this program does *not* exclude those who have current and/or prior felonies, who have no drug-related charges, who have current violence charges, who have current sales charges, or those who have had previous termination of parental rights (TPR). The court does, however, exclude those who do not admit to having a drug problem, those with serious mental health issues, and those who have prior violence convictions.
- FATC uses the LSCMI (Level of Service/Case Management Inventory) to determine offender eligibility. Offender suitability, such as attitude and readiness-for-treatment, is informally assessed as part of eligibility criteria though a standardized assessment tool is not used. This program sometimes refuses program entry to those who were considered unsuitable.[8] Parents with serious mental health issues, who do not admit to having a drug problem, or who have prior violence convictions are refused program admittance. Once placed in the program, a full substance abuse treatment assessment is performed on participants to determine level of care. The FATC assesses participants for risk of not completing treatment or the FATC program.
- The FATC assesses participants to determine whether they are substance dependent or substance abusers. The program accepts participants who are both substance dependent and substance abusers into their program.
- Participants are screened for co-occurring mental illness and for suicidal ideation.
- The specific eligible population for the FATC is substance abusing parents of children under the age of 9 at the time of program referral, who are at risk of not reunifying with their family.

[8] "Unsuitable" is defined in different ways in different drug courts. In the FATC program, unsuitable participants may include those who do not express a desire to stop using drugs or to get their children back, those with severe mental health issues where mental health court would be more appropriate, as well as being legally inappropriate for the program (e.g., those with violent criminal histories).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- Child welfare allegations that are eligible for the program include: neglect, endangerment, abandonment, and mental abuse.
- Staff estimated that the time between filing of a petition and referral to the drug court program averages between 31 and 60 days. The time between drug court referral and program entry is estimated to be between 31 and 60 days as well, for a total estimated time from filing of a petition to drug court entry of 62 to 120 days.
- The FATC does not have a window or a "back our period" for participants to try the program but decide not to participate.
- The FATC capacity is 30 participants. As of April 2013, there were 28 active participants.

Commendations

- Research indicates that programs of 125 active participants or fewer have more positive outcomes (Carey et al., 2012). The FATC program is commended for **maintaining adequate staff resources** to provide intensive monitoring and case management for all participants, and for maintaining a caseload close to their stated capacity.
- **The FATC is commended for giving written program eligibility requirements to all those who make referrals,** which helps ensure that appropriate individuals that fit the court's intended service population are referred.

Recommendations

- **Work to decrease the length of time from petition to program entry.** The length of time between a petition and drug court entry is longer than indicated by current best practices (less than 50 days). **Gain ideas from other programs.** The team (or one team member assigned who could share the information with the team) could review the systems of programs that have shorter lapses between petition, eligibility determination, and drug court entry, to gain ideas (the NADCP national conference would be a great opportunity to gather new ideas on this topic). A good resource for drug court referral and entry protocols, as well as other sample drug court procedures can be found at https://www.childwelfare.gov/systemwide/courts/specialissues/drug.cfm. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal, keeping in mind that the sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be.
- **Change eligibility requirement regarding amenability to alcohol and drug treatment**. Requiring that a potential participant be amenable to alcohol and drug treatment in order to participate in the FATC program may have the tendency to exclude those who could really benefit from the program (and in turn, their children).
- **Ensure that participants are held to program requirements that match their risk and need level.** The program needs to be aware and attend to the differences between participants who are substance abusers from substance users, both in treatment and in program expectations and requirements.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services appropriate to participant needs. Success under this component is highly de-

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

pendent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of services to provide, which services are important for their service population and the use of evidence-based treatment.

National Research

Programs that have requirements for the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005), substantially higher graduation rates, and improved recidivism costs (Carey et al., 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success, particularly if the program serves participants with similar levels of need.

A variety of treatment approaches that focus on individual needs, motivational approaches to engaging clients, cognitive-behavioral therapy approaches, self-help groups, and appropriate use of pharmacological treatments can all provide benefits to participants in facilitating positive change and abstinence from alcohol and drug use. Multi-systemic treatment approaches work best because multiple life domains, issues, and challenges are addressed together, using existing resources, skills, and supports available to the participant. It is also crucial to provide aftercare services to help transition a person from the structure and support of the treatment environment back to her/his natural environment (Miller, Wilbourne, & Hettema, 2003).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 69 drug courts nationally (Carey et al., 2012) found that drug court programs with one or two treatment agencies had significantly better outcomes (lower recidivism and higher cost savings) than programs with more treatment agencies.

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). According to Lurigio (2000), "The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success."

Marion County Fostering Attachment Treatment Court Process

- A full substance abuse treatment assessment (ASAM) is performed on FATC participants to determine level of care.
- One agency, Intensive Treatment and Recovery Services (ITRS), currently provides outpatient treatment to all FATC program participants and is contracted directly with the court. Male participants receive treatment at Marion County ITRS, and female participants receive treatment at Her Place. Her Place is a residential group home that offers inpatient treatment for women and their children, and also provides intensive outpatient services. Treatment representatives attend drug court staffing meetings and drug court sessions.
- The FATC program, which is estimated to take 18 months to complete, consists of four phases and includes a phase when participants learn relapse prevention.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- The FATC has an aftercare program, as well as an alumni group that meets regularly after graduation and provides support for current participants.
- In order to graduate, participants are required to be drug free for 120 days, write a relapse prevention plan and have a sober housing environment.
- The minimum length of the first program phase is 8 weeks. During this phase, a schedule for attendance at group and individual treatment sessions is determined specific to each participant. Participants are required to attend self-help groups or 12-step meetings during Phase I.
- The minimum length of the final program phase is 8 weeks. During this final phase, a schedule for attendance at group and individual treatment sessions is determined specific to each participant. Participants are required to attend self-help groups or 12-step meetings during the final phase.
- When participants have achieved the goals of one level (both personal, as laid out in their roadmap, and goals required by the program) and have maintained their sobriety for the time period required, they may petition to the Court to advance to the next level. FATC team members discuss the petitions during staffing meeting and come to a collective agreement regarding phase advancement.
- Outpatient individual treatment sessions, outpatient group treatment sessions, gender-specific treatment sessions, self-help meetings, and parenting classes are services required by this program for *all* participants.
- Detoxification, residential treatment, mental health counseling, psychiatric services, prenatal/perinatal program, and anger management/violence prevention are services required by this program for *some* participants.
- Job training/vocational program, health education, GED/education assistance, family/domestic relations counseling and housing/homelessness assistance are services offered by this program but not required.
- Motivational Reconation Therapy (MRT), Motivational Interviewing, Recovery Training and Self Help, and WRAP are evidence-based treatment practices required for *all* participants.
- Seeking Safety, Nurturing and Strengthening and Cognitive Behavioral Therapy are evidence-based treatment practices required for *some* participants.
- Services provided by the FATC specifically for children of participants in the program are Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavior Therapy, Circle of Security, Play Therapy, Play and Learn Group, and Nurturing Parenting Class.
- The FATC provides child care for participants through its partnership with St. Timothy's Episcopal Church. Additionally, Her Place provides child care for women and families while receiving services on site.

Commendations

- **FATC program participants receive treatment through two outpatient agencies.** Research shows that having one to two agencies providing treatment is significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012). The FATC is commended for following best practices in this area by

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

having a single primary out-patient agency, as well as a single in-patient agency utilized for program participant referrals.

- **The FATC provides an exemplary model by offering a breadth of diverse and specialized services to program participants.** To name a few, relapse prevention education and aftercare services are provided to FATC participants. Drug courts that include a phase that focuses on relapse prevention were shown to have higher graduation rates and lower recidivism. Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **The FATC has an aftercare program, as well as an alumni group.** Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **The average length of this program is 18 months.** Best practices research shows that drug court programs that required at least 12 months for participants to complete had significantly better outcomes (reductions in recidivism) than programs that lasted less than 12 months, and 18 month long programs had an even larger benefit (Carey et al., 2012).

Recommendations

- There are no recommendations for this key component at this time.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

The focus of this key component is the use of alcohol and other drug testing as a part of the drug court program supervision practices. Drug testing is important both for supervision by the court and the team and for participant accountability. It is seen as an essential practice in participants' treatment. Related to this component, drug courts must assign responsibility for testing and community supervision to its various partners, and establish protocols for electronic monitoring, drug test collection, and communication about participant accountability.

The drugs included in abstinence monitoring detection should be a reflection of the substances being abused/used within the community or jurisdiction of the court as well as based on the participants' drugs of choice. The drug testing should be sufficiently comprehensive to ensure adequate coverage of the major abused drug classes (e.g., amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, opiates and alcohol).

National Research

Research on adult drug courts nationally (Carey et al., 2012) found that drug testing that occurs randomly, at least 2 times per week, is the most effective model. If testing occurs more frequently (that is, more than 2 times per week), the random component becomes less important as it is difficult to find time to use between frequent tests.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use between tests or to submit a sample that is not their own. In focus groups with participants after they have left their programs, individuals have admitted many ways they were able to "get around" the drug testing process at their testing sites, including sending their cousin to the testing agency and bringing their 12-year-old daughter's urine to submit. They also indicated that they relied on testing to keep them from using when they knew they would get caught if they had a positive test.

Program strengths shared by staff:

- "We work together so well; we really have the kids' best interest in mind"
- "The wrap around services we offer are pretty comprehensive"
- "We're very good about being consistent and explaining our decisions"
- "We meet clients where they are at in their life"
- "Participants feel very supported and not judged when they come in here"
- "They know we are long term support for them"

~Fostering Attachment Treatment Court Team Members

Marion County Fostering Attachment Treatment Court Process

- Participants are drug tested through in-house urinalyses dipsticks, urinalyses that are sent to an outside lab, breathalyzers, blood testing, and oral swabs.
- Drug testing is performed on a random basis as well as for cause. Random drug testing is ensured by clients calling into a DHS-managed drug-testing hotline on a daily basis, with a color-code system that changes daily. UAs collected by treatment providers and/or probation are random, as participants are not aware of when they may be asked to submit. All UAs conducted through the various agencies are fully observed. Focus group participants reported they end up testing 2-3 times per week on average.
- UA results are generally obtained within 48 hours of submission. If a drug test returns positive, it is run again for confirmation. Those results sometimes take a few days.
- The program's drug testing is performed by a local centralized testing unit (A WorkSAFE Service), treatment providers, and probation.
- UA frequency requirements are participant-specific across all program phases. For the most part, the FATC uses the format specific to the DHS-managed testing system that requires random UA testing.

Commendations

- **Drug testing occurs at least 2 times per week, on average, for FATC participants.** Research on adult drug courts nationally found that random drug testing at least 2 times per week is the most effective model (Carey et al., 2012).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- **The FATC program ensures fully observed drug tests**, which are important both for the integrity of drug testing and because they are linked to better participant outcomes.

Recommendations

- There are no recommendations for this key component at this time.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.

The focus of this component is on how the drug court team responds to client behavior during program participation, including how the team works together to determine an effective, coordinated, response. Drug courts have established a system of rewards, sanctions and treatment responses that determine the program's response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, or this may be a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about the appropriate response to participant behavior varies across courts. Drug court team members may meet and decide on responses, or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards, sanctions and other responses so their ability to anticipate a response from their team may vary significantly across programs.

National Research

Nationally, the judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. Carey et al. (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior, though the entire team should be informed when a sanction occurs outside of court. Carey et al. (2012) showed that drug courts that responded to infractions immediately (particularly requiring the participant to attend court at the next possible session) had twice the cost savings.

In addition, all drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000). Research has found that courts that had their guidelines for team responses to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey et al., 2008; Carey, Waller, & Weller, 2011).

Marion County Fostering Attachment Treatment Court Process

- Program staff indicated that the increased likelihood of being reunified with their children and increased access to services are incentives for participants to enter and graduate from the FATC program.
- The FATC provides both tangible and intangible rewards to its participants. Children's books, spa bags/shaving kits, choice from closet item (clothes, toys, etc.) and gift cards are tangible rewards currently being utilized by the program. Intangible rewards include praise from the judge or other team members, standing ovation during court sessions and being excused early from court. Program staff indicated that rewards which seem particularly effective are gift cards, household supplies, and personal hygiene items.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- Rewards are presented by the judge during court sessions. Rewards are administered on a case by case basis, as well as in a standardized way for specific behaviors, and participants know what specific behaviors lead to rewards. Participants are given a written list of the behaviors that lead to rewards, as well as a list of what the possible rewards could be. Team members are also given a written copy of the guidelines for program/team response to participant behavior. Staff reports they have asked the participants about the rewards provided by the program, and that the participants find the rewards meaningful.
- Examples of FATC responses to noncompliant participant behavior are writing essays, sit sanctions, community service, residential treatment, more frequent UAs, and more court appearances. Program staff indicated that the sanction which seems particularly effective is all day court watch.
- Program staff reports that participants know which behaviors lead to sanctions. They are given a written list of possible sanctions, as well as a list of the behaviors which lead to those sanctions.
- Sanctions are discussed among the family drug court team and decided as a team, although the judge may occasionally decide on an alternate recommendation once in court talking with the participant. In those cases, she informs the participant of the team's recommendation and explains her reason for her sanction. Team members are given a written list of the guidelines around court response to participant behavior.
- Sanctions are imposed by the judge during court sessions. Sanctions are sometimes imposed immediately after the noncompliant behavior, and sometimes at the first court session following the noncompliant behavior.

