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Family Treatment Drug Court Evaluation Final Phase I Study Report



Submitted to:

**Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services**

Submitted by:

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June 2006



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June 2006



*Human services research designed to promote effective decision-making by
policymakers at the national, state and community levels*

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EXECUTIVE SUMMARY

This report presents the final analysis of Phase I of the Family Treatment Drug Court Evaluation. Family Treatment Drug Courts (FTDCs) are programs designed to work with parents who are involved with the child welfare system and who also have a substance abuse problem. The Family Treatment Drug Court Evaluation, funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, is a 4-year study conducted by NPC Research aimed at investigating the short- and long-term child welfare and treatment outcomes for families involved with these innovative programs. There are four study sites participating in this evaluation: San Diego County, CA; Santa Clara County, CA; Suffolk County, NY; and Washoe County, NV.

This report includes two sets of analyses that begin to shed light on the experiences and characteristics of families participating in FTDCs¹, and how these experiences and characteristics may influence their child welfare, treatment, and court case outcomes. Two sets of analyses are presented. The first set of analyses explores the treatment and child welfare outcomes for parents processed through FTDCs compared to parents receiving traditional child welfare case processing. The second set of analyses examines the relationship between selected drug court factors (e.g., how quickly parents enter FTDCs, whether they graduate from FTDC) and substance abuse treatment factors (e.g., how



quickly parents enter treatment, whether they complete treatment) on case outcomes.

Overview of Study Design

The FTDC Evaluation consists of two parts. Phase I examined approximately 50 drug court system cases and 50 comparison cases; an additional 50 SARMS cases in San Diego) at each site, for a total of 451 cases. The Phase I design called for collecting archival administrative data on past participants in the FTDCs and similar comparison group cases, and included information about placement changes and types of placements for the children involved in the cases; treatment services and outcomes received by the parents; case lengths and case resolutions; and demographic and background information about the parents and children involved with the cases. Phase I involved the collection of 5 years of data (beginning at case inception) for each cases. This longitudinal data collection allowed for an examination of long-term outcomes (most notably child welfare and substance abuse treatment recidivism) for families involved with FTDCs as compared with comparison group families.

In addition, NPC designed and is implementing Phase II, which involves following a prospectively recruited cohort of over 2,000 families over time and includes parent interviews with a subset of families in addition to

¹ In the San Diego site, some families participated in the Substance Abuse Recovery Management System (SARMS), the first tier of their program model. For simplicity's sake, we use the term FTDC to refer to parents participating in either a family drug court or the SARMS program.

administrative data collection. Phase II data collection will be completed in September 2006, and the Phase II report will be published in March 2007.

Do Drug Courts Work? Drug Court Outcome Analysis

Family Treatment Drug Courts may be expected to influence outcomes in three systems: child welfare, substance abuse treatment, and the family/dependency courts. Below we summarize outcomes in these areas.

CHILD WELFARE OUTCOMES

- In one of the study sites, FTDC children reached permanent placement significantly faster than comparison children. While this outcome did not reach statistical significance in the other study sites, the overall difference between FTDC and comparison group cases across all sites was significant.
- In one of the study sites, parents were more likely to be reunified with their children, and in another site, FTDC parents were less likely to have terminations of parental rights than comparison group parents. While these outcomes did not reach statistical significance in the other study sites, the overall difference between FTDC and comparison group parents across all study sites was significant.

TREATMENT OUTCOMES

Getting parents into substance abuse treatment, increasing the time they stay in treatment and increasing the proportion that complete treatment are critical goals of the Family Treatment Drug Court model. The study sites demonstrate considerable success in meeting these goals.

- For all four sites, a larger percentage of parents in the FTDC group entered treatment at least once, and for two of the sites there were more total treatment episodes for the FTDC groups.

- FTDC parents entered treatment significantly faster than comparison parents at three of the four study sites, and not surprisingly, the overall difference between FTDC and comparison group parents across all sites was significant.
- In three of the study sites, drug court system parents remained in treatment significantly longer than parents in the comparison group, and again, not surprisingly, the overall difference between FTDC and comparison group parents across all sites was significant.
- In two of the study sites, a significantly higher proportion of drug court system parents completed treatment, and the overall difference between FTDC and comparison group parents across all sites was significant.

These are extremely positive outcomes, and suggest that Family Treatment Drug Courts are having success in supporting parents to enter and remain in substance abuse treatment.

COURT SYSTEM OUTCOME

The primary outcome for the court system investigated was the amount of time the cases take to reach final court case closure.

- The findings regarding time to court case closure was more mixed than the child welfare and treatment findings. In one study site, the FTDC cases were significantly shorter than the comparison group cases, and there were no significant differences in this outcome at the other three study sites. However, the overall difference between FTDC and comparison group cases across the four sites was significant.

RECIDIVISM OUTCOMES

To examine recidivism, the following data were collected for those cases that had reached court case closure: number of subsequent open child welfare cases, number of

subsequent out-of-home placements, and number of subsequent terminations of parental rights. In addition, the number, length, and outcome of subsequent treatment episodes were collected. Overall, the rate of recidivism was extremely low in both groups, both for relapse into the child welfare recidivism and in into treatment. There were no significant differences between the groups on the recidivism outcomes, though in some cases statistical significance testing was not possible given the extremely small number of parents with recidivism.

CONCLUSIONS

Based on the data reported here, it appears that FTDCs may be successful in improving the rate of substance abuse treatment entry, retention, and completion for parents involved with the child welfare system, although there is some cross-site variation. Influence on permanency is more mixed, although perhaps with good reason. Although treatment is critical for parents with substance abuse issues who are involved with the child welfare system, treatment is typically not the only issue that these parents must address to provide a safe home for their children. Issues such as unemployment, homelessness, mental illness, and criminal involvement, among others, have the potential to affect the likelihood of reunification. Further, the data suggest that FTDCs are most successful at securing *entry* into treatment; retention and completion outcomes are more mixed. It is likely that decisions related to reunification of children with their parents hinge more on parents' successful completion of treatment than simply entry. At the same time, from the perspective of substance abuse recovery, it is a significant victory to support a parent to even walk through the door of a treatment agency, and the importance of this finding should not be minimized.

The findings on time to permanency and time to case closure were also mixed; in some in-

stances, it appears that drug court system cases take longer to reach permanency than comparison cases. However, this result may not ultimately bode poorly for drug court system parents. While certainly preventing "foster care drift" and extended periods in substitute care is an important issue, it seems logical that if drug court system parents are taking steps towards recovery and case plan completion (as suggested by the treatment entry data), judges may be more likely to postpone permanency decisions until an informed decision about whether the parent will be able to provide a safe home can be made. Conversely, judges may move quickly to terminate rights or make other permanent arrangements for parents who do not enter treatment, which is significantly more likely in the comparison group. Both of these factors may account for some drug court system cases taking more rather than less time to reach resolution.

What Makes Drug Courts Work? Unpacking the "Black Box" of Drug Courts

Previous reports of the retrospective study findings have focused on impact analyses of the influence of FTDCs on expected outcomes, with small modifications to the findings based on each year's additional data collection. This year, because we do not expect the updated data to substantially alter the outcomes reported in the 2003 report, we have conducted analyses that begin to address a somewhat different set of research questions. Many of the research questions addressed in this report are questions posed by the study sites themselves. The focus of these questions, rather than simply to compare outcomes between drug court and comparison cases, is to understand the moderating and mediating variables that may influence ultimate case outcomes. These new questions can be grouped into two primary categories:

1. The relationship between drug court factors and outcomes, specifically:

- a. Is there a relationship between how quickly parents enter the FTDC program and treatment and child welfare outcomes?
- b. Is there a relationship between length of time spent in the FTDC and treatment and child welfare outcomes?
- c. What factors predict the likelihood of drug court graduation?
- d. Is graduation status related to child welfare outcomes?

2. The relationship between treatment factors and outcomes, specifically:

- a. Is there a relationship between how quickly parents enter substance abuse treatment and their treatment and child welfare outcomes?
- b. Is there a relationship between how long parents spend in treatment and child welfare outcomes?
- c. Is there a relationship between completing at least one treatment episode and child welfare outcomes?

Results indicated the following, all of which control for baseline differences in demographic and risk variables:

- Parents who entered drug court more quickly following their petition also tended to enter treatment faster, achieve permanency faster, and have a shorter time to case closure than parents with longer time to drug court entry.
- Parents who remained in drug court longer tended to have longer stays in treatment and longer time to permanent placement, but had a greater likelihood of treatment completion than parents with shorter stays in drug court.
- Parents who spent more days in substance abuse treatment and parents who completed at least one treatment episode were more likely to graduate from drug court than parents with shorter stays in treatment and who did not successfully complete treatment.
- Drug court graduates were more likely to be reunified with at least one child than drug court participants who did not graduate; drug court non-graduates were also more likely than FTDC graduates to have a termination of parental rights with at least one child.
- Parents who entered treatment services more quickly after their petition tended to have longer stays in treatment, more treatment completions, faster times to permanent placement, and shorter cases than parents with longer time to treatment entry.
- Parents who spent more time in treatment were more likely to complete treatment and tended to have longer cases than parents with shorter stays in treatment.
- Parents who completed at least one treatment episode tended to take longer to achieve permanency, and to generally have longer cases, but were also more likely to reunify with their children than parents who did not complete treatment.
- Further, we found that FTDC and comparison group parents were similar on the majority of demographic, risk, and case variables, with a few exceptions:
 - Comparison group parents were more likely to be employed and to have children with educational and behavioral/emotional issues; and

- Drug court parents were more likely to have previous treatment episodes and to have infant children.

CONCLUSIONS

It appears that helping parents to enter the FTDC quickly following the initial petition, and facilitating timely entry into substance abuse treatment services are important initial steps in the recovery process for parents. This is consistent with research and theory that suggests that there are important “windows of opportunity” for motivating parents to enter and remain in treatment. In this case, involvement with child welfare and the family court may act as a “wake up call” to parents, making them more open to actively pursuing treatment. Because these findings control for possible confounding variables, such as parents’ levels of demographic and psychosocial risk, the likelihood that these findings can be explained by attributing better outcomes to parents with fewer risk factors is reduced. That is, it does not appear that parents with less difficult cases are able to enter FTDC and treatment faster, and that their success is due to their lower-risk status rather than the timeliness with which FTDC and treatment services are provided.

Results also point to the importance of remaining in and completing treatment: treat-

ment completion was associated both with the increased likelihood of drug court graduation, and with the increased likelihood of reunification. However, it should also be noted that parents who spent more time in treatment and who completed treatment also tended to have cases that took longer to reach a final permanency decision. It may be that in cases where a parent is having success in treatment but has not fully achieved a stable recovery, judges may be more likely to postpone a final decision about the case until parents’ treatment status is more clear, thus extending the length of the case.

Finally, it should be noted that families who began FTDC services but who failed to successfully graduate had a significantly greater chance of not being reunified with their child(ren) and of having parental rights terminated, compared to the non-FTDC comparison group, even controlling for demographic and social risk. It may be that in these cases, when judges and drug court staff know that these parents are not responding positively despite the increased resources available to them through FTDCs, that judges tend to be less lenient. It may also be that parents who drop out of FTDC differ in other unmeasured ways from comparison group clients.

INTRODUCTION

This report presents findings on child welfare and treatment outcomes of families who participated in Family Treatment Drug Courts compared with families who took part in traditional dependency court processes.² Family Treatment Drug Courts (FTDCs) are programs designed to work with parents who are involved with the child welfare system and who also have a substance abuse problem. The Family Treatment Drug Court Evaluation, funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT), is a 4-year study being conducted by NPC Research aimed at investigating the short- and long-term child welfare and treatment outcomes for families involved with these innovative programs. This report presents the final outcomes of the smaller Phase I preliminary FTDC study. A report on the larger Phase 2 study will be forthcoming in March 2007. In this report, we (1) describe the FTDC model in the four participating sites; (2) describe the study design, (3) present outcomes, both site-specific and cross-site, and (4) present data that explores the relationship between drug court, treatment experiences, and court and child welfare outcomes, including recidivism.

Background of FTDCs

Interest in Family Treatment Drug Courts has grown out of two main areas: 1) the success of adult drug courts and 2) the



negative impact of substance use on families and communities (Cooper & Bartlett, 1998). Adult drug treatment courts were first developed in 1989 in Miami to provide drug and/or alcohol treatment and other services to drug offenders in lieu of incarceration. Research suggests that adult drug courts have been successful in improving treatment outcomes. A recent review of drug court research found that participants in drug courts are more likely to complete drug treatment, have fewer positive urinalysis tests, and are less likely to commit drug-related crimes, compared with similar individuals not processed through drug courts (Belenko, 2001).

At the same time that drug courts have emerged as a popular treatment model within the adult corrections systems, the child welfare system has seen an increasing number of parents whose children are being removed from their custody because of parental substance abuse. Studies indicate that problems with alcohol and drug use are present in 40%-60% of the families known to child welfare agencies (Tracy, 1994). According to a 1988 study by the National Committee for the Prevention of Child Abuse (NCPA), substance abuse was the dominant characteristic in the child abuse caseloads of 22 states and the District of Columbia (Besharov, 1989). Another study found

² We use the term "dependency court" to refer to the court that has jurisdiction over child welfare cases. Some sites use the term "family court" rather than "dependency court," however, for the sake of brevity, we are referring to these courts as dependency courts.

that the most frequent issue reported among families in the child welfare system for every year since 1987 (when data became available) has been drug and alcohol involvement, indicated in 52%-66% of families (Child Welfare Partnership, 1999). Further, alcohol and drug abuse is associated with more severe child abuse and neglect, and is indicated in a large percentage of neglect-related child fatalities (Tracey, 1994).

The passage of landmark child welfare legislation in the form of the federal Adoption and Safe Families Act (ASFA, P. L. 105-89, 1997) increased the challenges faced by substance-abusing parents who attempt to reunite with their children. Prior to passage of this legislation, states were not required to initiate permanency proceedings based on a child's length of stay in foster care. Currently, courts must make a permanent placement for every child who is in temporary foster care 12 months (or 15 of the prior 22 months) after jurisdiction has been established. This legislation was designed to prevent "foster care drift" in which children languished in foster care for years while parents struggled to attain the stability needed to provide the child with a safe home environment. The result, however, is that substance-abusing parents have as little as 1 year in which to attain and demonstrate abstinence from their addiction, or face permanent termination of their parental rights. Given the historically low rates of reunification for families with substance abuse issues, these families are likely to comprise the bulk of families affected by this new legislation (Tracey, 1994).

Family Treatment Drug Courts are one innovative response to the growing concerns about children's safety due to substance abuse, the increase in substance abuse-related cases in child welfare systems, the failure of traditional drug treat-

ment programs to work well for these families, and the requirements set forth by ASFA. FTDCs focus on cases involving parental rights (with the party litigant being the adult) and substance abuse on the part of the parent. Although the types of cases reviewed vary in different courts, FTDCs may include: custody and visitation disputes; abuse, neglect and dependency issues; petitions to terminate parental rights; guardianship proceedings; or other cases involving loss, restriction or limitation of parental rights (Cooper & Bartlett, 1998).

