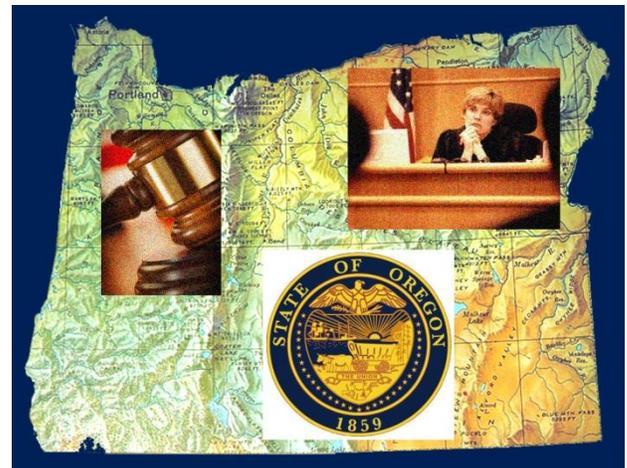


Marion County Fostering Attachment Treatment Court Process, Outcome and Cost Evaluation *Final Report*



Submitted to:
Devarshi Bajpai, MBA
Grants Manager
Oregon Criminal Justice Commission
885 Summer Street NE
Salem, OR 97301

Submitted by:
NPC Research
Portland, Oregon

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4380 SW Macadam Ave., Suite 530
Portland, OR 97239
(503) 243-2436
www.npresearch.com

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Submitted By

NPC Research

Shannon M. Carey, Ph.D., Principal Investigator

Mary Beth Sanders, Data Coordinator

Mark S. Waller, Cost Analyst

Scott W. M. Burrus, Ph.D., Project Director

Jennifer A. Aborn, Survey Coordinator

www.npcresearch.com

For questions about this report or project, please contact Shannon Carey at
(503) 243-2436 x 104 or carey@npcresearch.com.

June 2010



Informing policy, improving programs

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EXECUTIVE SUMMARY

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of May 2009, there were 2,037 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam, with another 214 being planned (National Association of Drug Court Professionals, 2009).

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail, and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

More recently, in approximately the last 10 years, the drug court model has been expanded to include other types of offenders (e.g., juveniles and parents with child welfare cases). Family Drug Courts (FDCs) work with substance-abusing parents with child welfare cases. There have been a modest number studies of these other types of courts including some recidivism and cost studies of juvenile courts (e.g., Carey, Marchand, & Waller, 2006) and a national study of family drug courts (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Many of these studies show promising outcomes for these newer applications of the drug court model. However, the number of family drug court studies in particular has been small, and to date, there have been no detailed cost studies of family drug courts.

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

This evaluation was funded under the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program: Byrne Methamphetamine Reduction Grant Project 07-001. This summary contains process, outcome and cost evaluation results for the Marion County Fostering Attachment Family Treatment Court (FATC).

Process Evaluation Methods and Results

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards estab-

lished by the National Association of Drug Court Professionals (1997) are called the “Ten Key Components of Drug Courts.” Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

For this evaluation, the Marion County Fostering Attachment Treatment Court (FATC) process was examined to determine whether, and how well, the program was manifesting the 10 Key Components, with some modifications to fit this special population of parents with child welfare cases. Program practices were compared to national data on common drug court practices as well as data from recent studies on practices related to positive participant outcomes such as graduation, reduced recidivism, and cost savings.

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

PROCESS EVALUATION KEY FINDINGS

The Marion County Fostering Attachment Treatment Court was implemented in January 2006. Judge Abernethy, who developed the program in collaboration with the Department of Human Services (DHS) and Family Building Blocks (FBB), indicated that the program was modeled on the first infant/toddler court that was created in Miami-Dade County, Florida, by Judge Cindy Lerdeman and Dr. Joy Osofsky. As DHS determined the Drug Court model to be an evidence-based practice in Oregon, the FATC strives to incorporate the 10 Key Components of drug court into program policy and practice.