> "I just like how the whole principle of it [rewards/sanctions] is to hold you accountable. For every choice you make there is a consequence. You make a positive choice, there's a positive consequence; you make a negative choice, there's a negative consequence."
>
> *~Fostering Attachment Treatment Court Participant*

- Sanctions are imposed on a case-by-case basis, and also sometimes standardized so that the same sanctions are provided for the same types of behaviors. Sanctions are graduated so that the severity increases with more frequent or more serious infractions.
- Behaviors that would prompt removing an individual from participation in the FATC program are failure to appear in court with no excuse and/or multiple failures to appear, missing treatment sessions, positive drug tests, continued use, lack of progress in the program, lack of progress in treatment, repeated unsafe behavior with children, and failure to separate from unsafe or dangerous partners.
- Jail is sometimes used as a sanction after a positive drug test. Jail is also sometimes used in response to continued use, non-compliance with program rules, failure to appear for treatment, and failure to appear (and/or on-going failure to appear) for court, and failure to appear for treatment. Jail is sometimes used as an alternative for detoxification or residential treatment when detoxification and residential are unavailable. Only participants who are on probation have the possibility of receiving jail as a sanction. Those sanctions are

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ordered by the probation officer, and then the participant goes before the Annex Judge to receive her or his sanction. In these cases, the FATC team will discuss the jail sanction given and generally agrees the jail sanction is sufficient response to the behavior; therefore, the FATC Judge does not generally impose any further or additional sanctions.

- Team members that have had training on the use of rewards and sanctions to modify behavior of drug court participants include the coordinator, judge, defense attorney, treatment providers, parole and probation, CBH, and DHS staff.
- In order to graduate, participants are required to be drug free for 120 days, write a relapse prevention plan and have a sober housing environment.
- Drug court participants are not required to pay fees as part of their participation in the FATC program. Participants who are on probation must pay the customary $40 per month probationary fee.

Commendations

- **The FATC responds to sanctions at the first court session, if not immediately, after non-compliant behavior.** Carey et al. (2012) showed that drug courts that responded to infractions immediately (particularly requiring the participant to attend court at the next possible session) had twice the cost savings.
- **The FATC has guidelines for team response to participant behavior written and it is provided to the team.** Research has found that courts that had their guidelines for team responses to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey et al., 2008, 2011).

Recommendations

- **Consider collecting drug court fees.** Research has consistently demonstrated that drug courts that require participants to pay even minimal fees have higher graduation rates and lower recidivism than drug courts that require no fees (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey & Perkins, 2008; Carey et al., 2011). This practice may increase the sense of accountability and provide a model for participant behavior beyond drug court. When dealing with indigent participants, fees can be "worked off" through community service or good behavior.
- **Continue to differentiate sanctions and treatment responses.** It is important that drug court programs differentiate treatment responses from sanctions. This program may want to have discussions as a reminder about relapse as part of the recovery process. If a participant admits to use or is found to have used, increasing treatment supports is an appropriate therapeutic response, although it is important to consider treating those who admit to use less harshly than those who have lied.

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.

The focus of this component is on the judge's role in drug court. The judge has an extremely important function in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

review hearings, as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

The judge is the ultimate arbiter of factual controversies in the program, and makes the final decision concerning the imposition of incentives or sanctions that affect participants' legal status or personal liberty. The judge should make such determinations after giving due consideration to the expert input of other team members, and after discussing the matter in court with the participant or participant's legal representative.

National Research

From its national data in 2000, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in phase 1, contact every 2 weeks in phase 2, and monthly contact in phase 3. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Research in multiple states (Carey et al., 2005, 2008, 2011, 2012) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, & Benasutti (2006) also demonstrated that court sessions weekly, or every 2 weeks, were effective for higher risk offenders while less frequent sessions (e.g., monthly) were effective for only low-risk offenders.

In addition, programs where judges remained with the program at least 2 years had the most positive participant outcomes (Carey et al., 2005). It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Finigan, Carey, & Cox, 2007).

Finally, recent research in 69 drug courts nationally (Carey et al., 2012) showed that programs where the judge spent at least 3 minutes per participant during status review hearings talking with participants had significantly lower recidivism and higher cost savings, and increased time resulted in even more positive outcomes.

Marion County Fostering Attachment Treatment Court Process

- FATC participants are required to attend drug court sessions 3 times per month in Phase I, with court attendance requirements decreasing over the phases so that participants appear once per month by Phase IV.
- Program staff reported that the average length of time of a court session is 90 minutes, with approximately 20 participants in attendance during this amount of time. Observation by the evaluator was conducted on a "big court" day, which is the first Wednesday of the month when all program participants are in attendance. During the observation, 20 participants were present and reviewed at an average of 2.5 minutes each.
- The family drug court judge is assigned to the court indefinitely.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- The FATC judge has attended official FDC training sessions, received training by previous FDC judges in this family drug court, observed other FDTC's, and attended professional FDC-related conferences.
- The FATC judge speaks directly to participants, provides follow-through on warnings to participants, and follows the recommendations provided by the team. Observations by the evaluator during a court session revealed that the drug court judge is caring and responsive toward participants and that participants are engaged and respectful during the drug court session. The judge actively listens to participants, offers advice and provides positive verbal reinforcement when appropriate. Participants stay to observe the entire court session.
- During the course of the process evaluation study, the researchers were made aware of Judge Prall's decision to step down and the pending transition of FATC to a new judge in July 2013. It was reported that the new judge was an original team member of FATC (in the role of lawyer) during the program's initial development, so he is familiar with this treatment court. The new judge will be observing "big court day" in June, as well as participating in a local training organized through NADCP during fall 2013.

Commendations

- **The current FATC judge has been presiding over the court for the past 3.5 years**. Experience and longevity are correlated with more positive participant outcomes and cost savings according to research where judges have served for 2 years or more.
- **The judge projects a warm and caring presence in the courtroom.** She gives her own commendations and recommendations in a firm, yet non-adversarial manner, as is important to the drug court model's efficacy.
- **Participants remain in the courtroom throughout the entire court session.**

"The judge is very supportive and a very real person.
We're sad she is leaving."
~Fostering Attachment Treatment Court Participant

Recommendations

- **Increase participant time spent before the judge.** Programs where the judge spends at least 3 minutes per participant during status review hearings talking with participants have significantly lower recidivism and higher cost savings. The FATC should consider utilizing their full 90 minutes allotted for the court session, especially during "big court" when all program participants attend.
- **Ensure role-specific training for the new FATC judge.** We recommend that the judge attend some formal drug court trainings, specifically judge-specific, when time and funding permit, and if possible prior to starting in his role this summer. Carey et al. (2008, 2012) found that drug court programs requiring all new hires to complete formal training or orientation and requiring *all* drug court team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism. See more detailed information around training under Key Component 9 below.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

This component encourages drug court programs to monitor their progress toward their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers, as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

Carey et al. (2008) and Carey et al. (2012) found that programs with evaluation processes in place had better outcomes. Four types of evaluation practices were found to reduce recidivism and incur positive effects on outcome costs: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) using internal program statistics to make modifications in drug court operations, 3) using independent program evaluation results to make modifications to drug court operations, and 4) participating in more than one evaluation by an independent evaluator.

Marion County Fostering Attachment Treatment Court Process

- The FATC collects electronic data for participant tracking and case management and these data include information from the treatment provider. These data are entered into the Oregon Treatment Court Management System (OTCMS).
- The FATC monitors the information it collects to determine if the program is moving toward its goals. Program staff report that they have made adjustments in policy or practice based on data monitoring.
- This drug court has had an outside evaluator measure whether the program is being implemented as intended and whether the program is achieving its intended outcomes. The program reports that it has made changes in policy or practice based on feedback from the outside evaluation.

Commendations

- **The Fostering Attachment Treatment Court has participated in past evaluations of their drug court, in addition to this process evaluation.** Drug court staff members are encouraged to discuss the findings from this process evaluation as a team, both to enjoy the recognition of its accomplishments, and to identify areas of potential program adjustment and improvement. The use of program evaluation by the program to make modifications in drug court operations has been shown to save drug courts money.
- **The FATC has made adjustments in policy and practice based on its data monitoring.** The use of data by this treatment court to inform policy and practice modification is a notable achievement and provides an excellent example to other programs.
- **The coordinator enters participant data into the Oregon Treatment Court Management System, which collects information needed to monitor the program over**

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

time. Ideally, at some point in the future, Oregon will provide a new statewide, Web-based data system to allow database access for all relevant team members, including treatment providers. This improvement would foster more complete, timely and streamlined data entry.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

This component encourages ongoing professional development and training of drug court staff. Team members need to be updated on new procedures and maintain a high level of professionalism. Drug courts must decide who receives this training and how often. This process can be a challenge during implementation as well as for courts with a long track record. Drug courts are encouraged to continue organizational learning and share lessons learned with new hires.

In order to ensure that team members understand the drug court model and their different, more collaborative, roles within it, team members must receive role-specific training. Team members must also be willing to adopt the balanced and strength-based philosophy of the drug court. Once understood and adopted, long assignment periods for team members are ideal, to allow for better understanding and full assimilation of the model components into daily operations.

National Research

Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate effective programs as intended, practitioners must receive the necessary resources to make the program work, receive ongoing training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs must be focused not only on serving high-risk offenders and matching offenders to appropriate treatment (to address their needs), but must also concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts—team members) that work with offenders. Training and support allow teams to focus on translating drug court best practice findings into daily operations and builds natural integrity to the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

Carey et al. (2008, 2012) found that drug court programs requiring all new hires to complete formal training or orientation and requiring *all* drug court team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

Marion County Fostering Attachment Treatment Court Process

- In addition to on-the-job training, FATC staff has had training in the service population of the court including age, gender, race/ethnicity and drugs of choice; training specific to their role on the drug court team; and training or education specifically on the drug court model. It was reported that new staff members receive initial training on the drug court model before or soon after joining the team. Team member interviews revealed there are a few members who have not yet received this training; however, if funding is not available for the upcoming NADCP conference, the team will soon participate in a local statewide drug court training.
- It was reported that FATC staff have received training on strength-based philosophy and practices. Team members have also received training on the use of rewards and sanctions to modify behavior of drug court participants.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- The team brings new information on drug court practices, including drug addiction and treatment, to staff meetings.

Commendations

- **The FATC program works hard to ensure that the drug court team receives regular training and information on the drug court model.** Research showed that programs where team members receive training have significantly better outcomes (Carey et al., 2008, 2012).

Recommendations

- **Ensure that all team members receive initial and continuing drug court training.** While it is commendable that the FATC team attends local and statewide training as available, not all FATC drug court team members have been trained on the drug court model, their specific roles on the drug court team, or rewards and sanctions. The program should continue to ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and a log system could be established, the results of which should be reviewed by program administrators periodically. These tools can be useful in keeping track of training activities and in reinforcing the importance of professional development. One source of training materials that exists online at no cost is available on the National Drug Court Institute (NDCI) Web site: www.ndci.org. The NDCI Web site is also a good source for training opportunities, some at low or no cost. NDCI recently implemented a free Web-based training curriculum. Additionally, there are many scholarships and training grants that are available. The team is encouraged to look into these possibilities. Finally, NDCI released the "Benchbook" in 2011 that provides a comprehensive how-to description of drug courts, including the roles of each team member. This book can be found at: http://www.ndcrc.org/sites/default/files/14146_ndci_benchbook_v6.pdf

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

This component is focused on community support and program sustainability. It encourages drug courts to develop partnerships with other justice and service agencies. For these collaborations to be true "partnerships," regular meetings and resource-sharing with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies, and participants will enjoy greater access to a variety of services. Drug courts must determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include which partners may join the main drug court team, which will provide input primarily through policy discussions, and what types of services will be available to clients through these partnerships.

National Research

Results from the American University National Drug Court Survey (Cooper, 2000) show most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resource partners include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce. Carey et al. (2005, 2012) found that programs that had true

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Additional preliminary findings (Carey et al., 2012) indicate that drug court programs with an advisory committee that includes members of the community nearly doubled the cost savings.

Marion County Fostering Attachment Treatment Court Process

- The FATC has an Executive Team that meets on an as-needed basis, separately from regular team meetings, to discuss potential changes to program structure or services provided to participants. Those participating on this team are the judge; coordinator; representatives from DHS Child Welfare, the Housing Authority, ITRS, and probation; a defense attorney, a prosecutor, a law enforcement representative, and a Community Behavioral Healthy representative.
- The FATC currently does not have an advisory committee. Sustainability, community connections and participant needs are discussed within the team at the same meetings where participant progress is discussed.
- The coordinator reported that the FATC has developed and maintained relationships with agencies that can provide services for participants in the community and refers participants to those services when appropriate. The FATC has partnerships with agencies that provide employment or skills building services, educational services, and housing.
- The FATC's current funding is through a Criminal Justice Commission Byrne Grant, as well as OJJDP and BJA grants.[9] The program is awaiting a decision regarding continued funding through the Criminal Justice Commission which could potentially end in June 2013.
- Treatment for FATC participants is provided through a portion of the grant from the Oregon Criminal Justice Commission, as well as through the Oregon Health Plan for those families who qualify.

Commendations

- **The FATC works to build relationships with agencies that can provide services for participants in the community.** Research finds that drug courts that had true formal partnerships with community agencies had better outcomes than drug courts that did not have these partnerships.

Recommendations

- **Develop an advisory committee.** Although it is commendable that the FATC has an Executive Team that meets to discuss program policies and practices, the program should consider creation of a committee made up of FATC team members and representatives of the business community and other interested groups. Bringing in outside supports and perspective can result in expanded understanding of and community support of the program, as well as strategies for program sustainability and additional services for the program.

FATC PROGRAM DATA

The Drug Court Client Management Database (OTCMS) is an Access database utilized by the FATC program for tracking participant information and progress. Although it does not allow other members of the drug court team to access the system remotely (it is not Web-based), the

[9] Federal agencies: Office of Juvenile Justice and Delinquency Prevention and Bureau of Justice Assistance.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

FATC coordinator enters and maintains participant data from treatment and drug testing agencies, as well as Children's Behavioral Health.