Modeled after adult (criminal) drug courts, FTDCs incorporate many of the same treatment elements, although under a quite different set of circumstances. The basic model, much like adult drug courts, includes regular (often weekly) court hearings, intensive judicial monitoring, provision of substance abuse treatment and other wrap-around services, more frequent drug testing, and rewards and sanctions linked to service compliance. Adult drug courts have been found to be successful in improving treatment outcomes and reducing criminal recidivism, especially for program graduates (Belenko, 2001, 2002; Gottfredson, Najaka, & Kearly, 2003).

The primary goal of Family Treatment Drug Courts is to expedite permanency decisions for children, but more specifically to help parents successfully complete substance abuse treatment and other child welfare service goals in light of the rigorous timelines laid out by ASFA. Additionally, FTDCs are designed to help parents become self-sufficient financially, emotionally, and personally, and to help them develop parenting and coping skills.

As of April 2006, there were 183 FTDCs operating in 43 states in the United States, and more than 100 additional pro-

grams in development (BJA Drug Court Clearinghouse, 2006). These courts serve thousands of substance-abusing parents and their children, and the rapid proliferation of this model makes it likely that many more families will receive FTDC services in the next 5 years. Despite this rapid proliferation, there is currently almost no empirical research that examines the effectiveness of the FTDC model.

FTDCs represent an innovative response to the growing needs of children who are removed from their parents' care due to parental substance abuse. Especially with the advent of the Adoption and Safe Families Act, parents need support to be able to address their substance abuse problems in a timely way. At the same time, children deserve to have the legal process move forward quickly so that they do not spend years in "foster care drift." Research on adult drug courts has found that a model of intensive judicial involvement and monitoring, case management, and wraparound services is effective in helping participants with substance abuse problems. The present study investigates whether this model is effective in the family court context.

Background of the Study

NPC Research is conducting the Family Treatment Drug Court Evaluation, funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). This 4-year project began in October 2002.

STUDY SITES

Four study sites are participating in the evaluation: San Diego County, California; Santa Clara County, California; Suffolk County, New York; and Washoe County, Nevada. Each program is described briefly below.

San Diego County's Dependency Court Recovery Project: San Diego County employs a countywide, two-tiered dependency court system for families with substance abuse issues. San Diego County serves every identified substance-abusing parent involved with the child welfare system in its system-wide reform, called the Dependency Court Recovery Project. All of these parents are referred and provided intensive recovery management services through the Substance Abuse Recovery Management System (SARMS), which is the first tier of the system model. SARMS workers provide case management services to each client, and all clients are assessed and referred to appropriate treatment. Those clients that are noncompliant in SARMS are offered the second tier of the system, which is the Dependency Drug Court. Clients in the Dependency Drug Court receive more intensive case management and services. Approximately 10% of all Tier 1 cases go on to enter the Dependency Drug Court (Tier 2). The Dependency Court Recovery Project provides appropriate treatment to parents, encourages the involvement of Court Appointed Special Advocates, and uses settlement conferences and family group conferences.

Santa Clara County's Dependency Drug Treatment Court: The Santa Clara County Dependency Drug Treatment Court began in 1998 and focuses on substance-abusing parents who are willing to comply with a strict and intensive treatment plan. In addition to providing immediate assessment and referral to treatment, this program has a substantial transitional housing service. The program also uses Mentor Moms, graduates of the program who work with and provide encouragement for current participants, and an aftercare component, including annual social events, is available to graduates. Santa Clara also has a Family Treatment

Drug Court Head Start program that provides services and parenting classes to drug court parents. In March 2003, Santa Clara County began implementation of a system-wide reform similar to San Diego's model. All families involved with the child welfare system who also have alcohol and drug abuse issues are enrolled in Tier 1 and provided with assessment and monitoring, and those families who have difficulty complying with case plan requirements can voluntarily enter the Dependency Drug Treatment Court.

Suffolk County Family Treatment Court: Since 1997, the Suffolk County Family Treatment Court (FTC) program has accepted respondent parents whose founded cases involve allegations of inadequate guardianship (including prenatal drug exposure), and parental alcohol or drug misuse. Parents must voluntarily agree to take part in the program. Cases not accepted for FTDC include pending legal matters that are not likely to have a speedy resolution or that could result in a criminal incarceration, cases with primary allegations of child abuse rather than neglect, and cases in which a parent has a mental illness or other disability that would prevent them from meaningful and successful participation in the program. Compared to the other study sites, children in the Suffolk sample are less likely to be removed from the respondent parent at case inception (about 25%) or subsequently (about 50%), and permanent out-of-home placements are relatively rare. The FTC program offers Court Appointed Special Advocates who conduct individual family meetings, and regular case conferences with CPS and other team members. CPS provides continued supervision to drug court graduates and their families, as they do to drug court terminations and non-drug court system parents.

Washoe County Family Drug Court: The Washoe County Family Drug Court, formed in 1994, is the oldest FTDC in the country. Participation in this program is voluntary, and the program serves parents with both abuse and neglect cases. Unlike the other three study sites, all of which utilize multiple treatment providers, the Washoe County program originally used only four primary providers of treatment services (one of these four providers has since ceased operations). Program services include the use of Foster Grandparents as mentors for participants and weekly team meetings to discuss and monitor participants' progress.

PHASE I STUDY

The Phase I study examines a sample of cases at each of the four sites, consisting of approximately 50 drug court system cases and 50 comparison cases (and an additional 50 SARMS cases in San Diego). The first phase of this study was conducted by a prior CSAT contractor, Johnson, Bassin, and Shaw, and their subcontractor Children and Family Futures (CFF). CFF collected archival administrative data in the spring and summer of 2002 on all retrospective study cases up to the point of case closure (or to the date of data collection for those cases that had not yet closed). The data collected included, among other things, information about placement changes and types of placements for the children involved in the cases; treatment services received by the parents; case lengths and case resolutions; and demographic and background information about the parents and children involved with the cases.

NPC Research conducted the final data collection for the Phase 1 study. Data were collected for up to 5 years (since case inception) for each family in the study. This longitudinal data collection allowed for an examination of long-term

outcomes (most notably child welfare and substance abuse treatment recidivism) for families involved with Family Treatment Drug Courts as compared with comparison group families.

It is worth noting several weaknesses with the Phase I study design: First, the sample sizes at each site are small. The sample sizes were a result of the small caseflow into the drug courts in three of the four sites. Samples of this size make it difficult to detect anything but large treatment effects, yet most interventions of this nature can be expected to yield small to medium effect sizes (the difference between the treatment and comparison groups). Second, three of the four sites presented strong challenges to creating valid comparison groups. Sample selection methodologies for each site are described in more detail in the methods section, below. At three of the four sites the comparison samples were drawn from a different time period as the drug court (and SARMS) samples, thus potentially introducing confounding factors. Of particular concern is the fact that, because San Diego implemented a system-wide reform, the comparison sample in San Diego consists of cases processed prior to the implementation of ASFA, while the drug court and SARMS samples consist of cases processed after ASFA implementation. Similarly, some cases in the comparison group in Washoe were processed prior to ASFA implementation. ASFA altered the practices of child welfare and family court systems, and thus, it is more difficult to attribute differences between the drug court and comparison groups solely to the drug court intervention. Finally, the Phase I study relied upon data gathered from a variety of sources at each site, and data availability and completeness varied within, and across sites. In San Diego, in particular, time constraints and workload issues for

county staff did not allow for the extraction of data from paper and microfiche files, and therefore, there was a considerable amount of missing data. These issues were addressed in the design and data collection of the Phase II study.

Research Design

This section describes the design used for the follow-up retrospective data collection, including a description of the samples at each site, information on the data sources and data collection protocols, and a description of the data processing and data analysis techniques.

RESEARCH SAMPLES

The study samples, selected by CFF, include approximately 50 drug court system cases and 50 comparison cases from each site. In addition, CFF selected 50 SARMS cases in San Diego. Below, we summarize the sampling process for each site; detailed demographics are included in Appendix A. For a more detailed description of the sampling methodology, please refer to Children and Family Future's *Family Treatment Drug Court Retrospective Outcome Evaluation* report. It should be noted that although an attempt was made to match the FTDC and comparison cases, there were a number of significant differences in terms of demographics and case characteristics between the comparison and treatment groups. We describe the techniques used to address these non-equivalencies in the analysis section below.

San Diego Samples: In San Diego the study includes three samples: Tier 1 parents, Tier 2 parents, and a comparison group. The Tier 1 and Tier 2 samples consist of cases with petitions filed between 1998 and 2000, with the majority entering in 1999. The comparison group sample consists of 50 cases that had petitions filed in 1996 and 1997, *prior* to the

County's implementation of the Dependency Court Recovery Project. Note that the comparison sample therefore entered the child welfare system prior to federal ASFA legislation, while the drug court and SARMS samples entered post-ASFA. The 50 Tier 1 cases were selected from a list of all 763 children whose cases entered SARMS during the time period of interest. Duplicate entries for the same family were removed from this list, and the first 100 cases were pulled from this list for further review. The first 50 cases from this second list that had sufficient data availability were included in the sample. The 50 Tier 2 cases were selected from a list of 69 children whose parents' cases entered drug court during the time period of interest (the 19 cases not selected were excluded due to two factors: unavailability of electronic data and duplicate entries for the same family). To select the comparison group the research staff obtained a list of petitions filed during 1996 and 1997 that contained allegations most often associated with parental substance abuse. Researchers reviewed the petitions to identify substance abuse and then matched the comparison sample with the Tier 1 and Tier 2 groups on several criteria: gender, race, prenatally exposed births, number of children and number of prior terminations of parental rights. See Appendix A for a demographic profile of the samples.

Santa Clara Samples: Santa Clara's drug court sample consists of 50 cases with petitions filed primarily in 1998 through 2000 and the comparison sample consists of 50 cases with petitions filed between 1997 and 1998, just prior to the implementation of the Dependency Drug Treatment Court. The drug court sample consisted of the universe of cases that entered the Dependency Drug Treatment Court during the time period of interest. The comparison sample was selected

from a list of cases with petitions from 1997 and 1998 that had indications of substance abuse. This list was pared down to remove duplicate entries, and petitions were reviewed to identify families with substance abuse issues. Sample selection for the comparison group involved a one-to-one match with the drug court system group on age, gender, and ethnicity. See Appendix A for a demographic profile of the samples.

Suffolk Samples: The Suffolk drug court sample consists of 50 cases with petitions filed in 1999 and 2000 and the comparison group consists of 51 cases with petitions filed in 1998 and 1999. The drug court cases were selected from all admissions to Family Treatment Court starting in September 2000 and working backward in time until there were 50 cases. In Suffolk County, some cases with substance-abusing parents that met the eligibility criteria for the drug court were assigned to regular case processing, providing the researchers with a concurrent comparison group. There were 100 cases that met the eligibility criteria but were assigned to other courts, and from this list 50 cases that matched the drug court cases on demographic variables were selected for the comparison group. See Appendix A for a demographic profile of the samples.

Washoe Samples: The Washoe County drug court and comparison samples consist of cases that entered the child welfare system between 1998 and 2001, with most cases entering in 1999 and 2000. The drug court sample consists of the universe of cases that entered the Family Drug Court during the time period of interest. In Washoe County, not all substance-abusing parents with child welfare cases enter the Family Drug Court. Therefore the 49 comparison group cases were selected based on recommendations from social workers regarding parents in

their caseload that had substance abuse problems that were not drug court clients. Files on these cases were reviewed to ensure these parents met the drug court eligibility criteria. Cases were then matched with the drug court system cases based on court custody issues and substance abuse problem. See Appendix A for a demographic profile of the samples.

DATA COLLECTION PROTOCOL AND DATA SOURCES

Data collectors from NPC Research collected the follow-up data at each of the four study sites. NPC Research created the data collection tools and codebooks in consultation with the site-based data collectors, and all data collectors were trained on data definitions and data collection procedures.

At all sites, data collectors accessed child welfare and substance abuse treatment data sources (electronic databases and/or paper files). In some cases, evaluation team data collectors had direct access to either electronic or paper records, and used these records to complete the data collection tools. In other instances (for example, treatment data in San Diego and Suffolk Counties), the evaluation team submitted an electronic request for information and received an electronic file in return.

Content and Organization of this Report

The remainder of this report is broken into two sections. The first section contains the outcome analysis for the Phase I study. This section outlines the research questions that guided the outcome analysis, followed by a summary of the analysis technique. We then present the results for each study site followed by cross-site analysis. Appendix A presents descriptive statistics of the samples from each site. The report draws from data originally collected by CFF as well as data collected by NPC, and presents information on case closure outcomes (such as time to case closure and type of permanent placements) and information about child welfare and treatment recidivism for all retrospective cases that have closed.

The second section addresses a different set of research questions aimed at gaining an understanding of the moderating and mediating variables that may influence the ultimate case outcomes. This section presents data that investigates the relationship between drug court variables (such as time to drug court entry, time spent in drug court, and graduation status) and treatment and child welfare outcomes, as well as the relationship between treatment variables (such as time to treatment entry, days spent in treatment, and treatment completion) and child welfare outcomes.

DO DRUG COURTS WORK? DRUG COURT OUTCOME ANALYSIS

Research Questions

NPC Research developed the study research questions in consultation with CSAT and representatives from each of the study sites. The research questions that guided the Phase I data collection can be broken into two broad categories: study questions about events as of case closure, and study questions about events following case closure. The study questions for each of these categories are listed below.

RESEARCH QUESTIONS AT CASE CLOSURE

Child Welfare System Outcomes

1. Do drug court system children enter permanent placements more quickly, compared to comparison children?
2. Are drug court system parents more likely to be reunified with their children, compared to comparison parents? Are drug court system parents less likely to have their parental rights terminated, compared to comparison parents?

Treatment System Outcomes

3. Do drug court system parents enter treatment more frequently during their dependency case, compared to comparison parents?
4. Do drug court system parents enter treatment more quickly than comparison parents?
5. Do drug court system parents spend more total days in treatment during the time of their dependency case, compared to comparison parents?
6. Are drug court system parents more likely to complete treatment during



their dependency case compared to comparison parents?

Court System Outcome

7. Is the time to court case closure shorter for drug court system parents?

RESEARCH QUESTIONS SUBSEQUENT TO CASE CLOSURE

Child Welfare Recidivism

8. Do drug court system parents and children have less child welfare recidivism than comparison families, specifically:
 - a. Fewer subsequent CPS investigations?
 - b. Fewer subsequent substantiated referrals to CPS?
 - c. Fewer new family/dependency court petitions?
 - d. Fewer subsequent out-of-home placements?
 - e. Fewer subsequent terminations of parental rights?

Relapse to Substance Use

9. Do drug court system parents have more or fewer subsequent entries into treatment compared to comparison parents?

10. Do drug court system parents spend fewer subsequent days in treatment compared to comparison parents?
11. Are drug court system parents more likely to complete subsequent treatment compared to comparison parents?

See Appendix B for a data dictionary with operational definitions of each of these research questions.

Data Analysis Strategy

The Phase I study compares the outcomes for drug court participants with the outcomes for a comparison group whose members did not participate in drug court. Several factors complicate this comparison.

One complication is that families who participate in drug court may differ from families who do not, and those differences, rather than drug court, may account for some or all of the observed differences in the outcome measures. The only way to eliminate this complication altogether is to use random assignment; that is, randomly assign individuals either to the FTDC intervention or to traditional case processing. Random assignment is often not possible when dealing with real-world programs, however, and therefore many evaluations rely on a comparison group design. In a comparison group design the goal is to select a comparison group that resembles the treatment group but which does not receive the intervention. However, it often is not possible to select a comparison group that is identical to the treatment group. Evaluators use several methods to deal with this problem, but there is rarely any assurance that the tools altogether overcome the difficulty. We have used a method called *propensity scoring* both because it provides some control for differences between the drug court families and the

comparison families, and because it was relatively easy to implement.

A second complication is that the samples are small, typically about 50 drug court families and 50 comparison families. The use of small samples raises the issue of statistical power, specifically, the fact that the difference between the outcomes for drug court participants and others would have to be very large to deem that difference statistically significant. When the differences are not statistically significant, it would be a mistake to assume that there is no actual difference between the outcomes for drug court participating families and other families; we may simply not have enough power to detect the difference at standard levels of confidence.

The first step when applying the propensity score approach is to estimate the probability that a study family will or will not be a drug court participant. For example, drug court participants may be more likely to have children with learning disabilities, so having a child with a learning disability increases the probability that a family is part of the drug court group. This estimated probability is known as the *propensity score*.

Of course this probability is completely determined by whether the family was selected, but here we are interested in how well variables that describe families (parents, children, and so on) actually distinguish between drug court families and other families. Variables that are good differentiators tell us how the drug court participants differ from the control participants. The greater the difference, the more tenuous is a simple comparison of outcomes for the two groups, because those differences and not drug court participation per se may have affected outcomes. The propensity score approach is intended to adjust for those group differ-

ences, thereby providing a valid comparison of drug court participants and comparison group members. Propensity scores do not adjust for differences that can be attributed to unmeasured factors that affect both the decision to participate in drug court and outcomes. It is impossible to know whether or not unmeasured but influential factors remain, so propensity score analysis is not a guarantee to “control for” differences between the two groups.

The second step is to estimate the treatment effect (the extent to which drug court system parents differed from comparison parents) for each site. This is done using propensity scores to weight the parameters in the estimation equation, thereby adjusting for the pre-existing differences between the two groups. The third step is to analyze the effect of FTDCs across all sites in order to arrive at a pooled estimate of the treatment effect. The propensity scores used for the pooled estimate take into consideration the fact that parents may be systematically different from site to site.

Results: San Diego County

The results in San Diego County are based on data on three samples: Tier 1 sample, Tier 2 sample, and a comparison sample. We report results in several ways: for each research question we re-

port the means for the three groups separately, as well as significance tests (significant t-test results are bolded in the tables) for the comparison group versus a combined Tier 1/Tier 2 group, which is a weighted combination of the Tier 1 and Tier 2 samples. The weights are based on the makeup of the Dependency Court Recovery Project, which consists of approximately 90% Tier 1 clients and 10% Tier 2 clients. Combining the groups is appropriate because the comparison group represents the overall population of families with substance abuse issues; that is, it is likely that some families would be more similar to those in the Tier 1 group, while others are more similar to those in the Tier 2 group. Thus, comparing *only* Tier 2 (drug court) parents to a general population comparison group is an inappropriate comparison.

At the time of data collection, only 1 Tier 2 (2%) remained open; 1 Tier 1 case ((2%), 11 Tier 2 cases (22%), and 11 comparison cases (22%) had undocumented case closure dates. These cases, therefore, were excluded from analysis for research questions necessitating case closure (such as length of case and all recidivism questions). In addition, cases were excluded from analyses if missing data prevented the calculation of necessary variables.

PART I: RESEARCH QUESTIONS AT CASE CLOSURE

Child Welfare System Outcomes

Question 1: Is the time to permanency different between drug court system families and comparison families?

Answer: As illustrated in Table 1a, the drug court system cases had significantly shorter average time to permanent placement than the comparison cases.

Tier 1 cases had the shortest average time to permanent placement; it took the comparison group cases twice as long to reach permanent placement as the Tier 1 cases.

The data presented here are case-level data; for families with more than one child, the length of time was averaged across all children in that family.

Table 1a. San Diego County Average Time to Permanency

Outcome Variable	Combined Tier 1/Tier 2 Cases	Comparison Cases
Mean days from petition to date of placement in permanent setting ⁺	290	555
(median)	(263)	(459)
(sample size)	(93)	(46)
t-score (standard error)	-3.6 (52)*	

⁺ For families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis.

* Significant at $p < .001$.

Table 1b. San Diego County Average Time to Permanency by DCRP Groups

Outcome Variable	Tier 1 Cases	Tier 2 Cases
Mean days from petition to date of placement in permanent setting ⁺	271	458
(median)	(240)	(477)
(sample size)	(44)	(49)

⁺ For families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis.

Question 2: Are there any differences in the frequency of different types of permanency decisions?

Answer: As illustrated in Table 2a, there was no significant difference in the proportion of parents who were reunified with their children, but significantly more comparison cases resulted in terminations of parental rights than did drug court system cases.

For families with multiple children, we computed the proportion of children in

each family that had a final case disposition of reunification or remaining with the original parent, as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample. The other placement outcomes for children not listed in this table included guardianship, long-term foster care, residential care, juvenile facility placement, and emancipation.

Table 2a. San Diego County Permanency Decisions

Outcome Variable ⁺	Combined	
	Tier 1/Tier 2 Cases (N=100)	Comparison Cases (N=50)
% reunified or remained with original parent	37%	31%
t-score (standard error)	0.66 (.13)	
% with termination of parental rights	30%	38%
t-score (standard error)	-2.2 (.12)*	

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was reunification or remaining with the original parent as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample.

*Significant at $p < .05$.

Table 2b. San Diego County Permanency Decisions by DCRP Groups

Outcome Variable ⁺	Tier 1 Cases (N=50)	Tier 2 Cases (N=50)
% reunified or remained with original parent	38%	34%
% with termination of parental rights	29%	38%

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was reunification or remaining with the original parent as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample.

As illustrated in Table 3a, comparison group children were less likely to be placed in the custody of one or both of their parents, and were more likely to be placed in the custody of another relative than drug court system children.

For families with multiple children, we computed the proportion of children in each family that had a final disposition of

custody with of one or both parents, as well as the proportion of children in each family that were placed in the custody of another relative. We then averaged these proportions across all families in each sample. The other custody outcomes for children not listed in the table included non-relative guardian, foster or adoptive parents, and independent living.

Table 3a. San Diego County Custody Outcomes

Outcome Variable⁺	Combined Tier 1/Tier 2 Cases (N=100)	Comparison Cases (N=50)
% in the custody of one or both parents	57%	39%
t-score (standard error)	1.7 (.14)*	
% in the custody of another relative	18%	35%
t-score (standard error)	-1.9 (.09)*	

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was custody with of one or both parents as well as the proportion of children in each family who were placed in the custody of another relative. We then averaged these proportions across all families in each sample.

* Significant at $p < .10$.

Table 3b. San Diego County Custody Outcomes by DCRP Groups

Outcome Variable⁺	Tier 1 Cases (N=50)	Tier 2 Cases (N=50)
% in the custody of one or both parents	59%	41%
% in the custody of another relative	17%	30%

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was custody with of one or both parents as well as the proportion of children in each family who were placed in the custody of another relative. We then averaged these proportions across all families in each sample.

Treatment System Outcomes

Question 3: Do drug court parents enter treatment more frequently during their dependency case?

Answer: The combined Tier 1/Tier 2 group parents were significantly more likely to enter treatment at least once during their case, as illustrated in Table 4a. Table 4b illustrates the treatment entries for Tier 1 and Tier 2 parents: Tier 2 parents had twice as many treatment entries as Tier 1 parents. This is not surprising because a criterion for entering drug

court is a history of problems complying with treatment orders during SARMS, which might suggest more entries into the treatment system.

The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

Table 4a. San Diego County Entries Into Treatment During the Case

Outcome Variable ⁺	Combined Tier 1/Tier 2 Cases (N=99)	Comparison Cases (N=50)
% of parents with at least one treatment entry	71%	54%
t-score (standard error)	1.9 (.11)*	
Mean number of treatment entries	1.6	1.2
(median)	(1)	(1)
t-score (standard error)	1.5 (.40)	

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

* Significant at $p < .10$.

Table 4b. San Diego County Entries Into Treatment During the Case by DCRP Groups

Outcome Variable ⁺	Tier 1 Parents (N=50)	Tier 2 Parents (N=49)
% of parents with at least one treatment entry	68%	94%
Mean number of treatment entries	1.4	3.2
(median)	(1)	(3)

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

Question 4: Do drug court parents enter treatment more quickly?

Answer: The combined Tier 1/Tier 2 group parents entered treatment four times faster than comparison group parents, as illustrated in Table 5a: combined Tier 1/Tier 2 group parents entered treatment on average within 60 days, whereas the comparison group parents entered

treatment on average within 245 days of the start of their case.

Time to treatment is the number of days from petition date to the start of the first substance abuse treatment episode. Parents who did not enter treatment during their case were not included in this analysis.

Table 5a. San Diego County Time to Treatment

Outcome Variable+	Combined	Comparison
	Tier 1/Tier 2 Cases (N=80)	Cases (N=27)
Mean time to treatment	60	245
(median)	(36)	(80)
t-score (standard error)	-1.7 (54)*	

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Only parents who entered treatment sometime during their case were included.

* Significant at $p < .10$.

Table 5b. San Diego County Time to Treatment by DCRP Groups

Outcome Variable+	Tier 1	Tier 2
	Parents (N=34)	Parents (N=46)
Mean time to treatment	55	105
(median)	(35)	(49)

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Only parents who entered treatment sometime during their case were included.

Question 5: Do drug court parents spend more total days in treatment during the time of their dependency case?

Answer: There were no significant differences between the groups on the num-

ber of days spent in treatment during the case, as illustrated in Table 6a. Parents with no days spent in treatment are coded as zero.

Table 6a. San Diego County Total Days in Treatment During the Case

Outcome Variable+	Combined Tier 1/Tier 2 Cases (N=99)	Comparison Cases (N=49)
Mean total days in treatment (median)	150 (73)	103 (6)
t-score (standard error)	.34 (72)	
Mean total days in residential treatment (median)	28 (1)	45 (0)
Mean total days in outpatient treatment (median)	125 (40)	57 (0)

+ The types of treatment included in the count of non-overlapping days in treatment were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no days spent in treatment are coded as zero. The number of days reported do not overlap.

Table 6b. San Diego County Total Days in Treatment During the Case by DCRP Group

Outcome Variable+	Tier 1 Parents (N=50)	Tier 2 Parents (N=49)
Mean total days in treatment (median)	138 (56)	260 (221)
Mean total days in residential treatment (median)	24 (0)	60 (12)
Mean total days in outpatient treatment (median)	116 (27)	201 (158)

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no days spent in treatment are coded as zero. The number of days reported do not overlap.

Question 6: Are drug court system parents more likely to complete treatment during their dependency case?

Answer: As illustrated in Table 7a, there were no significant differences between the groups on the percent of parents completing treatment or on the percent of treatment episodes completed during the case.

Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions because it is not possible to know from the data whether the transfer was due to successful completion of the treatment episode or due to other reasons. Therefore, the estimates of treatment completion reported here may be underestimates of actual treatment completion.

Table 7a. San Diego County Treatment Completion During the Case

Outcome Variable ⁺	Combined Tier 1/Tier 2 Cases	Comparison Cases
Average % of treatment episodes completed by each parent (all parents)	31%	22%
(sample size)	(99)	(50)
t-score (standard error)	-.99 (.15)	
Average % of treatment episodes completed by each parent (parents who entered treatment only)	44%	41%
(sample size)	(80)	(27)
t-score (standard error)	.98 (.11)	

+ Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions.

Table 7b. San Diego County Treatment Completion During the Case by DCRP Group

Outcome Variable ⁺	Tier 1 Parents	Tier 2 Parents
Average % of treatment episodes completed by each parent (all parents)	31%	32%
(sample size)	(50)	(49)
Average % of treatment episodes completed by each parent (parents who entered treatment only)	45%	34%
(sample size)	(34)	(46)

+ Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions.

Court System Outcome

Question 7: Is the time to child welfare court case closure shorter for drug court system families?

Answer: The drug court system group had a significantly shorter time to case closure than the comparison sample (711 days for the combined Tier 1/Tier 2 group and 1,079 days for the comparison group, $t = 4.9$, standard error = 102, $p < .001$). While almost half of the drug court system cases closed within 24 months, only 12% of comparison cases closed within 24 months. These results should

be interpreted with caution, however, as the comparison cases were pre-ASFA cases, while the drug court system cases were processed through the child welfare system after the passage of ASFA. The ASFA regulations regarding timely case processing could account for the differences seen here.

Length of the court case was operationalized as the number of days from the petition to child welfare court case closure (*not* drug court case closure date). An average across children was computed for families with multiple children.

Table 8a. San Diego County Time to Child Welfare Court Case Closure

Outcome Variable ⁺	Combined	Comparison
	Tier 1/Tier 2 Cases (N=100)	Cases (N=50)
% closed in less than 12 months	9%	0%
% closed in less than 24 months	47%	12%
% closed in less than 36 months	78%	36%
% closed in less than 48 months	88%	56%
% closed in less than 60 months	89%	70%
% still not closed after 60 months	<1%	0%
Not clearly documented	11%	30%

⁺ Length of the court case was operationalized as the number of days from the petition to child welfare court case closure. An average across children was computed for families with multiple children.

Table 8b. San Diego County Time to Child Welfare Court Case Closure by DCRP Groups

Outcome Variable⁺	Tier 1 Cases (N=50)	Tier 2 Cases (N=50)
% closed in less than 12 months	10%	2%
% closed in less than 24 months	50%	22%
% closed in less than 36 months	80%	56%
% closed in less than 48 months	90%	74%
% closed in less than 60 months	90%	76%
% still not closed after 60 months	0%	2%
Not clearly documented	10%	22%

⁺ Length of the court case was operationalized as the number of days from the petition to child welfare court case closure. An average across children was computed for families with multiple children.

PART II: RESEARCH QUESTIONS SUBSEQUENT TO CASE CLOSURE

Child Welfare Recidivism

Question 8: Do drug court system parents and children have less child welfare recidivism?

Answer: Tables 9 and 10 list the child welfare recidivism outcomes for all parents, and for just those parents who reunified with their children. There were no

significant differences between the groups on any of the child welfare recidivism variables, and for some outcomes data were too sparse for statistical significance testing.

Recidivism is defined as new child welfare involvement that began *after* the close of the court case. Therefore, families with open court cases were excluded from these analyses.