OTCMS was designed with the intent of uniformly recording relevant Oregon treatment court data in a user-friendly format. The OTCMS database is currently Oregon's preferred method for capturing drug court program participant data and it is recommended by the Oregon Criminal Justice Commission that Oregon drug courts utilize OTCMS whenever possible, until another statewide system is available.

OTCMS is not well suited to Family Treatment Courts, as it has limited data fields for tracking Child Welfare case data. NPC has recommended that the state invest in a Web-based drug court case management system that can be accessed more conveniently through the Internet (with appropriate security in place) by drug court team members from various agencies and also accessed and monitored more easily by the state. The Criminal Justice Commission is investigating various funding opportunities which could provide resources to purchase such a system.

FATC Data Collection

- The FATC court has utilized the OTCMS database since program inception in January 2006, with more thorough entry and regular usage beginning in July 2006. Currently the program coordinator has exclusive access to OTCMS and conducts all OTCMS data entry. The FATC enters the following adult program participant demographic data in OTCMS: Referral date, decision date, name, age, date of birth, race/ethnicity, criminal history, known drug history, intake date, severance date, and children's names and dates of birth. Court appearance data include: court date, incentives, sanctions, changes in levels and specific court orders. Drug test results for DHS UAs, including date of test, type of test and result are also entered in OTCMS.
- The FATC Coordinator primarily utilizes OTCMS for reporting overall program data, such as new enrollments, graduations, and program dismissals, to program funders. The coordinator sometimes refers to OTCMS UA history and sanctions to help inform staffing discussions, yet does not generally rely on OTCMS for case management.
- Thus far, this program has not tracked post-graduate data in OTCMS.

ADDITIONAL RESOURCES

The appendices at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. Appendix A provides a brief "how-to" guide for beginning the process of changing program structure and policies. Appendix B contains a list of incentives and sanctions used in drug court programs across the country for use in developing new ideas for court and treatment responses that will change participant behavior in more positive directions. Appendix C provides an example from a currently operating drug court of their reward and sanction guidelines. Appendix D provides a list of data elements that programs should collect for case management, self-monitoring and evaluation. Other important and useful resources for drug courts are available at this Web address: http://www.ndcrc.org.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

OUTCOME EVALUATION

The purpose of outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants? An outcome evaluation can examine short-term outcomes that occur while a participant is still in the program. This set of outcomes includes whether the program is delivering the intended amount of services, whether participants receive treatment more quickly and complete treatment more often than those who do not participate, whether participants are successfully completing the program in the intended amount of time, and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes (sometimes called an "impact evaluation") including participant outcomes after program completion. In the case of drug court programs, including family drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system "revolving door?" How often are participants being re-arrested, which may also indicate time spent on probation, in jail or in prison?

In this evaluation, both short- and long-term outcomes were assessed. Outcomes were examined in three main focus areas: 1) treatment, 2) program completion, and 3) criminal justice. The outcome portion of the evaluation report is divided into each of these three areas of interest, with specific policy-related study questions for each. These specific questions are outlined below.

Treatment (T) Outcomes

T1: Are FDC parents more likely to enter treatment than non-FDC parents?

T2: Do FDC parents stay in treatment longer than non-FDC parents?

T3: Are FDC parents more likely to complete treatment than non-FDC parents?

Program Completion (PC)

PC1: How successful is the program in bringing participants to completion and graduation within the expected timeframe?

PC2: What participant characteristics predict successful drug court completion? What predicts non-completion (unsuccessful exit from the drug court program)?

Child Welfare (CW) Outcomes

CW1: 1 Do children of parents who participate in FATC spend less time in foster care than children whose parents do not participate?

CW2: Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FATC parents compared to non-FATC parents?

CW3: Do children of FATC parents have better placement stability than children of non-FATC parents? (Do they move from one placement to another less often?)

CW4: Do FATC parents experience less foster care recidivism than non-FATC parents? (Are FATC participant children removed from the home less often than the comparison group?)

Criminal Justice (CJ) Outcomes

CJ1: Do FDC parents have fewer subsequent arrests than non-FDC parents?

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

CJ2: Do FDC parents have fewer subsequent arrests with drug charges than non-FDC parents?

The remainder of the outcome section of this report includes a description of the research strategy and methods used for studying participant outcomes. This is followed by a presentation of the outcome results in the order of the study questions listed above.

Outcome Evaluation Methods

RESEARCH STRATEGY

The outcome most commonly used to measure the effectiveness of drug courts is recidivism, particularly recidivism in the criminal justice system. For this study, criminal justice recidivism is defined as any arrest excluding minor traffic citations that occur after drug court entry.

For a previous process and outcome study of the Marion County FATC (completed in 2010), NPC Research identified a sample of participants who entered the program between January 2006 and June 2008. The 2006-2008 cohort was retained for the 2013 follow-up study. The cohort timeframe allowed for the availability of 3 years of recidivism data (based on the export date[10] of the most recent statewide criminal justice data download) post-program entry for all study participants and 4 years of recidivism for the majority (85%) of study participants. Based on the most recent episode date[11] in the treatment data download, the cohort timeframe allowed for the examination of 3 years of post-petition treatment data for all study participants (of those who were found in the statewide treatment data set) and 4 years of treatment outcomes for most (99%) of the study group.

The comparison group was originally identified from a list of family court cases for individuals that entered the court system on a petition for shelter care. The full comparison group selection process is described under the section on Sample Selection. The drug court participants and comparison individuals were matched on age, gender, race/ethnicity, indication of prior drug use, number and age of children, prior treatment history and criminal history, including number of prior arrests and prior drug arrests. The only characteristic that differed across groups was race/ethnicity (though the majority of both groups were white and the proportion did not differ significantly between the groups) and this was controlled for and examined in univariate and multivariate analyses.

Both groups were examined through existing administrative databases for a period of 4 years from the petition date and/or date of drug court entry. For comparison group members, an equivalent "entry date" was calculated by creating an average of the number of days from petition to drug court entry for participants and adding that mean number of days to the petition date for comparison group members. The program entry date (or proxy for comparison group members) was used in analyzing prior criminality and post-entry recidivism, via the statewide criminal justice system, and comparing across groups. The entry date was chosen for these analyses to help ensure that the program impact on recidivism was being captured and weighted appropriately in analyses.

For the statewide drug and alcohol treatment analyses, the petition date was chosen as the entry point for pre and post treatment episode calculations (rather than the drug court entry date and proxy entry date for comparison group parents). The researchers reasoned that one would expect all drug-impacted parents with an open child welfare case to likely have alcohol and drug treat-

[10] The statewide criminal justice data were exported on May 11, 2012.
[11] The most recent case opening date in the statewide treatment data was January 13, 2013.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

ment requirements imposed, regardless of participation in the FATC program. As such, it seemed that the petition would be a catalyst for entry into treatment and, therefore, the date of petition seemed more closely related to treatment entry than the FATC entry date (particularly for the comparison group parents). Alongside the perceived relevance of petition date to treatment entry, the availability of an *actual* date for both groups, rather than having to generate a proxy date for the comparison pool, further supported the rationale for using the petition date for alcohol and drug treatment calculations.

In addition, research has demonstrated the importance of completing substance abuse treatment in the realization of desirable societal effects. These positive effects include substance abuse cessation, reduced criminal behavior and improved employment outcomes (Finigan, 1996). Similarly, an initial indicator of the success of a drug court program is the rate of program participant graduation (completion of treatment). Therefore, the graduation rates were calculated for FATC and compared to the national average for drug court programs.

Any differences in demographics and criminal history between drug court graduates and non-graduates were also examined to determine if there were indications of specific groups that would need additional attention from the drug court program to increase successful outcomes. The evaluation team utilized the data sources described below, to determine whether there was a difference in re-arrests, treatment utilization, and treatment success (described further in the results) between the drug court and comparison group.

DATA COLLECTION AND SOURCES

Administrative Data

NPC staff members built upon and adapted procedures utilized in the previous FATC drug court evaluation, originally based on an amalgam of other NPC drug court evaluation techniques, for data collection, management, and analysis of the FATC data. Once all data were gathered on the study participants, the information was compiled, audited, and coded using SPSS 19.0 software for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS (described in more detail in the data analysis section). The data necessary for the outcome evaluation were gathered from the administrative databases described in Table 1 and in the text that follows.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Table 1. FATC Evaluation Data Sources

Database	Source	Example of Variables
The Oregon Treatment Court Management System (OTCMS)	Marion County Fostering Attachment Treatment Court (FATC)	For drug court participants only: Demographics, time spent in drug court, discharge status.
Client Progress Monitoring System (CPMS)	Client Progress Monitoring System	Start and end dates for treatment episodes by modality - outpatient and residential treatment, detoxification and methadone as treatment
Oregon Judicial Information System (OJIN)	Oregon Judicial Department	Incident dates (arrests), dates of case filings, charges
Adoptions and Foster Care Analysis and Reporting System (AFCARS)[12]	DHS Child Welfare	Start and end dates for foster care, dates of permanency hearings, out of home placements, removals from home

The Oregon Treatment Court Management System (OTCMS)

OTCMS is a Management Information System (MIS) that serves as a participant case management tool and program data depository. Amongst variables of interest, this database includes program start and end dates, participant demographic information, and some program service information.

Client Process Monitoring System (CPMS)

CPMS is a statewide alcohol and drug treatment database. Data kept in these data systems include demographics, treatment episode start and end dates and treatment modality. These data were used to examine treatment history and treatment subsequent to the petition date leading to FATC entry, for program participants, and comparable petition date for the comparison group.

Oregon Judicial Information System (OJIN)

OJIN is a case tracking system that stores Oregon State Court case information from multiple sources and counties in a single database. It lists all events related to a case, including all hearings scheduled. It is valuable for demographics, key case dates, and case findings as well as criminal justice recidivism information including both felony and misdemeanor arrests. These data were used for criminal justice recidivism analyses.

Adoptions and Foster Care Analysis and Reporting Systems (AFCARS)

The State of Oregon uses AFCARS to manage child welfare data. These data include current child welfare case variables (e.g., allegations, family characteristics, foster care utilization, etc.) and permanency hearing data when reported. Additionally, removals from home and number of placements are tracked in the AFCARS database. The data are entered via 6-month

[12] The child demographic data and parental abuse and neglect data reported in Table 2 were retained from the previous study and derived from AFCARS data obtained at that time.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

reporting periods and the latest reporting period in the data export for the current study was September 2012. It should be noted that the data were de-identified (i.e., we could not identify specific individuals), though only study individuals (program and comparison group people) were included in the data export.

SAMPLE SELECTION

As described above, a selection was made of a cohort of individuals who had participated in drug court and a sample of similar individuals who did not participate for the comparison group.

Marion County FATC Participant Sample

NPC identified all participants who entered FATC from January 2006 (when the program was implemented) through July 2008. Although normally the first year of implementation should not be included in an outcome evaluation (due to inevitable adjustments in practice as the program solidifies their process), it was necessary to include all years in order to obtain enough participants in the sample to perform reasonable statistical analyses and to allow time for outcomes to occur. This time interval allows 3 years of follow-up for every participant post drug court start and 4 years for the majority of the cohort on all outcomes of interest for the 2013 follow-up study. For this time period, there were 39 family treatment court participants in the cohort.

Comparison Group

The comparison group was identified from a list of petitions for shelter care obtained from the Marion County Juvenile Court. The parents with these petitions were eligible for the program but did not enter the FATC due to one of two reasons: because the program became full the first year and they were on a waiting list, or because their petitions occurred before the program was implemented.

Administrative data on criminal history and child welfare involvement were requested on all sample individuals. Based on interviews with drug court staff members responsible for eligibility decisions, the potential comparison group was then examined for other factors that would have made them good candidates for the FATC program. Individuals with appropriate criminal histories and who had an indication of a drug problem in the data provided from child welfare were selected from this list. The FATC and comparison groups were then matched in aggregate on age, gender, race/ethnicity, indication of prior drug use, number and age of children and criminal history, including all prior arrests and prior drug arrests specifically. The final match resulted in a comparison group of 49 individuals with no significant differences in the matching criteria from the FATC group with the exception of race/ethnicity (see Table 2). The variables used for matching were also controlled for in the analyses as appropriate.

DATA ANALYSES

Once all data were gathered on the study participants, the information was compiled, audited, and coded using SPSS 19.0 software for statistical analysis. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS. The analyses that were used to answer specific questions are described below.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Treatment (T) Outcomes

T1: Are FATC parents more likely to enter treatment than non-FATC parents?

Crosstabs were run to examine differences in treatment entry between drug court and the comparison group. Treatment entry was defined as any residential or outpatient treatment episode start date occurring on or after the petition date, and was measured at 1 year intervals out to 4 years post-petition date. Intervals were assessed independently (e.g., at year 1, between year 1 and year 2 etc.) as well as at a cumulative level (e.g. within the first year, within the first 2 years, etc.) Chi-square analyses were used to identify any significant differences in enrollment rates between drug court and comparison group participants. People who were not found in the statewide treatment data were omitted from these analyses.[13]

Logistic regressions were also used to determine if there were significant differences due to group over and above any differences in race/ethnicity, age and criminal history (number of arrests in the 2 years prior to petition date).

T2: Do FATC parents stay in treatment longer than non-FATC parents?

T-tests and univariate analysis of covariance were performed to compare the mean number of days in treatment for all drug court participants and the comparison group, in the 1 to 4 years after petition date, for those individuals who received treatment. (Those individuals who did not receive treatment in each examined time frame were excluded from these analyses). The means reported were adjusted based on age and race/ethnicity.[14]

T3: Are FATC parents more likely to complete treatment than non-FATC parents?