Table 9a. San Diego County Child Welfare Recidivism for All Parents

Outcome Variable+	Combined Tier 1/Tier 2 Cases (N=87)	Comparison Cases (N=39)
% with a new court petition	14%	8%
t-score (standard error)	1.5 (.08)	
% with subsequent out-of-home placements for children	8%	8%
t-score (standard error)	1.1 (.11)	
% of parents with subsequent terminations of parental rights (at least 1 child)	2%	0%
t-score (standard error)	Not estimated	

+ Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

**Table 9b. San Diego County Child Welfare Recidivism for All Parents
by DCRP Groups**

Outcome Variable+	Tier 1 Cases (N=49)	Tier 2 Cases (N=38)
% with a new court petition	14%	11%
% with a subsequent out-of-home placements for children	8%	11%
% of parents with subsequent terminations of parental rights (at least 1 child)	2%	5%

+ Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

Table 10a. San Diego County Child Welfare Recidivism for Parents Who Reunified

Outcome Variable+	Combined Tier 1/Tier 2 Cases (N=39)	Comparison Cases (N=17)
% with a new court petition	14%	6%
t-score (standard error)	<i>Not estimated</i>	
% with subsequent out-of-home placements for children	10%	6%
t-score (standard error)	<i>Not estimated</i>	
% of parents with subsequent terminations of parental rights (at least 1 child)	1%	0%
t-score (standard error)	<i>Not estimated</i>	

+ This table includes recidivism information only for those parents who were reunified with their children. Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

Table 10b. San Diego County Child Welfare Recidivism for Parents Who Reunified by DCRP Groups

Outcome Variable+	Tier 1 Cases (N=21)	Tier 2 Cases (N=18)
% with a new court petition	14%	11%
% with a subsequent out-of-home placements for children	10%	11%
% of parents with subsequent terminations of parental rights (at least 1 child)	0%	6%

+ This table includes recidivism information only for those parents who were reunified with their children. Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

We also examined the relationship between drug court graduation status and child welfare recidivism. There were no significant differences in child welfare recidivism between graduates and non-graduates. Of the 20 combined Tier 1/Tier 2 group parents who did not graduate (out of 37 for whom we had graduation status), 3 (15%) had at least 1 new court petition, 3 (15%) had at least 1 subsequent out-of-home placement, and 2 (10%) had at least 1 subsequent termination of parental rights with a child from

their original case. Of the 17 parents who did graduate, 1 (6%) had at least 1 new court petition, 1 parent (6%) had at least 1 subsequent out-of-home placement, and none had a termination of parental rights with a child from their original case.

Relapse to Substance Use

Questions 9–11: Are drug court system parents more or less likely to enter treatment again, do they spend fewer total days in subsequent treatment, and are

they more likely to complete subsequent treatment?

Answer: There were no significant differences between the groups on any of the treatment re-entry indicators. Thirty percent of the combined Tier 1/Tier 2 group parents and 30% of the comparison parents re-entered treatment after the close of the retrospective cases. The combined Tier 1/Tier 2 group parents spent an average of 26 days in treatment, and comparison parents spent an average of 35 days in treatment after case closure. Twenty-one percent of the combined Tier 1/Tier 2 group parents who re-entered treatment completed these subsequent treatment episodes, and 25% of the comparison group parents who re-entered treatment completed these subsequent episodes.

SAN DIEGO SUMMARY

Child Welfare Outcomes

The average number of days between petition and permanent placement was markedly lower for the combined Tier 1/Tier 2 group's families than for comparison group cases. Thus, it appears as if the Dependency Court Recovery Project is associated with moving cases to permanency more quickly. An important caveat should be noted however: the comparison group data were drawn from a pre-ASFA timeframe, whereas the majority of the Dependency Court Recovery Project cases occurred post-ASFA. Thus, it is difficult to know with confidence whether the implementation of the Dependency Court Recovery Project is entirely responsible for the decreased time to permanency at this site. In addition to the shorter time to permanency, children of parents in the combined Tier 1/Tier 2 group were more likely to be placed in the custody of their parents and were less

likely to have terminations of parental rights.

Treatment Outcomes

Parents in the combined Tier 1/Tier 2 group were more likely to enter treatment at least once, and entered treatment significantly faster, as compared to non-drug court parents. This is a key feature of the Dependency Court Recovery Project model. However, there were no significant differences between groups in the average number of treatment entries, the average total days spent in treatment, or the likelihood of treatment completion.

Court System Outcomes

The combined Tier 1/Tier 2 group parents had significantly shorter cases than the comparison group parents. Again, however, this difference could be explained at least in part by the fact that ASFA had not yet been implemented during the time that the comparison cases were processed through the child welfare system.

Recidivism Outcomes

The incidence of recidivism was low in both groups and is not different for the combined Tier 1/Tier 2 group and the comparison group. In fact, for some variables, statistical testing was not possible because of the small number of cases and the infrequency of events being measured.

Conclusion

The data from San Diego suggest that cases processed through the Dependency Court Recovery Project may have shorter time to permanency, fewer terminations of parental rights, and shorter court cases. In addition, Dependency court Recovery Project parents appear to be more likely to enroll in treatment than comparison parents. Again, however, it should be noted that it is difficult to know with con-

fidence whether the implementation of the Dependency Court Recovery Project is entirely responsible for these outcomes due to the fact that the comparison group was drawn from pre-ASFA cases.

Results: Santa Clara County

At the close of data collection, one (2%) comparison case was still open. An additional eight (16%) drug court system cases and eight (16%) comparison cases did not have clearly documented case closure dates. These cases were excluded from analysis for research questions necessitating case closure (such as length of case and all recidivism questions). Finally, cases were excluded from analyses if missing data prevented the calculation of necessary variables. Significant t-test

results are bolded in the tables that follow.

PART I. RESEARCH QUESTIONS AT CASE CLOSURE

Child Welfare System Outcomes

Question 1: Is the time to permanency different between drug court system families and comparison families?

Answer: As illustrated in Table 11, the time to permanent placement did not differ significantly between the two groups.

The data presented here are case-level data; for families with more than one child, the length of time was averaged across all children in that family.

Table 11. Santa Clara County Average Time to Permanency

Outcome Variable	Drug Court System Cases	Comparison Cases
Mean days from petition to date of placement in permanent setting+	382	361
(median)	(378)	(206)
(sample size)	(45)	(46)
t-score (standard error)	-.65 (93)	

+ For families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis.

Question 2: Are there any differences in the frequency of different types of permanency decisions?

Answer: As illustrated in Table 12, drug court system parents were significantly more likely than comparison parents to be reunified (or remain) with their children, but did not differ in the likelihood of termination of parental rights.

For families with multiple children, we computed the proportion of children in

each family that had a final case disposition of reunification or remaining with the original parent, as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample. Other placement outcomes for children not listed in this table included guardianship, long-term foster care, residential care, juvenile facility placement, and emancipation.

Table 12. Santa Clara County Permanency Decisions

Outcome Variable+	Drug Court System Cases (N=50)	Comparison Cases (N=50)
% reunified or remained with original parent	60%	25%
t-score (standard error)	1.7 (.13)*	
% with termination of parental rights	30%	42%
t-score (standard error)	-1.1 (.13)	

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was reunification or remaining with the original parent as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample.

*Significant at $p < .05$

As illustrated in Table 13, there were no differences between the groups in the percentage of children placed in the custody of parents or with other relatives.

For families with multiple children, we computed the proportion of children in each family whose final disposition was

custody with of one or both parents, as well as the proportion of children in each family who were placed in the custody of another relative. We then averaged these proportions across all families in each sample.

Table 13. Santa Clara County Custody Outcomes

Outcome Variable+	Drug Court System Cases (N=50)	Comparison Cases (N=50)
% in the custody of one or both parents	58%	29%
t-score (standard error)	.95 (.13)	
% in the custody of another relative	21%	35%
t-score (standard error)	-.67 (.13)	

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was custody with of one or both parents as well as the proportion of children in each family who were placed in the custody of another relative. We then averaged these proportions across all families in each sample.

Treatment System Outcomes

Question 3: Do drug court system parents enter treatment more frequently during their dependency case?

Answer: As illustrated in Table 14, drug court system parents were significantly more likely to enter treatment and had twice as many treatment entries as comparison parents.

The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

Table 14. Santa Clara County Entries Into Treatment During the Case

Outcome Variable⁺	Drug Court System Parents (N=50)	Comparison Parents (N=49)
% of parents with at least one treatment entry	94%	69%
t-score (standard error)	3.1 (.08)*	
Mean number of treatment entries	3.1	1.5
t-score (standard error)	2.6 (.53)*	

⁺ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

* Significant at $p < .01$.

Question 4: Do drug court parents enter treatment more quickly?

Answer: As illustrated in Table 15, drug court parents entered treatment three times faster than comparison parents (67 days to treatment entry compared to 203 days to treatment entry).

Time to treatment is the number of days from petition date to the start of the first substance abuse treatment episode. Parents who did not enter treatment during their case were not included in this analysis.

Table 15. Santa Clara County Time to Treatment

Outcome Variable⁺	Drug Court System Parents (N=47)	Comparison Parents (N=34)
Mean time to treatment	67	203
(median)	(30)	(106)
t-score (standard error)	-2.7 (50)*	

⁺ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Only parents who entered treatment sometime during their case were included.

* Significant at $p < .01$.

Question 5: Do drug court system parents spend more total days in treatment during the time of their dependency case?

Answer: Drug court parents spent more than twice as many days in treatment than comparison parents (347 days com-

pared to 160 days). Table 16 illustrates the total days in treatment, as well as the days in residential and outpatient treatment for each group. Parents with no days spent in treatment are coded as zero.

Table 16. Santa Clara County Total Days in Treatment During the Case

Outcome Variable ⁺	Drug Court System Parents (N=50)	Comparison Cases (N=48)
Mean total days in treatment	347	160
(median)	(311)	(92)
t-score (standard error)	2.3 (67)*	
Mean total days in residential treatment	70	43
(median)	(41)	(0)
Mean total days in outpatient treatment	298	119
(median)	(259)	(87)

⁺ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no days spent in treatment are coded as zero.

* Significant at $p=.01$.

Question 6: Are drug court system parents more likely to complete treatment during their dependency case?

Answer: As illustrated in Table 17, when the entire sample of parents was considered, there was not a significant difference between the drug court and comparison groups on the average proportion of completed treatment episodes. However, when focusing specifically on those parents who had at least one treatment episode, the drug court parents had a significantly higher proportion of treatment completions than the comparison group parents. Thus, it seems that if a parent in

drug court was able to enter treatment at least once, they were more likely to complete treatment, compared to non-drug court parents.

Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions because it is not possible to know from the data whether the transfer was due to successful completion of the treatment episode or due to other reasons. Therefore, the estimates of treatment completion reported here may be underestimates of actual treatment completion.

Table 17. Santa Clara County Treatment Completion During the Case

Outcome Variable+	Drug Court System Parents	Comparison Parents
Average % of treatment episodes completed by each parent (all parents)	40%	26%
(sample size)	(50)	(49)
t-score (standard error)	.88 (.1)	
Average % of treatment episodes completed by each parent (parents entering treatment only)	43%	38%
(sample size)	(47)	(34)
t-score (standard error)	1.7 (.11)*	

+ Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions.

* Significant at $p < .05$.

Court System Outcome

Question 7: Is the time to child welfare court case closure shorter for drug court system families?

Answer: There was no significant difference between the groups on the overall length of the case, with both drug court system cases and comparison cases closing on average approximately 800 days after petition. However, as illustrated in

Table 18, a higher proportion of drug court system child welfare court cases were closed within 24 months than comparison cases.

Length of the court case was operationalized as the number of days from the petition to child welfare court case closure (*not* drug court case closure date). An average across children was computed for families with multiple children.

Table 18. Santa Clara County Time to Child Welfare Court Case Closure

Outcome Variable ⁺	Drug Court System Cases (N=50)	Comparison Cases (N=50)
% closed in less than 12 months	0%	2%
% closed in less than 24 months	40%	26%
% closed in less than 36 months	70%	70%
% closed in less than 48 months	74%	74%
% closed in less than 60 months	80%	78%
% still not closed after 60 months	0%	2%
Not clearly documented/missing information	20%	20%

⁺ Length of the court case was operationalized as the number of days from the petition to child welfare court case closure. An average across children was computed for families with multiple children.

PART II. RESEARCH QUESTIONS SUBSEQUENT TO CASE CLOSURE

Child Welfare Recidivism

Question 8: Do drug court system parents and children have less child welfare recidivism?

Answer: Table 19 displays the child welfare recidivism results for all parents in the sample. There were no significant differences between the groups on the number of parents with new court petitions and the percent of parents with subsequent terminations of parental rights. However, the drug court parents were

significantly more likely than the comparison group parents to have subsequent cases involving out-of-home placements for their children. Table 20 displays the child welfare recidivism results for just those parents who were reunified with their children at the close of the retrospective case; samples sizes were too small to allow for statistical significance testing.

Recidivism is defined as new child welfare involvement that began *after* the close of the court case. Therefore, families with open court cases were excluded from these analyses.

Table 19. Santa Clara County Child Welfare Recidivism for All Parents

Outcome Variable ⁺	Drug Court System Parents (N=42)	Comparison Parents (N=41)
% with a new court petition	21%	10%
t-score (standard error)	1.1 (.11)	
% with subsequent out-of-home placements for children	17%	7%
t-score (standard error)	1.7 (.09)*	
% of parents with subsequent terminations of parental rights (at least 1 child)	2%	0%
t-score (standard error)	Not estimated	

⁺ Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case.

* Significant at $p < .05$.

Table 20. Santa Clara County Child Welfare Recidivism for Parents Who Reunified

Outcome Variable⁺	Drug Court System Parents (N=28)	Comparison Parents (N=12)
% with a new court petition	14%	8%
t-score (standard error)	<i>Not estimated</i>	
% with subsequent out-of-home placements for children	14%	8%
t-score (standard error)	<i>Not estimated</i>	
% of parents with subsequent terminations of parental rights (at least 1 child)	4%	0%
t-score (standard error)	<i>Not estimated</i>	

+ This table includes recidivism information only for those parents who were reunified with their children. Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case.

We also examined the relationship between drug court graduation status and child welfare recidivism. There were no significant differences in child welfare recidivism between graduates and non-graduates. Of the 8 drug court system parents who did not graduate (out of 42 for whom we had graduation status), 3 (38%) had at least 1 new court petition, 2 (25%) had at least 1 subsequent out-of-home placement, and none had a subsequent termination of parental rights with a child from their original case. Of the 34 parents who did graduate, 6 (18%) had at least 1 new court petition, 5 parents (15%) had at least 1 subsequent out-of-home placement, and 1 (3%) had at least 1 termination of parental rights with a child from their original case.

Relapse to Substance Use

Questions 9–11: Are drug court system parents more or less likely to enter treatment again, do they spend fewer total days in subsequent treatment, and are they more likely to complete subsequent treatment?

Answer: There were no significant differences between the groups on any of the treatment re-entry indicators. Twelve percent of the drug court system parents and 20% of the comparison parents re-entered treatment after the close of the retrospective cases. Drug court parents spent an average of 20 days in treatment, and comparison parents spent an average of 45 days in treatment after case closure. None of the five drug court system parents who re-entered treatment completed these subsequent treatment episodes, and one of the eight comparison group parents who re-entered treatment completed subsequent treatment episodes.

SANTA CLARA SUMMARY

Child Welfare Outcomes

For the Santa Clara site, the time to permanent placement did not differ between the two groups. However, the data suggest that children were more likely to remain with or be reunified with their parents in the drug court sample than in the comparison sample: 60% of children in

the drug court system group reunified or remained with parents, compared to only 25% of the comparison group. The higher reunification rate for the drug court system parents may explain why that group did not have shorter time to permanent placement. That is, it may be that if a parent is making adequate progress, but has not yet achieved enough stability to allow a judge to make a definite decision about permanency, the judge may allow more time to elapse in order to assess the parents' progress.

Treatment Outcomes

Treatment results for the Santa Clara site were uniformly positive: 94% of drug court system parents entered treatment as compared to 69% of comparison parents, and the drug court system parents entered treatment more quickly, had twice as many treatment episodes, spent more than twice as many days in treatment, and had higher treatment completion rates than comparison parents. These data suggest that the drug court program was highly successful in helping parents enter, remain, and complete treatment.

Court System Outcomes

While there was a trend for drug court system cases to close faster (a higher proportion of drug court cases closed within 24 months than comparison group cases), this difference was not significant. Further, case closure may be delayed for cases in which parents are making good efforts in treatment; given Santa Clara's success at helping parents obtain substance abuse services, it may be that a quick case closure is less likely.

Recidivism Outcomes

Recidivism between both groups of parents was quite low. In fact, for a number of recidivism variables, statistical testing was not possible because of the small number of cases and the infrequency of the events being measured. For those variables where statistical testing was

possible, there were no significant differences between the groups on the number of parents with new court petitions and the percent of parents with subsequent terminations of parental rights. However, the drug court parents were significantly more likely than the comparison group parents to have subsequent cases involving out-of-home placements for their children.

Conclusion

Santa Clara had the most consistently positive treatment outcomes of the four sites and perhaps not surprisingly had success in reunifying parents with their children. However, Santa Clara drug court cases did not resolve significantly faster than comparison cases, raising questions about the expectations that successful drug courts will resolve cases faster than traditional child welfare court case processing. It may be that more time is needed for parents who are working through a treatment program; the benefit may be in more enduring successes. Further, children of drug court system parents were more likely to be placed in another out-of-home placement, subsequent to the original case. Although the reasons for this are not clear, it suggests the need for additional post-drug court support for at least some of these parents.

Results: Suffolk County

At the time of data collection, 4 (8%) drug court system cases and 7 (14%) comparison cases had undocumented case closure dates. These cases, therefore, were excluded from analysis for research questions necessitating case closure (such as length of case, and all recidivism questions). In addition, cases were excluded from analyses if missing data prevented the calculation of necessary variables. Significant t-test results are bolded in the following tables.

PART I. RESEARCH QUESTIONS AT CASE CLOSURE

Child Welfare System Outcomes

Question 1: Is the time to permanency different between drug court system families and comparison families?

Answer: As illustrated in Table 21, there was no significant difference between the

groups on the length of time to permanent placement.

The data presented here are case-level data; for families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis.

Table 21. Suffolk County Average Time to Permanency

Outcome Variable	Drug Court System Cases	Comparison Cases
Mean days from petition to date of placement in permanent setting +	371	492
(median)	(367)	(490)
(sample size)	(37)	(36)
t-score (standard error)	-1.2 (78)	

+ For families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis.

Question 2: Are there any differences in the frequency of different types of permanency decisions?

Answer: There were no significant differences between the groups on the proportion of children who were reunified (or remained) with their original parent, or on the proportion of children who had terminations of parental rights, as illustrated in Table 22.

For families with multiple children, we computed the proportion of children in

each family whose final case disposition was reunification or remaining with the original parent, as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample. The other placement outcomes for children not listed in this table included placement with a fit and willing relative, long-term foster care, residential care, juvenile facility placement, and emancipation.

Table 22. Suffolk County Permanency Decisions

Outcome Variable⁺	Drug Court System Cases (N=49)	Comparison Cases (N=49)
% reunified or remained with original parent	65%	58%
t-score (standard error)	.94 (.1)	
% with termination of parental rights	13%	8%
t-score (standard error)	1.3 (.06)	

⁺ For families with multiple children, we computed the proportion of children in each family whose final disposition was reunification or remaining with the original parent as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample.

As illustrated in Table 23, there were no significant differences between the groups on the proportion of children who were placed in the custody of one or both parents at the close of the case, or on the proportion of children who were placed in the custody of another relative.

For families with multiple children, we computed the proportion of children in each family whose final case disposition

was custody with one or both parents, as well as the proportion of children in each family that were placed in the custody of another relative. We then averaged these proportions across all families in each sample. The other custody outcomes for children not listed in this table included non-relative guardian, foster, or adoptive parents, and independent living.

Table 23. Suffolk County Custody Outcomes

Outcome Variable ⁺	Drug Court System Cases (N=49)	Comparison Cases (N=49)
% in the custody of one or both parents	71%	73%
t-score (standard error)	-.53 (.09)	
% in the custody of another relative	13%	18%
t-score (standard error)	-.43 (.08)	

+ For families with multiple children, we computed the proportion of children in each family whose final disposition was custody with of one or both parents as well as the proportion of children in each family who were placed in the custody of another relative. We then averaged these proportions across all families in each sample.

Treatment System Outcomes

Question 3: Do drug court system parents enter treatment more frequently during their dependency case?

Answer: Drug court system parents were significantly more likely to enter treatment than the comparison group, but there was no significant difference between the groups in the total number of

treatment entries during the case, as illustrated in Table 24.

The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

Table 24. Suffolk County Entries Into Treatment During the Case

Outcome Variable ⁺	Drug Court System Parents (N=50)	Comparison Parents (N=51)
% of parents with at least one treatment entry	94%	78%
t-score (standard error)	2.2 (.06)*	
Mean number of treatment entries	3.4	2.6
t-score (standard error)	.94 (.60)	

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no treatment entries were coded as zero.

* Significant at $p < .05$.

Question 4: Do drug court parents enter treatment more quickly?

Answer: Drug court system parents entered treatment three times faster than the comparison parents (66 days to treatment entry compared to 203 days to treatment entry), as illustrated in Table 25.

Time to treatment is the number of days from petition date to the start of the first substance abuse treatment episode. Parents who did not enter treatment during their case were not included in this analysis.

Table 25. Suffolk County Time to Treatment

Outcome Variable⁺	Drug Court System Parents (N=47)	Comparison Parents (N=40)
Mean time to treatment	66	203
(median)	(38)	(82)
t-score (standard error)	-2.5 (50)*	

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Only parents who entered treatment sometime during their case were included.

* Significant at $p < .01$.

Question 5: Do drug court system parents spend more total days in treatment during the time of their dependency case?

Answer: Drug court system parents spent significantly more days in treatment than comparison parents (417 days compared

to 294 days). Table 26 displays the total days spent in treatment along with the days spent in residential and outpatient treatment for both groups. Parents with no days spent in treatment are coded as zero.

Table 26. Suffolk County Total Days in Treatment During the Case

Outcome Variable+	Drug Court System Parents	Comparison Cases
Mean total days in treatment	417	294
(median)	(379)	(277)
(sample size)	(47)	(49)
t-score (standard error)	2.7 (56)*	
Mean total days in residential treatment	63	59
(median)	(9)	(0)
(sample size)	(50)	(51)
Mean total days in outpatient treatment	355	241
(median)	(352)	(191)
(sample size)	(47)	(49)

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification, self-help groups (including AA and NA) and transitional housing were not included. Parents with no days spent in treatment are coded as zero.

* Significant at $p < .01$.

Question 6: Are drug court system parents more likely to complete treatment during their dependency case?

Answer: There was not a significant difference between the drug court and comparison groups on the average proportion of completed treatment episodes. Treatment episodes with an exit status of “transferred to another treatment facility”

were not coded as completions because it is not possible to know from the data whether the transfer was due to successful completion of the treatment episode or due to other reasons. Therefore, the estimates of treatment completion reported here may be underestimates of actual treatment completion.

Table 27. Suffolk County Treatment Completion During the Case

Outcome Variable ⁺	Drug Court System Parents	Comparison Parents
Average % of treatment episodes completed by each parent (all parents)	53%	46%
(sample size)	(50)	(51)
t-score (standard error)	-.73 (.08)	
Average % of treatment episodes completed by each parent (parents entering treatment only)	57%	59%
(sample size)	(47)	(40)
t-score (standard error)	1.7 (.07)	

⁺ Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions.

Court System Outcome

Question 7: Is the time to child welfare court case closure shorter for drug court system families?

Answer: There was not a significant difference between the groups on the overall length of the case, with both drug court system cases and comparison cases closing on average approximately 850 days after the petition. Table 28 illustrates the

proportion of child welfare court cases that closed in less than 12, 24, 36, 48, and 60 months.

Length of the court case was operationalized as the number of days from the petition to child welfare court case closure (*not* drug court cases closure date). An average across children was computed for families with multiple children.

Table 28. Suffolk County Time to Child Welfare Court Case Closure

Outcome Variable ⁺	Drug Court System Cases (N=50)	Comparison Cases (N=51)
% closed in less than 12 months	0%	0%
% closed in less than 24 months	36%	35%
% closed in less than 36 months	70%	67%
% closed in less than 48 months	82%	80%
% closed in less than 60 months	90%	86%
% still open after 60 months	2%	0%
Not clearly documented/missing information	8%	14%

⁺ Length of the court case was operationalized as the number of days from the petition to child welfare court case closure. An average across children was computed for families with multiple children.

PART II. RESEARCH QUESTIONS SUBSEQUENT TO CASE CLOSURE

Child Welfare Recidivism

Question 8: Do drug court system parents and children have less child welfare recidivism?

Answer: Table 29 displays child welfare recidivism for all parents. As illustrated in the table, few parents had any child welfare recidivism, and for some out-

comes, data were too sparse for statistical significance testing. However, there was not a significant difference between the groups on the percent of parents with a new CPS court petition.

Recidivism is defined as new child welfare involvement that began *after* the close of the court case. Therefore, families for whom the court case was still open are excluded from this analysis.

Table 29. Suffolk County Child Welfare Recidivism for All Parents

Outcome Variable ⁺	Drug Court System Parents (N=43)	Comparison Parents (N=44)
% with a new court petition	9%	2%
t-score (standard error)	1.3 (.06)	
% with a subsequent out-of-home placements for children	2%	0%
t-score (standard error)	<i>Not estimated</i>	
% of parents with subsequent terminations of parental rights (at least 1 child)	0%	0%
t-score (standard error)	<i>Not estimated</i>	

⁺ Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

Table 30 displays child welfare recidivism for just those parents who were reunited with their children at the close of the retrospective case. Again, few parents had subsequent child welfare recidivism,

and there were no differences between the drug court and comparison groups on the proportion of parents with subsequent CPS court petitions.

Table 30. Suffolk County Child Welfare Recidivism for Parents Who Reunified

Outcome Variable+	Drug Court System Parents (N=33)	Comparison Parents (N=28)
% with a new court petition	13%	4%
t-score (standard error)	1.0 (.09)	
% with a subsequent out-of-home placements for children	3%	0%
t-score (standard error)	Not estimated	
% of parents with subsequent terminations of parental rights (at least 1 child)	0%	0%
t-score (standard error)	Not estimated	

+ This table includes recidivism information only for those parents who were reunified with their children. Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

We also examined the relationship between drug court graduation status and child welfare recidivism. There were no significant differences in child welfare recidivism between graduates and non-graduates. Twenty-seven parents graduated from drug court and 16 parents failed to graduate. Of the parents who did not graduate from drug court, 1 (7%) had at least 1 new CPS petition; 3 drug court parents (12%) had at least 1 new CPS petition. Of the 16 drug court parents who did not graduate, none had a subsequent out-of-home placement, and 1 of the 27 parents who did graduate (4%) had at least one subsequent out-of-home placement.

Relapse to Substance Use

Questions 9-11: Are drug court system parents more or less likely to enter treatment again, do they spend fewer total days in subsequent treatment, and are they more likely to complete subsequent treatment?

Answer: There were no significant differences between the drug court and comparison groups on any of the indicators of subsequent treatment activity. Twenty percent of both the drug court and comparison groups re-entered treatment after the close of their retrospective cases. Drug court system parents spent an average of 43 days in treatment after case closure, and comparison parents spent an average of 28 days in treatment after case closure. Three of the eight drug court parents who re-entered treatment successfully completed their subsequent treatment entry, and two of the eight comparison parents who re-entered treatment successfully completed their subsequent treatment entry.

SUFFOLK SUMMARY

Child Welfare Outcomes

There were no significant differences between the drug court system group and the comparison group in length of time

from petition to permanent placement, and there were no significant differences between the groups in permanency and custody outcomes.

Treatment Outcomes

The Suffolk site had some success with connecting drug court system parents to treatment and keeping them engaged in treatment. Drug court system parents were significantly more likely than comparison parents to have at least one treatment entry, entered treatment three times faster than comparison parents (66 days to treatment entry compared to 203 days to treatment entry), and spent significantly more days in treatment than comparison parents. The two groups did not differ significantly on the percent of parents who completed treatment.

Court Outcomes

There were no significant differences between drug court system cases and comparison cases on the length of time to court case closure. For both groups, no cases closed within 12 months, and only one-third of cases closed within 24 months.

Recidivism Outcomes

The incidence of recidivism was very low in both groups, and there was not a significant difference between the groups for the percent of parents with new CPS petitions. For the remaining recidivism variables statistical testing was not possible because of the small number of cases and

the infrequency of the events being measured.

Conclusion

These data suggest that the Suffolk drug court system parents had more positive treatment-related outcomes than comparison cases, while there were no differences between the groups on child welfare and court outcomes.

Results: Washoe County

Below we present the Washoe County results for each research question. At the time of data collection, 2 (4%) drug court system cases and 1 (2%) comparison case were not clearly documented in terms of case closure. These cases, therefore, were excluded from analysis for research questions necessitating case closure (such as length of case, all recidivism questions). Similarly, cases that had not yet reached permanency order or permanent placement were excluded from analysis of these outcomes. In addition, some cases did not have permanency hearings or orders (this was the case primarily for cases in which children remained with, or returned to, their parents) and therefore were excluded from analysis of this outcome. Finally, cases were excluded from analyses if missing data prevented the calculation of necessary variables. Significant t-test results are bolded in the tables that follow.

PART I. RESEARCH QUESTIONS AT CASE CLOSURE

Child Welfare System Outcomes

Question 1: Is the time to permanency different between drug court system families and comparison families?

Answer: As illustrated in Table 31, there was no significant difference between the groups on time to permanent placement.

The data presented here are case-level data; for families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis; this includes some families for whom the court case is still open.

Table 31. Washoe County Average Time to Permanency

Outcome Variable	Drug Court System Cases	Comparison Cases
Mean days from detention to date of placement in permanent setting ⁺	308	334
(median)	(223)	(282)
(sample size)	(47)	(41)
t-score (standard error)	.16 (64)	

⁺ For families with more than one child, the length of time was averaged across all children in that family. All cases that reached permanency by the time of data collection were included in this analysis.