Crosstabs were run to examine differences in treatment completion rates (i.e., whether or not an individual successfully completed a treatment episode) between drug court and the comparison group in the 1 to 4 years after eligible petition date. Chi-square analyses were used to identify any significant differences in completion rates between drug court and comparison group participants.

A logistic regression was also used to determine if there were significant differences due to group over and above any differences in race/ethnicity, age, and criminal history (number of arrests in the 2 years prior to petition date).

Program Completion (PC)

PC1: How successful is the program in bringing participants to completion and graduation within the expected timeframe?

Whether a program is bringing its participants to completion in the intended timeframe is measured by program graduation (completion), and by the amount of time participants spend in the program. The program graduation rate is the percentage of participants who graduated from the program, out of a cohort of participants who have left the program either by graduating or being unsuccessfully discharged. This percentage was compared to the national average drug court graduation rate, and the differences are discussed qualitatively.

---

[13] Missing data analyses were performed and, given the occurrence of some missing data within the CPMS system, it was decided that there was no clear/unambiguous method for interpreting instances of people with no data in the system. The majority (98%) of study participants appeared in the CPMS data set.

[14] Prior criminality was omitted from this analysis, as it did not have an effect on treatment enrollment, did not differ significantly across groups, and substantially diminished the strength of the corrected model. Group had a significant ($p < .05$) value in the model with criminality included as well as the final corrected model, which excluded prior criminality.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

To measure whether the program is following its expected timeframe, the average amount of time in the program was calculated for participants who had entered the FATC program between January 2006 and July 2008. All participants from this cohort have now been discharged from the program. The average length of stay for graduates and for all participants was compared to the intended time to program completion, and the differences are discussed qualitatively.

PC2: What participant characteristics predict successful drug court completion? What predicts non-completion (unsuccessful exit from the drug court program)?

Graduates and unsuccessfully discharged participants were compared on the basis of several characteristics, including demographics, number and age of children, arrest history, and drug of choice, to determine whether any significant patterns predicting program graduation could be found. Chi-square and independent samples t-tests were performed to identify which factors were significantly associated with program success. In addition, a logistic regression was performed to determine if there were specific factors that predicted graduation over and above other factors.

Child Welfare (CW) Outcomes

It should be noted that the AFCARS data were de-identified (i.e., we could not identify specific individuals), though only study participants (program and comparison group people) were included in the data export. Any dates that could be considered identifiers such as date of birth, program entry date, etc., were received as a month and year only. De-identified dates required for calculations were set to a proxy as the first of the month, so all calculations involving these dates are technically estimates. Additionally, 83 of the 88 study participants had child welfare data occurring in the study window, so child welfare data are only reported for those individuals. A small proportion of people were missing either race/ethnicity (7%) or age data (6%). In order to retain the largest possible sample size, especially for regression analyses, race/ethnicity and age were imputed by randomly assigning them based on the proportion of each group. Lastly, the overall number of people with a) discharge data and b) a discharge disposition of reunified was relatively low and prevented the researchers from being able to meaningfully assess time-to-reunification for those cases that had started prior to program entry (an even smaller subset of those with a reunification disposition). Therefore, no analyses of time-to-reunification are reported in this study.

CW1: Do children of parents who participate in FATC spend less time in foster care than children whose parents do not participate?

T-tests were performed to compare the mean number of days in foster care for the children of all drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). Time in foster care was defined as the mean number of days spent in foster for the children at each time point. The total number of days for all children was added and then divided by the total number of children, for each family, that were active within each study time frame. Because the t-tests did not evidence significant differences between the groups (discussed further in the results section of the report), exploratory univariate analysis of covariance was run, but the means discussed in the results section are actual, non-adjusted means generated by the t-tests.

CW2: Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FATC parents compared to non-FATC parents?

Crosstabs were run to examine differences in rates for various permanency decision types between drug court and the comparison group in the 4 years after drug court start (or an equivalent

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

date for the comparison group). Chi-square analyses were used to identify any significant differences in permanency decisions between drug court and comparison group participants. Only parents who had experienced 1 or more permanency decisions during the study time frame were included in these analyses. Permanency decision counts were run only on parents who had experienced 1 or more discharge that also included a discharge decision (some had no discharges while others had missing discharge decision data), resulting in a smaller sample size for these analyses.

Logistic regression was also used to determine if there were significant differences due to group over and above any differences in race/ethnicity, age, and criminal history (number of arrests in the 2 years prior to drug court start).

CW3: Do children of FATC parents have better placement stability than children of non-FATC parents? (Do they move from one placement to another less often?)

T-tests were performed to compare the mean number foster care placement changes for the children of all drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). The means reported for this outcome are actual non-adjusted means.

CW4: Do FATC parents experience less foster care recidivism than non-FATC parents? (Are FATC participant children removed from the home less often than the comparison group?)

T-tests were performed to compare the mean number of new foster care episodes, defined as removals from home, for the children of all drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). For further data exploration, ANCOVAs were also run on the means, but since the t-tests did not indicate significant differences across the groups, the means reported for this outcome are actual rather than adjusted. Crosstabs and chi square tests were also used to examine the proportion of parents experiencing at least 1 child removal episode.

Criminal Justice (CJ) Outcomes

CJ1: Do FATC parents have fewer subsequent arrests than non-FATC parents? Are program participants arrested less often than non-participants?

CJ2: Do FATC parents have fewer subsequent arrests with drug charges than non-FATC parents?

For Questions CJ1 and CJ2 t-tests and univariate analysis of covariance were performed to compare the mean number of **all** re-arrests and all re-arrests with **drug** charges for drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). The reported means generated by univariate analysis were adjusted based on age, race/ethnicity, number of prior arrests in the 2 years before drug court start, and number of prior treatment episodes.[15]

In addition, crosstabs were run to examine differences in recidivism rate (the number of individuals re-arrested at least once in the 4-year outcome period) between drug court and the comparison group. Chi-square analyses were used to identify any significant differences in re-arrest rates between drug court and comparison group participants.

[15]As a result of the overall mean arrest numbers being relatively small (and many having no arrests) the unequal variability across groups made it difficult to meaningfully examine via univariate analysis for the first 3 years. T-tests are reported for all 4 years and, having met the underlying assumptions for ANCOVA, univariate tests were run and reported for the 4th year data.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

A logistic regression was also used to determine if there were significant differences due to group membership over and above any differences in race/ethnicity, age, criminal history (number of arrests in the 2 years prior to drug court start), and prior treatment.

Outcome Evaluation Results

Table 2 provides the demographic information for the study sample of drug court participants and the comparison group. Independent samples t-tests and chi-square analyses showed no significant differences between groups on the characteristics listed in the table with the exception of race/ethnicity. There were significantly[16] more American Indian individuals in the FATC group than in the comparison group. This difference was controlled for statistically univariate and multivariate analyses comparing the two groups.

Table 2. Drug Court Participant and Comparison Group Characteristics

	All FATC Participants N = 39*		Comparison Group N = 49*	
Gender	n = 39		n = 49	
Male	1	3%	1	2%
Female	38	97%	48	98%
Race/Ethnicity	n = 39		n = 43	
American Indian/Alaskan Native	5	13%	0	NA
Asian/Pacific Islander	0	NA	1	2%
Black/African American	2	5%	2	5%
Hispanic/Latino	4	10%	8	19%
White	28	72%	32	74%
Age at Petition Date	n = 38		n = 45	
Mean Age	25 years		25 years	
Parent Primary Drug of Choice[17]	n = 37		n = 44	
Reported Drugs Used	37	100%	44	100%
Alcohol	3	8%	8	18%
Methamphetamine	27	73%	22	50%
Marijuana	6	16%	10	23%
Cocaine	0	NA	1	2%
Heroin or other opiates	1	3%	3	7%

[16] A chi-square test indicated a significantly higher proportion of American Indian people in the program group $\chi^2(1, N = 82) = 5.87$, $p < .05$, as did Fisher's exact test, $p < .05$.

[17] Numbers based on self-reported CPMS data at the start of the treatment episode occurring closest to the eligible petition date.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

	All FATC Participants N = 39*		Comparison Group N = 49*	
Prior Treatment	n = 37		n = 44	
Had at least one prior inpatient or out-patient treatment episode (began within 2 years before petition date)	21	57%	18	41%
Prior Arrests	n = 39		n = 49	
Average number of arrests in the 2 years prior to program entry	1.05		0.80	
Average number of drug arrests in the 2 years prior to program entry	0.51		0.31	
Child Age at Program Entry[18]	n = 32		n = 41	
Mean Age of Youngest Child	3 months		3 months	
Mean Age of Oldest Child	2 years		2 years	
Number of Children	n = 39		n = 49	
Mean Number of Children per Parent	2.5		2.9	
Abuse and Neglect Allegations at Program Entry[19]	n = 38		n = 48	
Parent Accused of Physical Abuse	34	90%	38	79%
Parent Accused of Neglect	31	82%	41	85%

*Note: The N for each demographic category may be smaller than the total group N due to missing demographic data. The total number in each group is reported at the top of each subsection.

As shown in Table 2, almost all FATC participants and comparison group members are female (98% overall). The majority are White with a mean age of 25 years. American Indian people comprise a portion (13%) of the program group but are not represented in the comparison group. All study participants with available data in the statewide treatment system (CPMS) reported drug use, with the majority (60%) claiming methamphetamine as the primary drug of choice. Roughly half of the study group reported residential or outpatient treatment in the 2 years prior to the eligible petition date. The mean number of arrests for drug court participants in the 2 years prior to program entry was 1, while the comparison group mean was 0.8; although this difference was not statistically significant, this variable was controlled for in subsequent ANCOVA and regression analyses. The mean age of the children for these participants was 3 months for the youngest child and 2 years for the oldest child. Most of these parents (approximately 84%) had allegations of both physical abuse and neglect.

[18] Child demographic data were retained from the prior study and derived from AFCARS data.
[19] Parental abuse and neglect allegation data were retained from the prior study and derived from AFCARS data.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

TREATMENT OUTCOMES

Treatment Outcome #1: Are FATC parents more likely to enter treatment than non-FATC parents?

No. According to statewide treatment data, there was no significant difference in the proportion of FATC parents who entered treatment compared to parents who did not participate in the program.

Within 2 years from petition date, nearly 76% [20]of drug court participants had at least one inpatient or outpatient treatment episode recorded in the statewide data, while 71% of the comparison group also entered treatment during the same time period. By 4 years after the petition date, 78% of drug court participants had participated in at least one treatment episode as compared to 79% of the comparison group. Chi square analyses[21] indicated no significant difference in treatment entry across the two groups at any annual time point between 1 and 4 years post-petition date. Additionally, logistic regression analyses indicated participation in the FATC, when controlling for prior criminality, age and race/ethnicity, was not a predictor of treatment entry in the first 4 years post-petition date. The number of treatment episodes, in the 4 years after petition date, was also examined and no significant differences were found between the two groups at any annual time point. One likely explanation for these results is that parents with child welfare cases that involve parental drug use are required to obtain drug and alcohol treatment, regardless of their involvement in a drug court program. In addition, treatment attendance appears to be under-reported in the state system, which implies that both groups most likely engaged in treatment more than these results demonstrate. Because individuals cannot remain in the drug court program if they do not attend treatment, it is probable that all program graduates and most program participants (including those who were unsuccessful at completing the program) did attend treatment.

Treatment Outcome #2: Do FATC parents stay in treatment longer than non-FATC parents?

Yes – in the first year. In the first year after petition date, FATC program parents spent significantly more time in treatment (inpatient and outpatient combined) than parents who did not participate in the program. The trend continued, but the difference lessened and was not significant at later time points.

An analysis of covariance indicated that FATC parents spent significantly[22] more days (**234**) in treatment in the year after eligible petition compared to the comparison group (**169 days**), when controlling for age and race/ethnicity.[23] FATC participation was the only significant main effect in the analysis, indicating that when adjusting for other characteristics, participation in the program was related to more time in treatment for program parents within the first year. Of those study participants with residential treatment within 1 year of petition, FATC participants spent

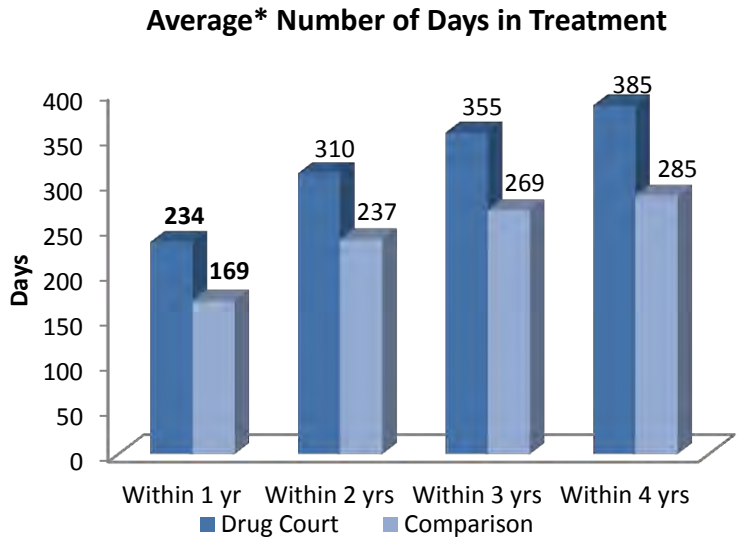
[20] Percentages based on the 81 out of 88 sample individuals (98%) who appeared in the statewide treatment data.
[21] Chi-square results at 2-years post-petition: $\chi^2(1, N = 81) = .28$, $p = .60$; at 4-years post petition: $\chi^2(1, N = 80) = .01$, $p = .94$.
[22] $F(1, 49) = 5.71$, $p = .021$.
[23] Prior criminality was omitted from this analysis, as it did not have an effect on treatment enrollment, did not differ significantly across groups and substantially diminished the strength of the corrected model. Group had a significant ($p<.05$) value in the model with criminality included as well as the final corrected model, which excluded prior criminality.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

more days (164) in residential treatment than non-program parents (67 days), though the groups were so small[24] that this finding should be interpreted as descriptive but non-conclusive.