Question 2: Are there any differences in the frequency of different types of permanency decisions?

Answer: There were no significant differences between the groups on the proportion of children who were reunified (or remained) with the original parent or on the proportion of children who had terminations of parental rights, as illustrated by Table 32.

For families with multiple children, we computed the proportion of children in

each family that were reunified or remained with the original parent as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample. The other placement outcomes for children not listed in this table included guardianship, long-term foster care, residential care, juvenile facility placement, and emancipation.

Table 32. Washoe County Permanency Decisions

Outcome Variable ⁺	Drug Court	
	System Cases (N=50)	Comparison Cases (N=48)
% reunified or remained with original parent	64%	56%
t-score (standard error)	.78 (.13)	
% with termination of parental rights	12%	20%
t-score (standard error)	-1.3 (.08)	

⁺ For families with multiple children, we computed the proportion of children in each family whose final disposition was reunification or remaining with the original parent as well as the proportion of children in each family that had terminations of parental rights. We then averaged these proportions across all families in each sample.

Table 33 displays the custody outcomes for both groups. There were no significant differences between the groups on the proportion of children who were placed in the custody of one or both parents at the close of the case or on the proportion of children who were placed in the custody of another relative.

For families with multiple children, we computed the proportion of children in

each family that were placed in the custody of one or both parents, as well as the proportion of children in each family that were placed in the custody of another relative. We then averaged these proportions across all families in each sample. The other custody outcomes for children not listed in this table included non-relative guardian, foster, or adoptive parents, and independent living.

Table 33. Washoe County Custody Outcomes

Outcome Variable⁺	Drug Court	
	System Cases (N=49)	Comparison Cases (N=48)
% in the custody of one or both parents	72%	60%
t-score (standard error)	1.2 (.12)	
% in the custody of another relative	16%	26%
t-score (standard error)	-1.2 (.10)	

⁺ For families with multiple children, we computed the proportion of children in each family whose final disposition was custody with of one or both parents as well as the proportion of children in each family who were placed in the custody of another relative. We then averaged these proportions across all families in each sample.

Treatment System Outcomes

Question 3: Do drug court system parents enter treatment more frequently during their dependency case?

Answer: Drug court system parents were more likely to have entered treatment, and had nearly twice as many treatment entries as comparison parents, as illustrated in Table 34.

The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, long-term residential, and transitional housing. Detoxification and self-help groups (including AA and NA) were not included. Parents with no treatment entries were coded as zero.

Table 34. Washoe County Entries Into Treatment During the Case

Outcome Variable ⁺	Drug Court System Parents (N=49)	Comparison Parents (N=50)
% of parents with at least one treatment entry	96%	74%
t-score (standard error)	2.7 (.08)*	
Average number of treatment entries	2.7	1.5
t-score (standard error)	2.0 (.42)*	

+ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, and long-term residential. Detoxification and self-help groups (including AA and NA) were not included. Parents with no treatment entries were coded as zero.

*Significant at $p < .05$.

Question 4: Do drug court parents enter treatment more quickly?

Answer: There was no significant difference between the drug court system parents and comparison parents on length of time to treatment entry, as illustrated in Table 35.

Time to treatment is the number of days from petition date to the start of the first substance abuse treatment episode. Parents who did not enter treatment during their case were not included in this analysis.

Table 35. Washoe County Time to Treatment

Outcome Variable ⁺	Drug Court	Comparison
	System Parents (N=47)	Parents (N=37)
Mean time to treatment	70	93
(median)	(50)	(75)
t-score (standard error)	-.44 (41)	

⁺ The types of treatment included in these analyses were outpatient, intensive outpatient, short- and long-term residential, and transitional housing. Detoxification and self-help groups (including AA and NA) were not included. Only parents who entered treatment sometime during their case were included.

* Significant at $p < .10$.

Question 5: Do drug court system parents spend more total days in treatment during the time of their dependency case?

Answer: Drug court system parents spent significantly more total days in treatment than comparison parents (367 days com-

pared to 180 days). Table 36 displays the total days spent in treatment as well as the days spent in residential and outpatient treatment for both groups. Parents with no days spent in treatment are coded as zero.

Table 36. Washoe County Total Days in Treatment During the Case

Outcome Variable ⁺	Drug Court System Parents (N=49)	Comparison Cases (N=49)
Mean total days in treatment	367	180
(median)	(384)	(107)
(sample size)	(43)	(41)
t-score (standard error)	3.2 (50)*	
Mean total days in residential treatment	51	22
(median)	(0)	(0)
(sample size)	(49)	(49)
Mean total days in outpatient treatment	328	159
(median)	(353)	(86)
(sample size)	(43)	(42)

⁺ The types of treatment included in these analyses were outpatient, intensive outpatient, short-term residential, long-term residential, and transitional housing. Detoxification and self-help groups (including AA and NA) were not included. Parents with no days spent in treatment are coded as zero.

*Significant at $p=.001$.

Question 6: Are drug court system parents more likely to complete treatment during their dependency case?

Answer: As illustrated in Table 37, drug court system parents were significantly more likely to complete treatment than comparison parents: 68% of all drug court system parents completed treatment as compared to 41% of all comparison group parents. When looking at only those parents who entered treatment (as opposed to all parents), 71% of drug court system parents completed treatment

and 56% of comparison parents completed treatment.

Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions because it is not possible to know from the data whether the transfer was due to successful completion of the treatment episode or due to other reasons. Therefore, the estimates of treatment completion reported here may be underestimates of actual treatment completion.

Table 37. Washoe County Treatment Completion During the Case

Outcome Variable ⁺	Drug Court System Parents	Comparison Parents
Average % of treatment episodes completed by each parent (all parents)	68%	41%
(sample size)	(49)	(50)
t-score (standard error)	2.6 (.09)*	
Average % of treatment episodes completed by each parent (parents entering treatment only)	71%	56%
(sample size)	(47)	(37)
t-score (standard error)	3.4 (.09)*	

⁺ Treatment episodes with an exit status of “transferred to another treatment facility” were not coded as completions.

* Significant at $p < .01$.

Court System Outcome

Question 7: Is the time to child welfare court case closure shorter for drug court system families?

Answer: There was no significant difference between the groups on the length of time to child welfare case closure, with both drug court system cases and comparison cases closing on average approximately 600 days after petition. Ta-

ble 38 displays the percent of cases closing within 12, 24, 36, 48, and 60 months for each group.

Length of court case was operationalized as the number of days from detention to child welfare court case closure (*not* drug court case closure date). An average across children was computed for families with multiple children.

Table 38. Washoe County Time to Child Welfare Court Case Closure

Outcome Variable ⁺	Drug Court	
	System Cases (N=50)	Comparison Cases (N=50)
% closed in less than 12 months	6%	32%
% closed in less than 24 months	74%	68%
% closed in less than 36 months	92%	82%
% closed in less than 48 months	96%	88%
% closed in less than 60 months	96%	92%
Case still open after 60 months	0%	0%
Not clearly documented	4%	8%

⁺ Length of the court case was operationalized as the number of days from the petition to child welfare court case closure. An average across children was computed for families with multiple children.

PART II. RESEARCH QUESTIONS SUBSEQUENT TO CASE CLOSURE

Child Welfare Recidivism

Question 8: Do drug court system parents and children have less child welfare recidivism?

Answer: Table 39 displays child welfare recidivism for all parents. There were no significant differences between the

groups on these child welfare recidivism variables, though for some outcomes data were too sparse for statistical significance testing.

Recidivism is defined as new child welfare involvement that began *after* the close of the court case. Therefore, families for whom the court case was still open are excluded from this analysis.

Table 39. Washoe County Child Welfare Recidivism for All Parents

Outcome Variable ⁺	Drug Court	
	System Cases (N=48)	Comparison Cases (N=48)
% with a new court petition	23%	10%
t-score (standard error)	1.1 (.10)	
% with subsequent out-of-home placements for children	19%	11%
t-score (standard error)	.63 (.15)	
% of parents with subsequent terminations of parental rights (at least 1 child)	2%	2%
t-score (standard error)	Not estimated	

⁺ Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

Table 40 displays child welfare recidivism for just those parents who were reunified with their children at the close of

their retrospective case. Again, there were no significant differences between the groups.

Table 40. Washoe County Child Welfare Recidivism for Parents Who Reunified

Outcome Variable ⁺	Drug Court System Cases (N=33)	Comparison Cases (N=26)
% with a new court petition	24%	15%
t-score (standard error)	.61 (.11)	
% with subsequent out-of-home placements for children	21%	15%
t-score (standard error)	-.02 (.26)	
% of parents with subsequent terminations of parental rights (at least 1 child)	0%	4%
t-score (standard error)	Not estimated	

+ This table includes recidivism information only for those parents who were reunified with their children. Recidivism is defined as new child welfare involvement that began *after* the close of the retrospective case. Therefore, families with still open retrospective cases were excluded from these analyses.

We also examined the relationship between drug court exit status and child welfare recidivism. There were no significant differences in child welfare recidivism between drug court graduates and non-graduates. Thirty-five drug court participants graduated and 11 exited the drug court without graduating. Of the 11 parents who did not graduate, 1 (9%) had at least 1 new CPS petition, 1 (9%) had a subsequent out-of-home placement, and 1 (9%) had a subsequent termination of parental rights with at least one of the original children on their case. Of the 35 parents who did graduate, 10 (29%) had at least 1 new CPS petition, 8 (23%) had a subsequent out-of-home placement, and none had subsequent terminations of parental rights with any of the original children on their case.

Relapse to Substance Use

Questions 9–11: Are drug court system parents more or less likely to enter treatment again, do they spend fewer total days in subsequent treatment, and

are they more likely to complete subsequent treatment?

Answer: There were no significant differences between the groups on any of the indicators of subsequent treatment involvement. Nineteen percent of the drug court system parents and 21% of the comparison parents had at least one subsequent treatment entry. Drug court system parents spent an average of 70 days and comparison parents spent an average of 33 days in subsequent treatment. Four (47%) drug court system parents and 3 (28%) comparison system parents completed their subsequent treatment episodes.

WASHOE SUMMARY

Child Welfare Outcomes

At the Washoe site there were no significant differences between drug court system cases and comparison cases in time to permanent placement or in placement or custody decisions.

Treatment Outcomes

Drug court system parents had twice as many treatment entries, spent twice as many days in treatment, and were more likely to complete treatment than the comparison parents. This site was equally successful in getting drug court system parents and comparison parents into treatment rapidly: average time to treatment entry for both groups was within 3 months.

Court Outcomes

There was not a significant difference in court case length between the drug court system cases and the comparison cases.

Recidivism Outcomes

The incidence of child welfare recidivism was low for both groups, and was not significantly different between the drug court system parents and comparison parents.

Conclusion

These data suggest that the Washoe drug court program is successful in engaging and retaining parents in treatment. However, there were no significant differences in child welfare or court outcomes between the two groups.

Cross-Site Analysis and Discussion

Below we present a limited cross-site analysis. Given the differences in the

child welfare and dependency court systems, the types of parents who are admitted to FTDC, differences in when and how comparison groups were constructed, and the cross-site differences in patterns of outcomes, pooled results should be interpreted with care. However, these can give us a general sense of the effectiveness of FTDCs, while acknowledging that large cross-site variability exists. The data presented here are pooled effect sizes and the associated test statistic; the data itself were not pooled.

Table 41 lists the mean differences, standard errors, and t-scores for selected outcome variables. As illustrated in the table, on average across the sites, the drug court system parents had significantly shorter time to permanent placement, and were significantly more likely to be reunified with their children and less likely to have a termination of parental rights as the comparison group parents. The impact of these family treatment drug courts is especially apparent when looking at treatment outcomes: the cross-site results suggest that drug court system parents were more likely to enter treatment, entered treatment faster, stayed in treatment longer, and were more likely to complete treatment than the comparison group parents.

Table 41. Cross-Site Effect Sizes

Outcome	Mean Differ- ence⁺	Standard Error	t-score⁺
Child Welfare Outcomes:			
Average days to permanent placement	-83	37	-2.3*
Percent reunited with original parent	.12	.06	2.0*
Percent with termination of parental rights	-.10	.05	-2.1*
Percent with subsequent child welfare petitions (only parents who reunited with their children on the original case)	.08	.07	1.1
Treatment Outcomes:			
Percent of parents with at least one treatment entry	.20	.04	4.8**
Average number of treatment entries during case	.85	.25	3.5**
Length of time to treatment entry	-92	24	-3.8**
Average number of days in treatment during the case	123	31	4.0**
Percent of treatment episodes completed during the case (parents with at least one treatment episode)	.16	.05	3.3**
Percent re-entering treatment after case closure	-.06	.11	-.50
Court Outcomes:			
Average Days to Case Closure	-128	39.8	-3.2**

⁺Positive values indicate the drug court system group is higher than the comparison group on an outcome; negative values indicate the drug court system group is lower than the comparison group on an outcome.

* Significant at $p < .05$

** Significant at $p < .001$

WHAT MAKES DRUG COURTS WORK? UNPACKING THE “BLACK BOX” OF DRUG COURTS

Research Questions

The previous section of this report provided analysis on key treatment and child welfare outcomes for drug court participants as compared to comparison group parents. In this section of the report, we address a somewhat different set of research questions. The focus of these research questions, rather than simply to compare outcomes between drug court and comparison cases, is to understand the moderating and mediating variables that may influence the ultimate case outcomes. These new questions can be grouped into two primary categories:

1. ***The relationship between drug court variables and outcomes***, specifically:

- a. Is there a relationship between time to drug court entry and treatment and child welfare outcomes?
- b. Is there a relationship between length of time spent in drug court and treatment and child welfare outcomes?
- c. What factors predict the likelihood of drug court graduation?
- d. Is graduation status (e.g., graduates, non-graduates, and the comparison group) related to child welfare outcomes, including likelihood of reunification or termination of parental rights, time to permanent placement, time to case closure, or likelihood of a subsequent child welfare case?

2. ***The relationship between treatment variables and outcomes***, specifically:

- a. Is there a relationship between time to treatment entry and treatment and child welfare outcomes?



- b. Is there a relationship between days spent in treatment and child welfare outcomes?
- c. Is there a relationship between completing at least one treatment episode and child welfare outcomes?

Further, we examine pre-existing differences between the FTDC (treatment) parents and the comparison parents; controlling for any such differences is important to conducting appropriate comparisons between these two groups.

Data Analysis Strategy

To examine the relationship between a predictor variable (e.g., time to drug court entry) and an outcome variable (e.g., time spent in treatment), we employed a 3-step hierarchical multiple regression strategy (hierarchical logistic regression analysis was used for dichotomous outcome variables). The first step contained a variety of control variables in order to rule out the possibility that certain case characteristics explained the relationship between the predictor and outcome variable. The control variables used are as follows:

1. Site
2. Gender
3. Ethnicity (Caucasian, African American, Hispanic, Other)

4. Age
5. Education level (less than high school, high school or more)
6. Employment status (unemployed, employed)
7. Marital status (married/partnered, single)
8. Parent risk factors (a summary of the number of risk factors identified for each parent including mental health issues, medical issues, criminal involvement, developmental disability, domestic violence, and childhood victimization)
9. Children's risk factors (a count of the number of risk factors identified across each parent's children including health issues, developmental disability, education issues, behavioral or emotional problems, and prenatal substance exposure)
10. Previous substance abuse treatment (yes or no)
11. Ages of children (at least one infant 1 year old or younger, at least one toddler ages 2 through 5, and at least one older child ages 6 and above)
12. Number of previous CPS investigations (none, 1 – 2, 3 – 5, 6 or more)
13. Number of children involved in case

The predictor variable was entered in the second step. In the third step, we entered predictor variable by site interactions. Interactions were included to explore whether the relationship between the predictor and outcome variables differed according to site.

Results

BASELINE DIFFERENCES BETWEEN DRUG COURT AND COMPARISON GROUPS

Our first set of analyses explored differences between parents who entered drug

court and the identified comparison parents. We examined a variety of demographic and risk factors as well as treatment history and case characteristics. These results are presented below.

As displayed in Table 42, the drug court system and comparison group cases were similar on a number of demographic variables, including gender, race, education, and marital status. The parents in both the drug court and comparison samples were primarily women, and slightly over half the parents in each group were Caucasian. Approximately half the parents in each group had less than a high school education, and more than half were single. The two groups did differ on employment status, however, the comparison group parents were significantly more likely to be employed than the drug court parents (34% vs. 23%).

The drug court and comparison groups also had similar parental risk profiles (see Table 43). Many parents (66% of the drug court group and 60% of the comparison group) had a criminal history, nearly 60% of parents in both groups had a history of domestic violence, and approximately 40% of parents in both groups had a history of mental health issues. Fewer parents had medical disabilities (18% of the drug court group and 14% of the comparison group) or learning disabilities (5% of the drug court group and 7% of the comparison group).

The groups did differ significantly on the prevalence of two of the five child risk factors: educational and behavioral/emotional issues. The comparison group parents were significantly more likely than the drug court parents to have at least one child with an educational issue (26% vs. 14%) or a behavioral/emotional issue (50% vs. 27%). The groups did not differ on the remaining child risk factors: approximately one-third of the parents in both groups had at least one child with a medical issue and

at least one child with prenatal drug exposure, and approximately one-quarter of

the parents in both groups had children with developmental issues.

Table 42. Demographic Characteristics of Drug Court and Comparison Samples

	Drug Court Sample	Comparison Sample
	% (n)	% (n)
Gender	N=250	N=200
Women	89% (223)	88% (176)
Men	11% (27)	12% (24)
Race/ethnicity	N=250	N=200
Caucasian	55% (137)	56% (113)
African American	18% (44)	14% (27)
Hispanic	20% (51)	27% (54)
Other	7% (18)	3% (6)
Education	N=194	N=122
Less than high school	45% (88)	50% (61)
High school or more	55% (106)	50% (61)
Employment status*	N=212	N=163
Unemployed	77% (163)	66% (108)
Employed	23% (49)	34% (55)
Marital status	N=242	N=178
Single	73% (177)	62% (111)
Married	27% (65)	20% (36)
Average age	31	30

* Significant difference at $p<05$.

Table 43. Risk Characteristics of Drug Court and Comparison Samples

	Drug Court Sample % (n)	Comparison Sample % (n)
Parental history of mental illness	41% (103)	42% (83)
Parental criminal history	66% (165)	60% (119)
Parental learning disorders	5% (12)	7% (13)
Parental history of domestic violence	58% (143)	59% (113)
Parental medical disability	18% (45)	14% (28)
Parental history of childhood victimization	34% (83)	26% (51)
At least one child with medical issues	28% (69)	33% (65)
At least one child with developmental issues	22% (56)	24% (47)
At least one child with educational issues*	14% (34)	26% (51)
At least one child with behavioral/emotional issues*	27% (67)	50% (99)
At least one child with prenatal substance exposure	39% (98)	32% (64)

* Significant difference at $p < .001$.

Table 44. Treatment History of Drug Court and Comparison Samples

	Drug Court Sample (N=248)	Comparison Sample (N=180)
% with at least one previous treatment episode*	67% (167)	48% (86)

* Significant difference at $p < .001$.

Table 45. Child Welfare Context of Drug Court and Comparison Samples

	Drug Court Sample % (n)	Comparison Sample % (n)
Type of allegations against parent	N=250	N=200
Neglect	93% (233)	98% (196)
Physical Abuse	6% (16)	6% (12)
Previous CPS investigations	N=241	N=198
None	21% (51)	20% (39)
1-2	32% (77)	33% (65)
3-5	24% (57)	27% (54)
6 or more	23% (56)	20% (40)
Children’s ages	N=241	N=194
At least one child under 1*	55% (133)	36% (70)
At least one child between 1 and 5	50% (121)	57% (111)
At least one child over 5*	41% (102)	55% (109)
Average number of children involved in case	2.1	2.2

* Significant difference at $p < .01$

The drug court group was significantly more likely than the comparison group to have had at least one previous treatment episode, as illustrated in Table 44.

The two groups were fairly comparable in terms of their child welfare case characteristics (see Table 45). The groups did not differ in the type of allegations (almost all parents had neglect allegations and very few had physical abuse allegations), the number of previous CPS investigations, or the average number of children on the case. The two groups did significantly differ in children’s ages, however, with more drug court parents having an infant than comparison parents (55% vs. 36%) and fewer drug court parents having a child older than 5 (41% vs. 55%).

The data presented above suggest that the drug court and comparison groups were similar on a variety of demographic and background variables. The groups did differ in some areas, however, including employment status (the comparison group parents were more likely to be employed), children’s educational and behavioral/emotional issues (the comparison group parents were more likely to have children with these issues), previous substance abuse treatment experience (the drug court group parents were more likely to have had at least one previous treatment episode), and children’s ages (the drug court group was more likely to have at least one infant and less likely to have a child over the age of five).

RELATIONSHIPS BETWEEN DRUG COURT VARIABLES AND OUTCOMES

Our next set of analyses examine whether key aspects of FTDCs are associated with different outcomes for children and parents. Specifically, we examine the relationship of (1) time to drug court entry and (2) length of time spent in drug court, to treatment and child welfare outcomes. Next, we examine predictors of drug court graduation, in attempt to identify characteristics of those more likely to graduate from FTDCs. Finally, we compare treatment and child welfare outcomes for parents who graduated from FTDCs, entered FTDC but did not graduate, and parents who never entered FTDC. These results are presented below, in Research Questions 1A – 1D.

Research Question 1A: Is there a relationship between how quickly parents enter the FTDC and treatment and child welfare outcomes?

To answer this question, we looked at whether time to drug court entry was related

to the following seven outcomes: time to treatment entry, time spent in treatment, likelihood of treatment completion, time to permanent placement, time to case closure, likelihood of reunification, and likelihood of termination of parental rights (TPR). (Comparison cases were excluded from this analysis.) As illustrated in Table 46, the data indicate that time to drug court entry was related to three of the seven outcomes: time to treatment entry, time to permanent placement, and time to case closure. Parents with shorter time to drug court entry tended to have shorter time to treatment entry, shorter time to permanent placement, and shorter time to case closure. As described above in the Data Analysis section, because we were interested in identifying the unique contribution that time to drug court entry had on each of these outcomes, we controlled for all of the demographic, case, and risk factor variables listed on pages 57 and 58. Thus, the relationships described in the table below cannot be attributed to these other factors.

Table 46. Relationship Between Time to FTDC Entry and Outcomes

Relationship Between Time to Drug Court Entry and:	Statistically Significant?	Nature of Relationship
Time to treatment entry	Yes	Parents who entered FTDC more quickly tended to have shorter time to treatment entry
Time spent in treatment	No	Not related
Treatment completion	No	Not related
Time to permanent placement	Yes	Parents who entered FTDC more quickly tended to have shorter time to permanent placement
Time to case closure	Yes	Parents who entered FTDC more quickly tended to have shorter time to case closure
Likelihood of reunification	No	Not related
Likelihood of decision to terminate parental rights	No	Not related

It should be noted that the nature of the relationship between time to drug court entry and time to treatment entry differed across the sites. This relationship was strongest in Washoe County and weakest in Santa Clara County. In other words, for parents in Washoe County, time to drug court entry and time to treatment entry were highly related (i.e., the length of time it took to enter drug court was strongly predictive of how long it took for parents to enter treatment such that the longer it took to enter drug court, the longer it took to enter treatment). In Santa Clara County, this correlation was in the expected direction but did not reach statistical significance. The relationship between time to drug court entry and time to permanent placement and time to case closure did *not* differ across the sites.

These results suggest that parents who enrolled in drug court faster were more likely to reach several case benchmarks (e.g., entering treatment, reaching permanent placement, reaching case closure) faster than parents who entered drug court more slowly. This effect appears to hold even controlling for parents’ demographic and risk status. However, there did not appear to be a relationship between time to drug court entry and intermediate treatment outcomes or the type of permanent placement decision.

Research Question 1B: Is there a relationship between length of time spent in the FTDC and treatment and child welfare outcomes?

To answer this question, we looked at whether length of stay in drug court was related to six of the seven outcomes described above (all except time to treatment entry): time spent in treatment, likelihood of treatment completion, time to permanent placement, time to case closure, likelihood of reunification, and likelihood of termination of parental rights (TPR). (Comparison cases

were excluded from this analysis.) As illustrated in Table 47, the data indicate that length of stay in drug court was related to three of the seven outcomes: time spent in treatment, treatment completion, and time to permanent placement. Parents who spent more time in drug court tended to spend more days in treatment, were more likely to have a treatment completion, and tended to have a longer time to permanent placement. As described above in the Methodology section, because we were interested in identifying the unique contribution that length of stay in drug court had on each of these outcomes, we controlled for all of the demographic, case, and risk factor variables listed on pages 57 and 58. Thus, the relationships described in Table 47 cannot be attributed to these other factors. We also found that the relationship between length of stay in drug court and treatment completion differed according to site. For San Diego and Washoe, the more time parents spent in drug court the higher the likelihood of treatment completion; in Santa Clara and Suffolk there was not a significant relationship between length of stay in drug court and treatment completion. The relationship between length of time in drug court and time spent in treatment or time to permanent placement did *not* differ across the sites.

These data suggest that parents who stayed in drug court longer tended to have longer treatment stays, greater likelihood of treatment completion, and longer time to permanent placement. Courts may be willing to postpone making permanent placement decisions while monitoring parents’ treatment progress; as time passes and parents make satisfactory progress in treatment (e.g., stay in treatment longer and complete treatment), courts may be able to make better-informed permanency decisions.

Table 47. Relationship Between Length of Stay in FTDC and Outcomes

Relationship Between Length of Stay in Drug Court and:	Statistically Significant?	Nature of Relationship
Time spent in treatment	Yes	Parents with longer stays in drug court tended to have longer stays in treatment
Treatment completion	Yes	Parents with longer stays in drug court had greater likelihood of treatment completion
Time to permanent placement	Yes	Parents with longer stays in drug court tended to have longer times to permanent placement
Time to case closure	No	Not related
Likelihood of reunification	No	Not related
Likelihood of TPR	No	Not related

Table 48. Factors Related to FTDC Graduation

Relationship Between Drug Court Graduation and:	Statistically Significant?	Nature of Relationship
Demographic variables	No	Not Related
Risk characteristics	No	Not Related
Time to drug court entry	No	Not related
Time to treatment entry	No	Not related
Time spent in treatment	Yes	Parents with longer treatment stays were more likely to graduate
Treatment completion	Yes	Parents who complete treatment were more likely to graduate

Research Question 1C: What factors predict the likelihood of FTDC graduation?

To answer this question we looked at a variety of factors that may have an influence on the likelihood of drug court graduation, including demographic characteristics, parent and child risk characteristics, and treatment experience. As illustrated in Table 48, we found that demographic characteristics, risk characteristics, time to drug court entry, and length of time to treatment entry were *not*

related to drug court graduation. However, the number of days spent in treatment and treatment completion *did* predict the likelihood of drug court graduation: parents who spent more days in treatment and parents who completed at least one treatment episode were more likely to graduate.

The nature of the relationship between treatment completion and drug court graduation differed across the sites. This relationship was strongest in San Diego, where parents

who did not complete treatment were even less likely to graduate from drug court compared to parents who did not complete treatment at the other study sites. This finding can be explained by the fact that in San Diego, drug court parents are those who have already had significant struggles in SARMS (oftentimes two or three treatment failures) and thus are enrolled in drug court. These parents have already had several “chances” in SARMS to engage in and complete treatment. If these parents continue to do poorly in treatment once they are in drug court, it follows that they stand less of a chance of graduation than parents at the other sites who have not already displayed multiple failures.

It appears that intermediate treatment outcomes (time spent in treatment and treatment completion) were related to whether parents graduated from drug court. It follows that parents who stayed in, and completed treatment, were more likely to meet the requirements of drug court graduation than parents who did not engage in or complete treatment. Other factors that might be expected to influence drug court graduation, such as time to drug court or treatment entry, or background characteristics of the families, did not appear to affect the likelihood of graduation. Thus, a parent’s demographic and background characteristics and the length of time it takes for the parent to enter drug court or treatment seems to have less influence on whether a parent graduated than the intermediate treatment outcomes of time spent in treatment and treatment completion.

Research Question 1D: Is graduation status related to child welfare outcomes?

To answer this question, we looked at whether drug court graduation status (drug court graduates vs. non-graduates, and drug court graduates vs. the comparison group) was related to four variables: likelihood of reunification, likelihood of termination of parental rights, time to permanent placement,

and time to case closure. As illustrated in Table 49, graduation status was significantly related to two of these four variables: graduates were significantly more likely to reunify with at least one child and were significantly less likely to have at least one termination of parental rights than non-graduates. Again, these analyses controlled for possible confounding factors, and therefore the relationships described in Table 49 cannot be attributed to these other factors.

Table 50 displays the percent of parents reunified and terminated for each group. In the logistic regressions, we formally compared drug court graduates vs. non-graduates and grads vs. comparison. In both regressions, only the graduate vs. non-graduate comparisons were significant.

These data illustrate that drug court graduates were more likely to be reunified with their children than non-graduates, and that drug court non-graduates were more likely to have terminations of parental rights than graduates. This is in line with the fact that many drug court programs list family reunification (when appropriate) as a primary program objective.

RELATIONSHIPS BETWEEN TREATMENT VARIABLES AND OUTCOMES

The next set of analyses explores the relationship between treatment variables (specifically, the time it takes parents to enter treatment, whether parents complete at least one treatment, and how long parents remain in treatment) to child welfare outcomes. Each of these treatment variables comprises a key outcome for FTDC; that is, it is expected that FTDCs will help parents enter treatment faster, complete treatment at a higher rate, and remain in treatment longer. These analyses ask a follow-up question: to what extent are these treatment characteristics associated with better child welfare outcomes?