Subsequent analyses of time in treatment from 2 to 4 years post-petition found no significant differences between FATC parents and non-program parents, though the fourth year data highlighted a trend[25] towards FATC parents spending more days (385) in treatment than non-program parents (285 days). Though only significant in the first year after petition, overall the FATC parents spent more time in treatment than the comparison group. Figure 1 illustrates the average number of days spent in treatment, for FATC parents and comparison group parents, across the four years from petition. Considering that FATC and non-FATC parents entered treatment with equal frequency, it is not necessarily surprising that the overall time spent in treatment did not differ greatly over time. Again, this result may be attributed in part to the fact that drug-involved parents with open child welfare cases, despite FATC participation, are likely to have drug and alcohol treatment requirements imposed. The trend occurring at 4-years post-petition may indicate that over longer periods of time, the FATC parents spend more time in treatment, though larger outcome studies would be needed to validate this trend.

Figure 1. FATC Participants Spent Significantly More Time in Treatment than Non-FATC Participants



*Note: Reported means were adjusted based on race/ethnicity and age and were only significantly different at the first year.

Treatment Outcome #3: Are FATC parents more likely to complete treatment than non-FATC parents?

Yes. As illustrated in Figure 2, significantly more FATC program parents successfully completed treatment after eligible petition compared to parents who did not participate in the FATC.

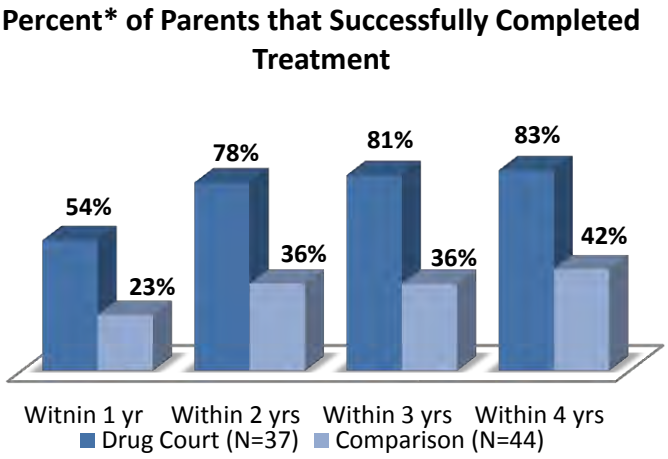
Perhaps the most encouraging treatment finding was that a significantly higher proportion of FATC parents successfully completed treatment than comparison group parents across all annual time points from 2 to 4 years post-petition. By year 2, **78**% of FATC parents had completed treatment compared to **36**% of the comparison group. Within 4 years of the eligible petition, **84%** of FATC parents had completed treatment while **42%** of the comparison group had com-

[24] FATC group N = 7; Non-program group N = 6. $t(11) = .46$, $p = .04$.
[25] $t(61) = -1.62$, $p = .11$. $F(1, 53) = 3.54$, $p = .065$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

pleted treatment. Chi-square analysis indicated that the difference was significant across all 4 years, and logistic regression showed that the difference was significant[26] for FATC participation over and above any differences due to age, race/ethnicity, and criminal history. The analysis demonstrated (via the Wald criterion) that of study group characteristics, only FATC participation made a significant contribution to predicting time spent in treatment by 2-years ($p < .001$) and 4-years ($p < .001$) post-petition. Time spent in detox and on methadone as treatment were also examined but found to have no impact on treatment completion. The treatment completion proportions for FATC participants and comparison group are illustrated in Figure 2.

Figure 2. Significantly More FATC Participants Successfully Completed Treatment than Non-FATC Participants



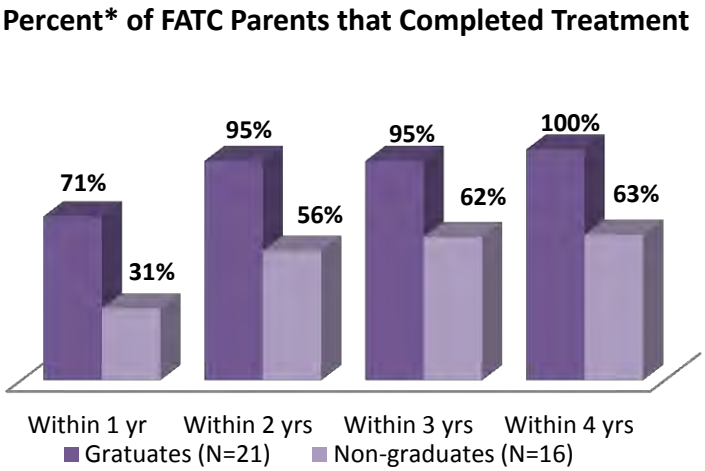
*Note: The proportions illustrated are based on crosstabs, which showed significant differences (via chi square analysis) over all 4 years.

Further, **95**% of FATC graduates showed completed treatment episodes in the statewide data within 2 years of petition and **100%** had a completed treatment episode by 4 years from petition. It should be noted that 2.5 years was the most amount of time spent in the program for FATC participants, and since the treatment completion rate did not reach 100% until the fourth year, it may imply that not all participants completed treatment before exiting the program, but more likely highlights some data entry lags and missing data issues inherent in the statewide system. Figure 3 illustrates the completion proportions for FATC graduates as compared to program participants that left the program unsuccessfully.

[26] Logistic Regression at 2-years post-petition: $\chi^2(4,N = 74) = 18.19$, $p = .001$; at 4-years post-petition: $\chi^2(4,N = 73) = 16.70$, $p = .002$

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure 3. FATC Graduates Had Greater Successful Treatment Completion than Non-graduates



*Note: The proportions illustrated are based on crosstabs, which showed significant differences (via chi-square analysis) over all 4 years.

A key purpose of the drug court model is to use the authority of the court and the judge to keep people in treatment long enough to complete a full course of treatment and for significant behavior change to occur. The result of this analysis shows that the FATC program is fulfilling this purpose in that nearly twice the number of FATC parents completed treatment compared to parents that did not participate in the program, and that this finding holds over time (out to 4 years). Additionally, the findings indicate that the program is ensuring that all program graduates are successfully completing treatment, and the vast majority (95%) complete within 1 to 2 years of petition date, which is on track with the minimum program length-of-stay requirements of 12[27] to 18 months for this study group.

PROGRAM COMPLETION OUTCOMES

Program Completion Outcome #1: How successful is the program in bringing program participants to completion and graduation within the expected timeframe?

Whether a program is bringing its participants to completion in the intended timeframe is measured by program graduation (completion), and by the amount of time participants spend in the program. Program *graduation rate* is the percentage of participants who graduated from the program, out of a cohort of participants who have left the program either by graduating or being unsuccessfully discharged. Of the 39 program group participants, all have been discharged from the program. Of the study cohort (participants entering the program between January 2006 and July 2008), 56% completed the FATC program successfully. This is above the national average of 50% (Cooper, 2000).

Although the FATC's graduation rate is slightly above the national average, the ideal would be for all participants to successfully complete the program. In order to graduate, participants must comply with the program practices and requirements. Therefore, for programs to increase their graduation rates, they must increase the number of participants that comply with program requirements.

[27] As explained in the Program Completion section below, program requirements have changed over time and most of this cohort group would have had a 12 month minimum time in program guideline, as opposed to the current standard of 18 months.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

One strategy drug court staff can use in dealing with this complex population is to provide additional assistance so participants can learn new skills to successfully meet program requirements. Teams should be asking themselves, "How can we help as many participants as possible comply with program requirements?" For example, if lack of transportation is keeping individuals from making it to treatment sessions, or from submitting UA samples, then investing in some options for transportation may increase participant compliance with the program, allowing them to successfully graduate. To increase graduation rates, drug court teams must consider the challenges participants face, continually review program operations, and adjust as necessary. For additional program recommendations, please see the process evaluation section of this report.

To measure whether the program is following its expected timeframe for participant completion, the average number of days in the program was calculated for the program participants in this study sample, all of whom had been discharged from the program when the data were obtained in March 2013. The minimal requirements of the FATC would allow for graduation at approximately 18 months from the time the participant enters the program. At the time of the previous evaluation, the program required a minimum of 12 months from entry, and therefore the majority of the study group was subject to these guidelines. The average length of stay in drug court for all participants was 437 days (approximately 15 months). **Graduates spent an average of 524 days** in the program or about 18 months. Of those who graduated, 82% (18 graduates) were in the program for at least 12 months, indicating that the majority of successful graduates met the minimum time necessary to graduate (as deemed by the program) and many exceeded this minimum. Participants who did not graduate spent, on average, slightly less than 11 months in the program (323 days). These results show that the FATC program is on track with its intended length of stay for drug court participants, and also highlights that successful program graduates tend to stay in the program longer.

Program Completion Outcome #2: What participant characteristics predict program success (graduation)?

Graduates and unsuccessfully discharged participants were compared on demographic characteristics and criminal history to determine whether there were any differences between the groups and to identify patterns in predicting successful program completion (graduation). Chi-square and t-tests were run to check for group differences and logistic regression was used to assess which, if any, characteristics predict program success. The following analyses included the cohort of participants who entered the program from January 2006 through July 2008. Of the 39 people who entered the program during that time period, 17 were unsuccessfully discharged from the program and 22 had graduated.

Analyses were performed to determine if there were any participant characteristics that were related to successful drug court completion—including age, race/ethnicity, length of time in the program, number of arrests in the 2 years before drug court entry, prior treatment experience, and primary drug of choice. Due to the extremely small number of males, we were not able to determine if gender was related to outcomes. Table 3 shows the characteristics for graduates and non-graduates and indicates if they were statistically different from one another.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Table 3. Characteristics of FATC Graduates Compared to Non-Graduates

	Graduates (n = 22)		Non-Graduates (n = 17)		Statistically Significant?
% Female	22	100%	16	94%	No
Mean age at petition date	22	24 years	16	26 years	No
% White	15	68%	13	77%	No
Mean number of days of program involvement	524		323		**Yes***
Child Age at Program Entry[28]	n = 17		n = 15		
Mean age of child in foster care	1 year		1 year		No
Criminal History	n = 22		n = 17		
Mean number of all prior arrests in 2 years before drug court entry	.73		.76		No
Mean number of prior drug arrests in 2 years before drug court entry	.36		.17		No
Prior Treatment	n = 22		n = 16		
% who had prior treatment episodes within the 2 years preceding program entry	7	32%	7	44%	No
Primary Drug of Choice	n = 21		n = 16		
Methamphetamines	16	76%	11	69%	No
Marijuana	3	14%	3	19%	No
Alcohol	2	10%	1	6%	No
Heroin or other opiates	0	NA	1	6%	No
Risk Factors	n = 20		n = 16		
% that are at risk for domestic violence	5	25%	6	38%	No
% that have inadequate housing	5	25%	3	19%	No
% with allegations of physical abuse of child	19	91%	15	88%	No

*A t-test indicated that graduates spent significantly more days in the program than non-gradates $t(37) = 2.82$, $p < .05$.

T-tests indicated that program length of stay was the only characteristic that differed significantly between the groups. As one might expect, drug court graduates stayed in the program significantly[29] longer than non-graduates. A logistic regression analysis[30] showed that, when controlling for different characteristics between drug court graduates and non-graduates, length of stay had the largest effect on program success with an odds ratio of 1.01, indicating that participants

[28] Data on child age and risk factors (later in Table 3) came from data obtained during the prior study and were derived from AFCARS data.
[29] $t(37) = 2.82$, $p < .05$.
[30] Logistic Regression model: $\chi^2(46, N = 36) = 17.22$, $p = .009$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

had about a 1% increased chance of graduation for each additional day they spent in the program. The regression analysis also found that age had a significant effect, with older participants having less success, though since the overall average age was not significantly different between graduates and non-graduates (and the difference between groups was only 2 years), this factor did not seem to have a noticeable impact on program success. It would be important to continue to control for age in any future research.

It is interesting to note that the type of drug used was not a significant predictor of graduation status. This result suggests that the program is adequately treating participants with different types of addiction. The majority of study participants reported methamphetamine as their drug of choice, and (though not significant) a larger proportion of graduates preferred methamphetamine than non-graduates. The prevalence of methamphetamine as drug of choice, and overall program success rate, is consistent with the literature showing that the drug court model (especially the use of rewards and sanctions) is particularly effective in the treatment of methamphetamine addiction (Carey & Perkins, 2008).

CHILD WELFARE OUTCOMES

Child Welfare Outcome #1: Do children of parents who participate in FATC spend less time in foster care than children whose parents do not participate?

No. On average, children of FATC parents spent approximately the same amount of time in foster care in the 4 years after drug court entry as children of non-FATC parents.

Days spent in foster care were counted from program entry date (or equivalent for the comparison group) to 4 years post entry for all study families. The mean number of days for each parent was calculated by dividing the total number of foster care days accumulated for all children of that parent by the number of children active in the foster care system for each family at each time point. Counting all foster care episodes with start dates occurring by 2 years after drug court entry (or the equivalent for the comparison group), children of FATC parents spent an average of **513** days in foster care while children of non-FATC parents spent an average of **516** days in foster care. By 4 years after drug court entry children of the FATC parents spent an average **716** days in foster care while children of the comparison parents spent an average of **729** days in foster care.