Table 49. Relationship Between Graduation Status and Outcomes

Relationship Between Drug Court Group and:	Statistically Significant?	Nature of Relationship
Likelihood of reunification	Yes	Parents who graduated were more likely to reunify than non-graduates
Likelihood of decision to terminate parental rights (TPR)	Yes	Parents who graduated were less likely to have a TPR than non-graduates (comparison group not significantly different than graduates or non-graduates)
Time to permanent placement	No	Not related
Time to case closure	No	Not related

Table 50. Permanency Outcomes for Drug Court Graduates, Non-Graduates, and Comparison Sample Cases

	Drug Court Graduates (n=126)	Drug Court Non-Graduates (n=63)	Comparison Sample Cases (n=192)
Percent of parents reunified with at least one child	80%*	21%*	44%
Percent of parents with termination of parental rights for at least one child	18%*	49%*	30%

* Indicates a significant difference between graduation status groups

Research Question 2A: Is there a relationship between time to treatment entry and treatment and child welfare outcomes?

To answer this question, we looked at whether time to treatment entry was related to six outcomes: time spent in treatment, likelihood of treatment completion, time to permanent placement, time to case closure, likelihood of reunification, and likelihood of termination of parental rights (TPR). As illustrated in Table 51, the data indicate that time to treatment entry was related to three of the six outcomes: number of days spent in treatment, treatment completion and time to

permanent placement. In addition, time to treatment entry was marginally related to time to case closure. Parents who had entered treatment more quickly tended to spend more total days in treatment, had a higher likelihood of treatment completion, and tended to have a shorter time to permanent placement. As described above in the Data Analysis section, we were interested in identifying the unique contribution that time to treatment entry had on each of these outcomes, and therefore we controlled for demographic, case, and risk factor variables. Thus, the relationships described in Table 51 cannot be attributed to these other factors.

These data suggest that time to treatment entry was related to several key case benchmarks and outcomes: parents who entered treatment faster tended to spend more time in treatment, and to have more treatment completions, shorter times to permanency, and shorter cases. Given that parents who completed treatment were more likely to graduate from drug court (see Research Question 1C, above), and that parents who graduated from drug court were more likely to be reunified with their children (see Research Question 1D, above), rapid treatment entry appears to be a critical link to parents’ success.

Research Question 2B: Is there a relationship between days spent in treatment and treatment and child welfare outcomes?

To answer this question, we looked at whether length of time in treatment was related to five outcomes: likelihood of treatment completion, time to permanent placement, time to case closure, likelihood of reunification, and likelihood of termination of

parental rights (TPR). As illustrated in Table 52, the data indicate that length of time spent in treatment was related to two of the six outcomes: treatment completion and time to case closure. Parents who spent more time in treatment were more likely to complete treatment and tended to have longer cases. As described above in the Data Analysis section, we were interested in identifying the unique contribution that length of time spent in treatment had on each of these outcomes, and therefore we controlled for demographic, case, and risk factor variables. Thus, the relationships described in the table cannot be attributed to these other factors.

Parents who spent more time in treatment were more likely to complete at least one treatment and also were more likely to have longer cases; it is possible that courts, observing parents’ treatment progress, continue monitoring the case to allow time for parents to successfully complete treatment.

Table 51. Relationship Between Time to Treatment Entry and Outcomes

Relationship Between Time to Treatment Entry and:	Statistically Significant?	Nature of Relationship
Time spent in treatment	Yes	Parents who entered treatment faster tended to have longer stays in treatment
Treatment completion	Yes	Parents who entered treatment faster were more likely to complete treatment
Time to permanent placement	Yes	Children of parents who entered treatment faster tended to have a faster permanent placement
Time to case closure	Marginal	Parents who entered treatment faster tended to have marginally shorter cases
Likelihood of reunification	No	Not related
Likelihood of TPR	No	Not related

Table 52. Relationship Between Length of Time in Treatment and Outcomes

Relationship Between Length of Time in Treatment and:	Statistically Significant?	Nature of Relationship
Treatment completion	Yes	Parents who spent more days in treatment were more likely to complete at least one treatment
Time to permanent placement	No	Not related
Time to case closure	Yes	Parents with longer treatment stays tended to have longer cases
Likelihood of reunification	No	Not related
Likelihood of TPR	No	Not related

Table 53. Relationship Between Treatment Completion and Outcomes

Relationship Between Treatment Completion and:	Statistically Significant?	Nature of Relationship
Time to permanent placement	Marginal	Children of parents with at least one treatment completion take longer time to achieve permanent placement
Time to case closure	Yes	Parents with at least one treatment completion tended to have longer cases
Permanency decision	Marginal	Parents with at least one treatment completion were more likely to have reunifications and less likely to have TPRs

Research Question 2C: Is there a relationship between completing at least one treatment episode and child welfare outcomes?

To answer this question, we looked at whether completion of at least one treatment episode was related to three outcomes: time to permanent placement, time to case closure, and permanency decision (reunification vs. termination of parental rights). As illustrated in Table 53, the data indicate that treatment completion was related to all three outcomes. Parents with at least one treatment completion tended to have longer times to permanent placement and longer cases, and were more likely to have reunifications and less

likely to have terminations of parental rights. As described above in the Data Analysis section, we were interested in identifying the unique contribution that treatment completion had on each of these outcomes, and therefore we controlled for demographic, case, and risk factor variables. Thus, the relationships described in the table cannot be attributed to these other factors.

The nature of the relationship between treatment completion and time to permanent placement differed across the sites. The relationship was strongest in Santa Clara, where parents who did not complete at least one treatment episode had markedly shorter time

to permanent placement on average than parents who did complete treatment. This effect was not as dramatic at the remaining sites (indeed, though not statistically significant, in Suffolk, parents who completed treatment tended to have *shorter* time to permanent placement than parents who did not complete treatment). It may be that for parents who do not do well in treatment, the Santa Clara court is more likely to move quickly to make a permanency decision. The relationships between treatment completion and time to case closure and permanency decision did *not* differ across the sites.

These data suggest that parents who completed treatment tended to have longer time to permanent placement and longer cases overall, but ultimately these parents had positive child welfare outcomes in the form of more reunifications and fewer terminations of parental rights.

Discussion

Several conclusions can be drawn from the data presented above. First, rapid entry into drug court and treatment services appears to be related to a number of positive outcomes, including more treatment completion, shorter times to permanent placement, and shorter time to case closure.

Second, intermediate treatment variables appear to play an important role in other outcomes. Parents who entered treatment faster, stayed in treatment longer, and completed treatment were more likely to graduate from drug court and were more likely to have faster time to permanent placement.

Third, the data suggest that shortening the length of time to permanent placement or length of time to case closure may not necessarily be the most central outcomes for drug court. Parents in these samples who spent more time in treatment and who completed treatment had longer cases, but these parents, in turn, were more likely to reunify with their children and graduate from drug court, two positive and important outcomes.

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APPENDIX A: SAMPLE DEMOGRAPHICS

Table A. San Diego Sample Demographics

	Drug Court	SARMS	Comparison
Mothers	80%	90%	88%
Caucasian*	36%	54%	42%
High school or higher education	32%	30%	4%
Employed*	11%	29%	25%
Married	20%	22%	20%
Reliable housing	56%	44%	18%
Any income	40%	48%	16%
Parental mental health history*	34%	33%	22%
Parental medical history	10%	6%	2%
Parental criminal history	56%	76%	30%
Parental domestic violence*	67%	50%	43%
Number of children	2.30	1.64	2.82
Alcohol allegations	24%	30%	6%
Drug allegations	96%	90%	100%
Teen parent	13%	10%	14%
Number of prior treatment episodes*	3.7	3.9	2.4
Physical Abuse Allegations	7%	4%	0%?
Neglect Allegations	90%	80%	62%
At least one child under 3	10%	8%	6%
Children with medical issues*	9%	26%	8%
Children with developmental issues	16%	24%	18%
Children with educational issues	8%	8%	9%
Children with behavioral issues*	10%	8%	34%
Prenatal drug exposure	19%	31%	26%
Prior sexual abuse of child	4%	2%	7%

Note: Demographic data was missing for a large number of San Diego cases. For example, education level data was available for only 9 cases. Therefore, these data should be interpreted with caution.

*Significant at $p < .1$

Table B. Santa Clara Sample Demographics

	Drug Court	Comparison
Mothers	96%	96%
Caucasian	42%	36%
High school or higher education	39%	22%
Employed*	30%	46%
Married	26%	32%
Reliable housing* ⁺	30%	10%
Any income	73%	75%
Parental mental health history	39%	39%
Parental medical history	29%	29%
Parental criminal history	68%	82%
Parental domestic violence*	64%	62%
Number of Children	1.94	1.82
Alcohol allegations	24%	42%
Drug allegations	96%	88%
Teen parent	11%	17%
Number of prior treatment episodes	1.3	1.0
Physical Abuse Allegations	3%	1%
Neglect Allegations	55%	39%
At least one child under 3*	12%	2%
Children with medical issues	27%	19%
Children with developmental issues*	9%	3%
Children with educational issues	16%	22%
Children with behavioral issues*	25%	45%
Prenatal drug exposure	26%	11%
Prior sexual abuse of child	1%	8%

*Significant at $p < .1$

+ Drug court parents tended to have more reliable housing than comparison group parents. However, in the propensity score analysis (page 14), the directionality of this item was reversed due to multicollinearity.

Table C. Suffolk Sample Demographics

	Drug Court	Comparison
Mothers	82%	81%
Caucasian	72%	67%
High school or higher education	52%	26%
Employed*	21%	42%
Married	38%	42%
Reliable housing*	70%	55%
Any income*	86%	94%
Parental mental health history	50%	59%
Parental medical history	21%	12%
Parental criminal history	62%	59%
Parental domestic violence*	34%	54%
Number of children	2.4	2.08
Alcohol allegations	67%	71%
Drug allegations	74%	63%
Teen parent	10%	6%
Number of prior treatment episodes	2.1	1.3
Physical Abuse Allegations	3%	12%
Neglect Allegations	98%	97%
At least one child under 3*	4%	12%
Children with medical issues	17%	29%
Children with developmental issues	5%	6%
Children with educational issues	13%	9%
Children with behavioral issues	28%	38%
Prenatal drug exposure	17%	17%
Prior sexual abuse of child	3%	2%

*Significant at $p < .1$

Table D. Washoe Sample Demographics

	Drug Court	Comparison
Mothers	98%	88%
Caucasian	70%	82%
High school or higher education	60%	64%
Employed	25%	41%
Married	24%	41%
Reliable housing	56%	50%
Any income	84%	84%
Parental mental health history*	54%	47%
Parental medical history*	26%	14%
Parental criminal history	70%	70%
Parental domestic violence	74%	76%
Number of Children*	1.68	1.92
Alcohol allegations	27%	37%
Drug allegations*	86%	63%
Teen parent	8%	8%
Number of prior treatment episodes	0.9	0.5
Physical Abuse Allegations	26%	6%
Neglect Allegations	77%	93%
At least one child under 3*	0%	4%
Children with medical issues	14%	17%
Children with developmental issues	17%	29%
Children with educational issues	6%	11%
Children with behavioral issues*	19%	30%
Prenatal drug exposure	27%	21%
Prior sexual abuse of child	6%	2%

*Significant at $p < .1$

APPENDIX B: DATA DICTIONARY

Data Dictionary for Calculated Variables
Retrospective Study Data Analyses

Variable	Definition	How Variable Was Calculated
Parent Risk Factors	Total number of risk factors clearly documented for each parent	Counted number of risk factors that were clearly documented in case records for each parent: mental health, medical problems, criminality, learning or developmental delays, domestic violence, and childhood victimization. Score could have ranged from 0 – 6.
Child Risk Factors	Total number of risk factors collapsed across all children on case	A particular risk factor was coded as a ‘1’ if it was clearly documented for at least one child on the case. Risk factors included medical issues, developmental issues, educational issues, behavioral/emotional issues, and prenatal substance exposure. Then, the number of risk factors coded as ‘1’ was counted to arrive at a score ranging from 0 to 5. Any particular risk factor was only counted one time, even if present for multiple children.
Time to Drug Court Entry	Number of days from petition date to drug court entry date	Subtracted petition date from drug court entry date. For Washoe, date of first detention/CPS hearing was used as the petition date.
Time Spent in Drug Court	Number of days from start to end of drug court episode	End of drug court episode could have been marked by graduation or termination. Subtracted drug court start date from drug court end date. Participants who were still in drug court or did not have an end date were coded as missing.
Drug Court Graduation Status	Whether or not parent graduated from drug court	Parents were coded as “graduates” or “non-graduates.” Participants who were still in drug court or who had missing information were coded as missing.
Time to Treatment Entry	Number of days from petition date to date of first treatment admission, for parents with at least one treatment episode.	Treatment admission dates had to start after the petition date and before the case closure date. Parents had to have a closed case or have reached the end of their 5-year study window. Parents who did not enter treatment within the 5- year study window were coded missing on this variable. A valid treatment episode was either inpatient or outpatient; excluded were assessments and detoxification episodes. Subtracted petition date from date of first treatment admission. For Washoe, date of first detention/CPS hearing was used as the petition date.

Variable	Definition	How Variable Was Calculated
Total Days in Treatment	Number of non-overlapping days spent in residential or outpatient treatment as of the end of the case or 5-year study window	Treatment admission dates had to start after the petition date and before the case closure or 5-year study window date. A valid treatment episode was either inpatient or outpatient; excluded were assessments and detoxification episodes. If parent was still in treatment at the end of his/her case or 5-year study window (whichever came first), the treatment discharge date was replaced with the case closure or 5-year study window closure date. If two or more treatment episodes overlapped, they were merged into one treatment episode in order to remove the overlapping days from the total count. Summed the length of each treatment episode within the time frame. Parents with no treatment episodes were coded as having spent 0 days in treatment.
Completed at Least 1 Treatment	Whether or not parent completed at least one treatment episode during their case or at the end of their 5-year study window	All eligible treatment episodes had to start after the petition date and before the case closure or 5-year study window date. A valid treatment episode was either inpatient or outpatient; excluded were assessments, detoxification episodes, etc. If at least one valid treatment episode had been completed during this time frame, the parent was coded as “at least 1 complete.” Those parents who had not completed at least one treatment, or who had not entered treatment during this time frame, were coded as “no completed treatments.”
Time to Permanent Placement	Number of days from petition date to permanent placement date averaged across all children on the case	Subtracted petition date from date of permanent placement. For Washoe, date of first detention/CPS hearing was used as the petition date. Parents with permanent placement dates that fell outside of their 5-year study window (i.e., time to permanent placement exceeded 1825 days) were recoded to missing. Permanent placement date was defined as the date the child entered the setting that ultimately remained the permanent placement for the child.
Time to Case Closure	Number of days from petition date to case closure date averaged across all children on the case	Subtracted petition date from date of case closure for each child on case; averaged time to case closure across all children. For Washoe, date of first detention/CPS hearing was used as the petition date. Parents with case closure dates that fell outside of their 5-year study window (i.e., time to case closure exceeded 1825 days) were recoded to missing. Case closure date is defined as the date that the court case for the family was closed.