Though these means are not statistically different from one another, exploratory analysis of covariance testing indicated that, when accounting for age, race/ethnicity, prior criminality, and group (program or comparison), the means may start to differ significantly at later time points (2 to 4 years post-entry). However, the ANCOVA also indicated that, for this group, it appeared that prior criminality was the only characteristic significantly driving the foster care length-of-stay outcome, not the study group. As mentioned in other sections of this report, a future study with a larger sample size could help more meaningfully tease out the impact of the program on foster care length of stay. Presently, it appears that the program is not necessarily decreasing time spent in foster care for children of program parents. One possible reason for this finding, aside from small sample size, could be that program parents are potentially given access to more resources but are also exposed to more oversight than non-FATC parents and, therefore, may be more likely to have their children removed from home more often. Additionally, it is possible that the time in foster care is being impacted by permanency decisions (see Child Welfare Outcome #2 below).

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Child Welfare Outcome #2: Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FATC parents compared to non-FATC parents?

Yes. FATC parents experienced significantly fewer out-of-home adoptions and terminations of parental rights than non-FATC parents, though the proportional rate of reunification did not differ significantly across the two groups.

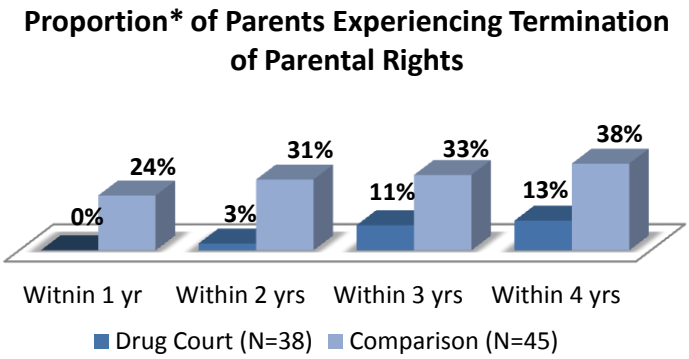
Permanency decision counts were run only on parents who had experienced one or more discharge decision, resulting in a smaller sample size for these analyses.[31] Within 2 years of drug court entry, 46% of FATC parents had at least one reunification with one or more of their children compared to 32% of non-FATC parents [the difference was also significant in year 1] By 4 years after drug court entry (or the equivalent for the comparison group), 50% of FATC parents had experienced at least one reunification with a child compared to 40% for the comparison group. While the proportion of the FATC participant group experiencing a reunification episode was still higher than the comparison group by 4 years post-entry, these proportions were not statistically significant in difference. It is likely that the lack of significance was related to the very small sample sizes. The overall mean number of reunification episodes also did not differ significantly by group and the means across all time points were relatively low (less than .4 episodes on average). As noted throughout this report, the small sample size present in this study is a constraint that makes it challenging to discern differences across the groups and a future study with a larger sample may better detect the impact of the FATC program on family-child reunification.

Though reunification episodes did not differ meaningfully across the two groups, FATC participants experienced significantly fewer instances of parental rights termination. Within 2 years of drug court entry (or the equivalent for the comparison group) **31%** of non-FATC parents had their parental rights terminated for one or more children compared to **3%** of FATC parents ($p < .01$).[32] By 4 years after the drug court start date (or an equivalent date for the comparison group), **38%** of non-FATC parents had their parental rights terminated for one or more children compared to **13%** of the FATC parents ($p < .05$).[33]

[31] Of the 45 comparison group people, 25 experienced 1 or more permanency decision and 22 of the 38 FATC parents were included in permanency decision analyses.
[32] A chi-square test indicated significance: $\chi^2(1, N = 83) = 11.29$, $p < .01$, as did Fisher's exact test, $p < .01$.
[33] A chi-square test indicated significance: $\chi^2(1, N = 83) = 6.41$, $p < .05$, as did Fisher's exact test, $p < .05$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure 4. Fewer FATC Parents Experienced Termination of Parental Rights than Non-FATC Parents



*Note: The proportions illustrated are based on crosstabs, which showed significant differences (via chi square analysis) over all 4 years.

FATC parents also experienced a lower incidence of out-of-home child adoption than non-FATC parents. The proportion of parents who experienced permanent loss of a child via adoption did not differ significantly within the first 2 years after program entry (or equivalent for comparison group) but was higher[34] for non-FATC parents by 3 years post-entry. At 3 years after entry, **28%** of non-FATC parents had lost custody of one or more children to an out-of-home adoption as compared to **5%** of FATC participants ($p < .05$).[35] By 4 years after entry, **36%** of non-FATC parents had experienced 1 or more children being adopted out of the home as compared to **5%** of FATC participants ($p < .01$).[36]

These results show a positive difference in permanency decisions for FATC program participants compared to parents who did not attend the program. FATC parents experienced less frequent parental rights termination overall and less adoption out-of-home by 3 and 4 years from program entry. While reunifications were slightly higher for the program group, the difference did not reach statistical significance between the groups; however, the outcome findings of less permanency termination and out-of-home adoption for FATC parents may indicate that the program has positive long-term impacts on parent-child stability.

Child Welfare Outcome #3: Do children of FATC parents have better placement stability than children of non-FATC parents? (Do they move from one foster care placement to another less often?)

Maybe. Although not statistically significant, children of FATC parents had fewer placement changes in the 4 years following program entry than children of non-FATC parents.

The children of FATC parents experienced an average of 2.3 placement changes while in foster care in the 4 years after drug court entry compared to children of non-FATC parents who had 2.7 changes. The objective of this question was to examine home stability for children as defined by their transience –the number of placement episodes. It should be noted, however, that the AFCARS home placement category list includes *trial home visits*, which indicates that the placement was in the child's original? home.

[34] A chi-square test indicated significance: $\chi^2(1, N = 47) = 4.56$, $p < .05$, as did Fisher's exact test, $p < .05$.
[35] A chi-square test indicated significance: $\chi^2(1, N = 47) = 4.56$, $p < .05$, as did Fisher's exact test, $p < .05$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Although the goal is to maximize child placement stability, it is possible that FATC program parents encounter more trial home visit placements than the comparison group. Though the findings of this study regarding the rate of reunification were not significant (see Child Welfare Outcome #1), they suggest that FATC parents *may* experience a higher rate of temporary reunification than non-FATC parents and it could be that trial home visits lead to permanent reunification in some cases. A future study with a larger sample size is suggested as it could more powerfully examine the nuances of the child welfare placement and reunification data.

Child Welfare Outcome #4: Do FATC parents experience less foster care recidivism than non-FATC parents?

No. Although testing showed no significant difference in foster care entries, and overall means were relative small for both groups, FATC parents experienced a slightly higher rate of home removal than the comparison group.

Foster care recidivism was defined as any episode leading to a child removal from the home. Within 4 years of program entry (or the equivalent for the comparison), FATC parents had an average of 1.2 new foster care episodes per child compared to 0.5 episodes for the non-FATC parents. Again, this difference was not statistically significant, which may be due, in part, to the small study sample size. An equivalent proportion of FACT parents and comparison group parents had experienced at least 1 child removal from home by 4 years after the entry date. The likelihood of incurring at least 1 child removal was also examined and indicated no significant difference between the groups. One half (50%) of FATC parents experienced at least 1 child removal as compared to nearly half (49%) of non-FATC parents.

These findings, though not statistically significant, suggest that even though the groups were equally likely to encounter at least one home removal, the program group children *may* experience slightly more frequent home removal. Again, this result could be due in part to having more service support, such as regular home visits and substance abuse treatment, which leads to closer oversight of the family and increases likelihood that grounds for child removal, even temporarily, may be identified over time. A future study with a larger sample size could serve to highlight what, if any, significant impact the program has on reducing foster care recidivism for children.

CRIMINAL JUSTICE OUTCOMES

Criminal Justice Outcome #1: Do FATC parents have fewer subsequent arrests than non-FATC parents? Are program participants arrested less often than non-participants?

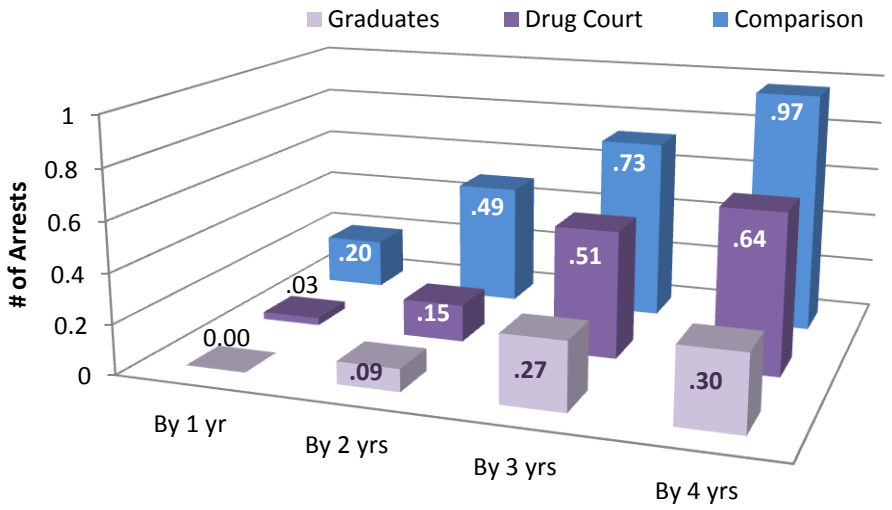
Yes. FATC parents were re-arrested less often than the comparison group.

T-tests indicated that FATC parents had significantly[37] fewer arrests than non-FATC parents for the first 2.5 years from program entry (or proxy entry for comparison group). Though not significant, the program group also had fewer arrests than the comparison group in the third and fourth years from entry. Figure 5 illustrates the average number of re-arrests for the first 4 years after entering the drug court program for FATC graduates, all FATC participants, and the comparison group.

[37] Mean number of cumulative arrests by year 2.5 was significantly lower for FATC parents, $t(82) = 2.40$, $p < .05$.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure 5. FATC Participants Were Re-Arrested Less Often than Non-FATC Participants Over 4 Years



Note: N sizes at 1 to 3 years: Graduates n = 22, All Drug Court Participants n = 39, Comparison Group n = 49; N sizes at 4 years: Graduates n = 20, All Drug Court Participants n = 36, Comparison Group n = 39.

As demonstrated in Figure 5, FATC participants had fewer re-arrests than the comparison group at up to 4 years after drug court entry. Overall, the mean number of arrests was fairly low across both groups (with a range of 0 to .97). While this difference was statistically significant for up to 2.5 years from post drug court entry, ($p < .05$) it lacked significance[38] by 4 years from entry. However, univariate analysis of the mean arrests by 4 years after entry highlighted a trend[39] towards FATC parents having significantly fewer arrests than the comparison group. FATC participation had a significant effect on recidivism at 4 years, even when controlling for age, race/ethnicity, prior treatment, and prior arrests. The number of prior arrests also had a significant effect on 4th year recidivism across the groups, with individuals having more arrests prior to their program entry (or equivalent) also more likely to have greater recidivism post entry. These findings indicate that the program helps reduce recidivism in the first 2 years after entry, and that the program *may* contribute to long-term (4 years and later) recidivism reductions for FATC participants compared to non-FATC parents. In keeping with national patterns, prior criminality appears to be a predictor of long-term recidivism outcomes in this study sample. These findings illuminate the relevance of the FATC program as a mitigating factor (alongside prior criminality) in long-term reductions in recidivism.

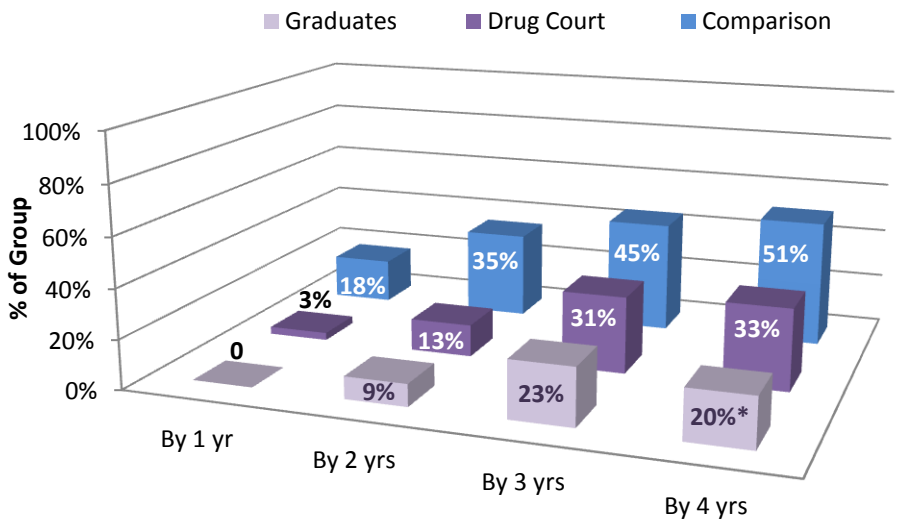
Recidivism rates, the percent of individuals re-arrested out of the total, were also significantly[40] lower for drug court participants for the first 2.5 years post entry (See Figure 6) and, while lower at 3 and 4 years, the difference was not significant. In the first year post drug court entry, no graduates were re-arrested and only 3% of FATC parents overall were re-arrested, compared to 18% of the non-FATC parents. By the 4th year, 20% of the graduates and 33% of all FATC participants were re-arrested, while 51% of non-FATC parents were re-arrested. A logistic regression analy-

[38] $t(73) = 1.25$, $p = .217$
[39] ANCOVA corrected model: $F(5, 56) = 2.26$, $p = .061$
[40] Chi-square at 1-year post-entry: $\chi^2(1, N = 88) = 5.38$, $p < .05$; at 2.5 years post-entry: $\chi^2(1, N = 88) = 4.13$, $p < .05$

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

sis[41] of 4th year recidivism rates showed that FATC participation had a significant effect on recidivism rate[42], even when controlling for age, race/ethnicity, prior treatment, prior and criminality. Additionally, prior arrests (p = .038) and prior treatment (p = .013) significantly impacted 4th year recidivism rates. These findings echo the 4th year analysis of number of arrests, indicating that FATC participation contributes to lower long-term recidivism rates. Considering the groups for this evaluation are relatively small, a future study with a larger sample may shed additional light on long-term the impacts of FATC participation on recidivism rates.

Figure 6. Fewer FATC Participants Were Re-Arrested than the Comparison Group Over 4 Years



Note: N sizes at 1 to 3 years: Graduates n = 22, All Drug Court Participants n = 39, Comparison Group n = 49; N sizes at 4 years: Graduates n = 20, All Drug Court Participants n = 36, Comparison Group n = 39.

* Though the recidivism rates are cumulative at each time point, the 4th year percentage of graduates is lower than the 3rd year, due to the fact that fewer people were included in the 4th year analysis (a subgroup).

To present a more descriptive picture of the criminality of the groups, arrests were coded as felony or misdemeanor arrests, based on the most serious charge associated with each arrest. T-test analysis showed that in the 2 years following drug court entry, FATC participants had significantly[43] fewer felony arrests than the comparison group and at 4 years there was a strong trend (p = .053) indicating FATC parents had fewer felony arrests (.22) than comparison group parents (.59). In addition, there was no significant difference in felony arrests for FATC graduates and non-graduates across all 4 years, though the means were slightly higher for those unsuccessful in the program. These findings demonstrate that involvement in the program, regardless of exit status, is associated with a reduction in felony-level criminality. There has been some question about whether drug court programs, which redirect offenders from incarceration into treatment, endanger public safety. These findings demonstrate that involvement in the program, regardless of exit status, is associated with a reduction in crime compared to traditional court processing.

[41] Logistic Regression at 4-years post-entry: $\chi^2(5,N = 62) = 15.34$, $p < .05$
[42] Reported significance of main effects is based on the Wald criterion, $p < .05$.
[43] t-test at 1 year: $t(48) = 2.69$, $p < .05$; at 2 years: $t(63) = 2.17$, $p < .05$

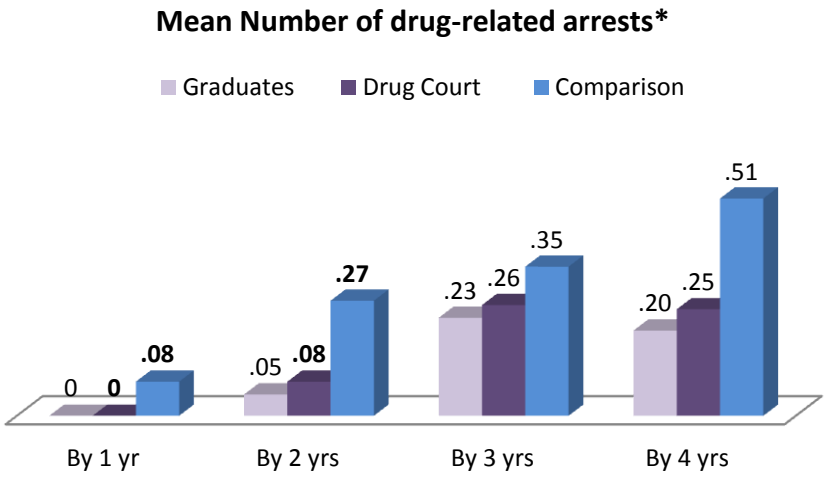
This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Criminal Justice Outcomes #2: Do FDC parents have fewer subsequent arrests with drug charges than non-FDC parents?

Yes – in the first 2.5 years. FATC participants had significantly fewer re-arrests with drug charges than the comparison group in the first 2 ½ years, thought the difference was not significant at later time points.

At 1 year after program entry, FATC participants had significantly[44] fewer drug related re-arrests than individuals in the comparison group and there was a strong trend towards significance (p = .055) at 2 years post entry (See Figure 7). Though not significant, the 3 and 4 year averages for FATC parents were lower than non-FATC parents. FATC graduates had fewer drug-related arrests than non-graduates over all 4 years (though the difference was not significant). These findings suggest that participation in FATC is associated with a reduction in substance use and drug-related crimes for the first 2 ½ years after entry but further study with a larger sample size may be needed to fully assess long-term (4 year) drug-related recidivism.

Figure 7. FATC Parents Had Fewer Re-Arrests With Drug Charges than Non-FATC Parents



Note: N sizes at 1-3 year: Graduates n = 22, All Drug Court Participants n = 39, Comparison Group n = 49;
N sizes at 4 years: Graduates n = 17, All Drug Court Participants n = 36, Comparison Group n = 39.
* Though the recidivism rates are cumulative at each time point the 4th year group was comprised of fewer individuals, causing the mean number of arrests for program participants to be less than the previous 3 years.

[44] t-test at 1 year: $t(48) = 2.07$, $p < .05$; at 2 years: $t(70) = 1.95$, $p = .055$

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Outcome Evaluation Summary

The outcome analyses were based on a cohort of FATC participants who entered the drug court program from January 1, 2006, through July 31, 2008, and a comparison group of offenders eligible for the FATC program but who received the traditional family court process.

Overall, the results of the outcome analysis for the Marion County FATC program are very positive. Compared to child welfare involved parents who experienced traditional family court processes, the FATC participants (regardless of whether they graduated from the program):

- Spent more time in treatment (within the first year from program entry) than non-FATC parents.
- Were more likely to successfully complete treatment: Twice as many FATC parents completed treatment than non-FATC parents.
- Experienced less termination of parental rights in the 4 years after program entry. Nearly 40% of the comparison group experienced one or more termination of parental rights as compared to only 13% of the FATC participants.
- Had fewer out-of-home adoptions in the 4 years after program entry. Over one quarter of the comparison group lost custody of one or more children to out-of-home adoption as compared to only 5% of the FATC program group.
- Were significantly less likely to be re-arrested up to 2 ½ years from program entry. Additionally, a trend-level univariate analysis indicated that even when controlling for age, race/ethnicity, prior treatment and prior arrests, FATC participation contributed to reductions in criminal justice recidivism beyond 2 ½ years.
- Had significantly reduced re-arrests with drug charges in the first 2 ½ years from program entry.

Further analyses showed that the FATC program is keeping participants in the program during the intended 12-18 month length of the program, but that graduates were significantly more likely to spend longer (18 months) in the program. The amount of time spent in the FATC program was a predictor of program completion. These findings suggest that participants benefit from longer time in the program. The graduation rate for the FATC program is 56%, which is slightly higher than the national average (50%) for all drug treatment courts.

Overall, the drug court program has been successful in its main goals of reducing drug use and recidivism among its participants and increasing public and child safety.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

REFERENCES

Andrews, D., & Bonta, J. (2010). *The Psychology of Criminal Conduct* (5th Ed.). New Providence, NJ: LexisNexis.

Barnoski, R. (2004). Outcome Evaluation of Washington State's Research-Based Programs for Juveniles. Olympia, WA: Washington State Institute for Public Policy.

Bhati, A. S., Roman, J. K. & Chalfin, A. (2008). *To treat or not to treat: Evidence on the prospects of expanding treatment to drug-involved offenders.* Washington, DC: The Urban Institute.

Bourgon, G., Bonta, J., Rugge, T., Scott, T-L, & Yessine, A. K. (2010). The role of program design, implementation, and evaluation in evidence-based 'real world' community supervision. *Federal Probation, 74*(1), 2-15.

Burrus, S. W. M., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: Child Welfare Cost Savings of a Family Drug Court*, Juvenile and Family Court Journal, 62*(3), 1-14.

Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: A cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice, 20*(3), 315-338.

Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs.* Submitted to the U. S. Department of Justice, National Institute of Justice, May 2008. NIJ Contract 2005M114.

Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits, Phase II: Testing the methodology, final report.* Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.

Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What Works? The 10 Key Components of Drug Courts: Research Based Best Practices. *Drug Court Review, 8*(1), 6-42.

Carey, S. M., & Perkins, T. (2008). *Methamphetamine Users in Missouri Drug Courts: Program Elements Associated with Success*, Final Report. Submitted to the Missouri Office of the State Court Administrator, November 2008.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010a). Marion County Fostering Attachment Treatment Court Process, Outcome and Cost Evaluation, Final Report. Submitted to the Oregon Criminal Justice Commission and the U.S. Department of Justice Bureau of Justice Assistance, June 2010.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M., & Aborn, J. A. (2010b). Jackson County Community Family Court Process, Outcome and Cost Evaluation, Final Report. Submitted to the Oregon Criminal Justice Commission and the U.S. Department of Justice Bureau of Justice Assistance, June 2010.

Carey, S. M., & Waller, M. S. (2011). *Oregon Drug Courts: Statewide Costs and Promising Practices.* Submitted to the Oregon Criminal Justice Commission and the U.S.D.O.J. Bureau of Justice Assistance.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Carey S. M., Waller, M. S., & Weller, J. M. (2011). *California Drug Court Cost Study: Phase III: Statewide Costs and Promising Practices, final report.* Submitted to the California Administrative Office of the Courts.

Center for Substance Abuse Treatment (2004). *Family dependency treatment courts: Addressing child abuse and neglect cases using the drug court model*. Bureau of Justice Assistance: Washington, DC.

Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives.* American University Web site: http://spa.american.edu/justice/publications/execsum.pdf

Donovan B., Padin-Rivera, E., & Kowaliw, S. (2001). "Transcend": Initial outcomes from a posttraumatic stress disorder/substance abuse treatment program. *Journal of Traumatic Stress, 14*(4), 757–772.

Edwards, L. P., & Ray, J. A. (2005). Judicial Perspectives on Family Drug Treatment Courts, *Juvenile and Family Court Journal, Summer 2005.*

Finigan, M. W. (1996). *Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon*. Submitted to the Office of Alcohol and Drug Abuse Programs.

Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs.* Final report submitted to the U. S. Department of Justice, National Institute of Justice, July 2007. NIJ Contract 2005M073.

Green, B. L., Furrer, C. J., Worcel, S. D., Burrus, S. W. M., & Finigan, M. W. (2007). How Effective Are Family Treatment Drug Courts? Results from a Four-Site National Study. *Child Maltreatment 12*(1), 43-59.

Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2005). The Baltimore City Drug Treatment Court: 3-year outcome study. *Evaluation Review, 29*(1), 42-64.

Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2006). Long-term effects of participation in the Baltimore City drug treatment court: Results from an experimental study. *Journal of Experimental Criminology, 2*(1), 67-98.

Government Accounting Office (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes.* http://www.gao.gov/new.items/d05219.pdf, February 2005 Report.

Harrell, A., & Goodman, A. (1999). Review of specialized Family Drug Courts: Key issues handling child abuse and neglect cases. Department of Justice: Washington, DC.

Harwin, J., Ryan, M., Tunnard, J., Pokhrel, S., Alrouh, B., Matias, C., & Momenian-Shneider, S. (2011, May). *The Family Drug and Alcohol Court (FDAC) evaluation project final report*. London: Brunel University. Available at http://www.brunel.ac.uk/__data/assets/pdf_file/0017/91340/fdac_final_report.pdf

Huddleston, W., & Marlowe, D. B. (2011). Painting the current picture: A national report on drug courts and other problem -solving court programs in the United States. Alexandria, VA: The National Drug Court Institute.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Latessa, E. J., & Lowenkamp, C. (2006). What works in reducing recidivism? *University of St. Thomas Law Journal, 3*(3), 521-535.

Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., et al. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues, 31*(1), Winter 2001, 7-26.

Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior, 27*(4), 495-528.

Marlowe, D. B. (2010, December). Research update on adult drug courts. National Association of Drug Court Professionals. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.

Marlowe, D. B., & Carey, S. M. (2012). Research update on family drug courts. Retrieved on July 2, 2012, from http://www.ndcrc.org/sites/default/files/reseach_update_on_family_drug_courts_-_nadcp.pdf. Publication of the National Association of Drug Court Professionals.

Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching Judicial Supervision to Client Risk Status in Drug Court. *Crime and Delinquency, 52*(1), 52-76.

Miller, W., Wilbourne, P., & Hettema, J. (2003). What works? A summary of alcohol treatment outcome research. In Hester, R., & Miller, W. (eds.) Handbook of alcoholism treatment approaches: Effective alternatives, 3rd edition. Boston, MA: Allyn and Bacon.

National Association of Drug Court Professionals Drug Court Standards Committee (1997). Defining drug courts: The key components. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.

NDCRC (2013). How many drug courts are there? http://www.ndcrc.org/node/348. Retrieved May 30, 2013.

Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare, 90*(1), 25–41.

Roche, B. K. (2005, April). Montana Drug Treatment Courts. Presented at the Eastern Montana Meth Summit, Miles City, MT.

SAMHSA/CSAT Treatment Improvement Protocols (1994). TIP 8: Intensive outpatient treatment for alcohol and other drug abuse. Retrieved October 23, 2006, from http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.28752

Wilson, D. B., Mitchell, O., & MacKenzie, D. L. (2006). A systematic review of Drug Court effects on recidivism. *Journal of Experimental Criminology, 2*, 459-487.

Zeller, D., Hornby, H., & Ferguson, A. (2007, January). Evaluation of Maine's Family Treatment Drug Courts: A preliminary analysis of short- and long-term outcomes. Portland, ME: Hornby Zeller Associates.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

APPENDIX A: GUIDE FOR USE OF NPC DRUG COURT EVALUATION REPORTS

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Brief Guide for Use of NPC Assessment and Technical Assistance Reports

The 10 Key Component assessment results can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

When you receive the results:

- **Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- **Set up a meeting** with your team and steering committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- **Contact NPC Research** if you would like research staff to be available by phone to answer questions.
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

Format for reviewing recommendations:

Recommendation: Copy the recommendations from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to recommendation: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Indicate the following:

- 1. This recommendation will be accepted. (see next steps below)
- 2. Part of this recommendation can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- 3. This recommendation cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
- Task: (make sure tasks are specific, measurable, and attainable)
- Deadline or review date: (e.g., June 10th) The dates for some tasks should be soon (next month, next 6 months, etc.); others (for longer term goals for example) may be further in the future.
- Who will review: (e.g., advisory board will review progress at their next meeting)

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- **Contact NPC Research** after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.
- **Contact NPC Research** if you would like to hold a conference call with or presentation to any key groups related to the study findings.
- **Request technical assistance or training as needed** from the Supreme Court of Ohio Specialized Dockets Section, NADCP/NDCI or other appropriate groups.
- **Add task deadlines to the agendas of future steering committee meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

APPENDIX B: SAMPLE OF DRUG COURT REWARD AND SANCTION GUIDELINES

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

SANCTIONS

I. Testing positive for a controlled substance

- Increased supervision
- Increased urinalysis
- Community service
- Remand with a written assignment
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Write an essay about your relapse and things you will do differently
- Write and present a list of why you want to stay clean and sober
- Write and present a list of temptations (people, objects, music, and locations) and what you plan to put in their place.
- Make a list of what stresses you and what you can do to reduce these stresses.
- Residential treatment for a specified period of time (for more than 2 positive tests)
- Additional individual sessions and/or group sessions
- Extension of participation in the program
- Repeat Program Phase

GOAL:

- Obtain/Maintain Sobriety

II. Failing or refusing to test

- Increased supervision
- Increased urinalysis
- Remand with a written assignment
- Increased court appearances (If in Phase II-IV)
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Residential treatment for a specified period of time
- Extension of participation in the program
- Repeat Program Phase

GOAL:

- Obtain/Maintain Sobriety and Cooperation to comply with testing requirements

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

III. Missing a court session without receiving prior approval for the absence

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

GOAL:

- Responsible Behavior and Time Management

IV. Being late to court, particularly if consistently late with no prior approval from the Court or Case Manager

- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program

GOAL:

- Responsible Behavior

V. Failure to attend the required number of AA/NA meetings or support group meetings

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Written assignment on the value of support groups in recovery.
- Additional individual sessions and/or group sessions

GOAL:

- Improved Treatment Outcome

VI. Failure to attend and complete the assigned treatment program

- Increased supervision
- Community service
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

TREATMENT RESPONSE:

- One or more weeks set back in previous Phase for additional support
- Attend Life Skills Group
- Residential treatment for a specified period of time (consist occurrence)
- Additional individual sessions and/or group sessions

GOAL:

- Improved Treatment Outcome

VII. Demonstrating a lack of response by failing to keep in contact and/or cooperate with the Case Manager or Counselor

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

TREATMENT RESPONSE:

- Make up missed sessions
- Review treatment plan to ensure clients needs are being met
- Additional individual sessions and/or group sessions

GOAL:

- Demonstrate respect and responsibility

VIII. Convicted of a new crime

- Increased supervision
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Incarceration
- Discharge from the program

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOAL:

- To promote a crime free lifestyle

IX. Violence or threats of violence directed at any treatment staff or other clients

- Discharge from the program

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

X. Lack of motivation to seek employment or continue education

- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOALS:

- Graduation and Job Preparedness

XI. Refusing to terminate association with individuals who are using

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOALS:

- Develop a social network with clean and sober friends

XII. Failure to comply with court directives

- Increased supervision
- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Remand into custody all free time
- Written assignment

GOALS:

- Develop a social network with clean and sober friends

XIII. Lack of motivation to seek safe housing

- Increased supervision
- Community service
- Written assignment

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

XIV. Forging documentation required by the court for proof of compliance

- Incarceration
- Discharge from the program

(If it appears to the prosecuting attorney, the court, or the probation department that the defendant if convicted of a misdemeanor that reflects the defendant's propensity for violence, or the defendant is convicted of a felony, or the defendant has engaged in criminal conduct rendering him or her unsuitable for participation in Drug Treatment Court, the prosecuting attorney, the court on its own, or the probation department may make a motion to terminate defendant's conditional release and participation in the Drug Treatment Court. After notice to the defendant, the court shall hold a hearing. If the court finds that the defendant has been convicted of a crime as indicated above, or that the defendant has engaged in criminal conduct rendering him or her unsuitable for continued participation in Drug Treatment Court, the court shall revoke the defendant's conditional release, and refer the case to the probation department for the preparation of a sentencing report.)

REWARDS

If the participant complies with the program, achieves program goals and exhibits drug -free behavior, he/she will be rewarded and encouraged by the court through a series of incentives. Participants will be able to accrue up to 50 points to become eligible to receive a reward. After accruing 50 points, the participant will start over in point accrual until he/she reaches 50 points again. The points are awarded as follows:

Achievement	Points Awarded
Step Walking (12 step)	3
All required AA/NA Meetings Attended	1
AA/NA Sheet turned in on time	1
Attended all required treatment activities at the program	1
Phase Change	5
3 Month Chip	2
6 Month Chip	4
9 Month Chip	6
1 year Chip	8
Obtained a job (part time)	3
Obtained a job (full time)	5
Graduated from Vocational Training	5
Obtained a GED	5
Graduated from Junior College	5
Obtained a Driver’s License	4
Bought a Car	4
Obtained Safe Housing (Renting)	4
Obtained Safe Housing (Buying)	5
Taking Care of Health Needs	3
Finding A Sponsor	3
Helping to interpret	1

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

- Promotion/raise at work 3
- Obtaining MAP/Medi-Cal/Denti-Cal 3
- Parenting Certificate 2
- Judge's Discretion 1 to 5

Incentive items that are given to the participants (upon availability) include but are not limited to:

- Bus passes
- A donated bicycle that may b kept for the duration of time in Drug Court. After completion of drug court, the bicycle must be returned. (A terminated participant must return the bicycle forthwith.)
- Pencils, key chains: awarded for Phase changes
- Personal hygiene products
- Framing any certificate of completion from other programs, or certificates showing length of sobriety
- Haircuts
- Eye Wear
- Movie Passes
- Food Coupons

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

APPENDIX C: LIST OF POSSIBLE PROGRAM RESPONSES INCLUDING REWARDS AND SANCTIONS

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Examples of Rewards and Sanctions Used By Other Drug Courts

Drug Court Responses to Participant Behavior (Rewards and Sanctions)
Ideas and Examples

The purpose of rewards and sanctions in drug court programs is to help shape participant behavior in the direction of drug court goals and other positive behaviors. That is, to help guide offenders away from drug use and criminal activity and toward positive behaviors, including following through on program requirements. Drug court teams, when determining responses to participant behavior, should be thinking in terms of behavior change, not punishment. The questions should be, "What response from the team will lead participants to engage in positive, pro-social behaviors?"

Sanctions will assist drug court participants in what *not* to do, while rewards will help participants learn they *should* do. Rewards teach that it can be a pleasant experience to follow through on program requirements and in turn, to follow through on positive life activities. It is important to incorporate both rewards and sanctions.

Below are some examples of drug court team responses, rewards and sanctions that have been used in drug courts across the United States.

Rewards

NO COST OR LOW COST REWARDS

- ❑ Applause and words of encouragement from drug court judge and staff
- ❑ Have judge come off the bench and shake participant's hand.
- ❑ Photo taken with Judge
- ❑ A "Quick List." Participants who are doing well get called first during court sessions and are allowed to leave when done.
- ❑ A white board or magnetic board posted during drug court sessions where participants can put their names when they are doing well. There can be a board for each phase so when participants move from one phase to the next, they can move their names up a phase during the court session.
- ❑ Decrease frequency of program requirements as appropriate—fewer self-help (AA/NA) groups, less frequent court hearings, less frequent drug tests.
- ❑ Lottery or fishbowl drawing. Participants who are doing well have their names put in the lottery. The names of these participants are read out in court (as acknowledgement of success) and then the participant whose name is drawn receives a tangible reward (candy, tickets to movies or other appropriate events, etc.)
- ❑ Small tangible rewards such as bite size candies
- ❑ Key chains, or other longer lasting tangible rewards to use as acknowledgements when participants move up in phase
- ❑ More visitation with children

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Higher cost (generally tangible) rewards

- ❑ A top for participants' children
- ❑ Fruit (for staff that would like to model healthy diet!)
- ❑ Candy bars
- ❑ "The Basket" which is filled with candy bars—awarded drug court session when participant is doing everything "right"
- ❑ Coffee bucks
- ❑ Gift certificates for local stores
- ❑ Scholarships to local schools
- ❑ Tokens presented after specified number of clean days given to client by judge during court and judge announces name and number of clean days
- ❑ Swimming pass to local pool

Responses to (and Sanctions for) Non-Compliant Behaviors

- ❑ Require participants to write papers or paragraphs appropriate to their non-compliant behavior and problem solve on how they can avoid the non-compliant behavior in the future.
- ❑ "Showing the judge's back." During a court appearance, the judge turns around in his or her chair to show his/her back to the participants. The participant must stand there waiting for the judge to finish their interaction. (This appears to be a very minor sanction but can be very effective!)
- ❑ Being reprimanded by the judge
- ❑ "Sit sanctions." Participants are required to come to drug court hearings (on top of their own required hearings) to observe. Or participants are required to sit in regular court for drug offenders and observe how offenders are treated outside of drug court.
- ❑ Increasing frequency of drug court appearances
- ❑ Increasing frequency of self-help groups, (for example, 30 AA/NA meetings in 30 days or 90 AA/NA meetings in 90 days).
- ❑ Increasing frequency of treatment sessions (This is a treatment response and should never be used as a sanction).
- ❑ One day or more in jail. (Be careful, this is an expensive sanction and is not always the most effective!)
- ❑ "Impose/suspend" sentence. The judge can tell a participant who has been non-compliant that he or she will receive a certain amount of time in jail (or some other sanction) if he or she do not comply with the program requirements and/or satisfy any additional requirements the staff requests by the next court session. If the participant does not comply by the next session, the judge imposes the sentence. If the participant does comply by the next session, the sentence is "suspended" and held over until the next court session, at which

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

time, if the participant continues to do well, the sentence will continue to be suspended. If the participant is non-compliant at any time, the sentence is immediately imposed.

- Community service. The best use of community service is to have an array of community service options available. If participants can fit their skills to the type of service they are providing and if they can see the positive results of their work, they will have the opportunity to learn a positive lesson on what it can mean to give back to their communities. Examples of community service that other drug courts have used are: helping to build houses for the homeless (e.g., Habitat for Humanity), delivering meals to hungry families, fixing bikes or other recycled items for charities, planting flowers or other plants, cleaning and painting in community recreation areas and parks. Cleaning up in a neighborhood where the participant had caused harm or damage in the past can be particularly meaningful to the participants.
- Rather than serve jail time, or do a week of community service, the participant works in the jail for a weekend.
- Residential treatment

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

APPENDIX D: DATA ELEMENTS LIST

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Data Elements Worksheet

DRUG COURT PROGRAM DATA

	Variable/Data element	Where located/ who collects? (electronic/ written records?)	When agency began collecting or plans to begin?	Notes
	DEMOGRAPHICS & ID (collect from all possible sources)			
1a	Name			
2	SSN, state ID, FBI ID, DL#, DC case number, state TX number			
2a	o Birth Date			
2b	o Gender			
2c	o Race/Ethnicity			
	CLIENT INFORMATION			
2d	o Employment status at drug court entry			
2e	o Employment status at drug court exit			
2f	o Highest grade of school completed at time of drug court entry			
2g	o Number and ages of children			
2h	o Housing status at entry			
2i	o Housing status at exit			
2j	o Income at entry (if self-supporting)			
2k	o Income at exit (if self-supporting)			
2l	o Other demographics			
	DRUG COURT SPECIFIC DATA			
3	Drug court entry date			
4	Drug court exit date			
5	Date of drug court eligible arrest /open juvenile court case/complaint			
5a	Charge for DC arrest (if applicable)			
5b	Arresting agency (if applicable)			
6	Child welfare court case number for case leading to drug court participation			
7	Date of referral to drug court program and referral source			

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

	Variable/Data element	Where located/ who collects? (electronic/ written records?)	When agency began collecting or plans to begin?	Notes
8	Drug court status on exit (e.g., graduated, revoked, terminated, dropped out)			
9	If participation in drug court is revoked or terminated, reason			
10	Dates of entry into each phase			
11	Criminal/Juvenile justice status on exit (e.g., on probation, charge expunged, etc., if applicable)			
12	Dates of UAs			
13	Dates of positive UAs			
14	Dates of other drug tests			
15	Dates of other positive drug tests			
15a	Agency providing test results			
16	Drugs of choice (primary and secondary)			
17	Dates of drug court sessions			
18	Attitude toward treatment/readiness to change at entry			
19	Dates of services received with types of service received (see examples below) [Note: If dates not available, at least need different types of services rec'd and approximate time periods or the # of times the individual received a particular service].			
19a	o Group A&D sessions			
19b	o Individual A&D sessions			
19c	o Mental health services			
19e	Agency providing A&D TX			
20	Mental health or A&D diagnoses			
21	Aftercare services (dates and types), if applicable			
22	Dates of re-arrests/re-referrals during program participation			
23	Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation			
24	Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation			

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

	Variable/Data element	Where located/ who collects? (electronic/ written records?)	When agency began collecting or plans to begin?	Notes
25	Other noncompliant behavior (types, dates) during program participation			
26	Probation violations during program participation			
27	Rewards and sanctions (dates, types, and duration)			
27a	Detention/jail time as a sanction			
28	Child welfare case disposition during program participation (e.g., permanency and dates)			

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.