The FATC program is designed to take a minimum of 12 months from participant entry to graduation and targets parents of children 0 to 3 years of age at the time of program referral. Participants are referred both from the criminal justice system and from the child welfare system. The general program population consists of substance-abusing parents who have an open child welfare case with DHS and possess an expressed desire to engage in the treatment court process and recovery. The majority of these participants are also involved in the criminal justice system. The FATC team includes DHS case managers that report at team meetings and support participants with open child welfare cases, as well as several FBB relief nursery representatives who provide a variety of wrap-around services to parents such as counseling, child care and parenting classes.

The Marion County Fostering Attachment Treatment Court was implemented in January 2006. The 10 Key Components of drug court provide a useful framework for assessing many family treatment court processes. Overall, the Marion County Fostering Attachment Treatment Court has successfully implemented its drug court program within the guidelines of the 10 Key Components. The FATC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment. The FATC district attorneys and public defenders, while not formal team members, reportedly support the program and participate in court sessions as needed. The FATC offers specialized services to program participants, as well as a successful drug use monitoring system. The judge has frequent and consistent contact with program participants, and observation indicates she is firm yet supportive during court sessions. This program is successfully collecting the majority of drug court data necessary for case management and eval-

uation in the Oregon Treatment Court Management System (OTCMS) and the Family Building Blocks (FBB) database. Finally, this program has successfully established partnerships with community agencies.

Although this program is operating well, NPC's review of program operations resulted in some recommendations for program enhancements. Some of the key recommendations are listed below. For a full list of recommendations, see the main evaluation report.

- Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle. The FATC is applauded for providing ongoing post-program parent and child services. In addition to post-program services, some courts have used alumni support groups as a cost-effective tool in aftercare planning and program participant support and could be considered by the FATC to enhance or augment the current approach.
- Research has indicated that drug courts that include a phase that focuses on relapse prevention have been shown to have higher graduation rates and lower recidivism than drug courts that did not. It is recommended that the FATC incorporate relapse prevention into one of the program phases.
- The FATC team indicated that a potential lack of adequate and stable funding for treatment is of concern. The team should consider conducting a strategic planning session or place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning program needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program.
- There are some treatment modalities, such as detox and culturally specific services, which the team indicated as unavailable to participants. The team should review their drug court population (or potential population) to determine if these services are warranted, and if so, explore options within the county or in nearby counties for community partners that may be able to provide these services.
- Since research indicates that testing 3 times per week in the first phase of drug court can lead to lower recidivism rates, we recommend that the team look into options, including lower cost sources that would allow the program to test more frequently (3 times per week and randomly) in the first phase. Some FATC parent focus group participants also noted the importance of UA testing and indicated that more frequent testing could be beneficial.
- The program reports sometimes using jail as a sanction after any, including the first, positive drug test. Although the option to use jail as a sanction is an integral piece of an effective adult drug court (Carey, Finigan, & Pukstas, 2008), it is important to use jail judiciously, particularly in a family treatment court program where the participants may not have a criminal charge.
- The team may want to set aside time to discuss the findings and recommendations in the detailed process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.

While research around best practices specifically for family treatment courts is limited, the 10 Key Components of adult drug courts provide a useful framework for assessing many family court program processes. Overall, the FATC has successfully implemented a program that incor-

porates the guidelines of the 10 Key Components of drug courts. Program data are regularly entered in the OTCMS and FBB databases, and system data are monitored regularly. This program is commended for implementing a program that follows good drug court practice.

Recommendations for statewide improvement in the drug court system. In addition to the program recommendations, there were strong recommendations to the state for improvement to the statewide drug court case management information system. These include modifications to improve consistent data entry across the state, the introduction of important data fields that currently do not exist in the database (such as participant termination information, treatment diagnosis and service fields and child welfare data fields), adding the ability to incorporate additional phases for programs that have higher numbers of phases, and moving to a Web-based data system so all team members can enter their own data and communicate participant progress and noncompliant behavior through this system to facilitate swifter response to client behaviors.

In spite of these needs for improvement, it is commendable that Oregon treatment courts statewide have an electronic data collection system available to them. This puts the drug courts in Oregon ahead of the majority of other states across the nation in encouraging the collection of data essential to good case management and evaluation for program feedback and improvement.

Outcome/Impact Evaluation Methods and Results

The purpose of outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants? This includes short-term outcomes such as whether the program is delivering the intended amount of services, whether participants receive treatment more quickly and complete treatment more often than those who don't participate, whether participants are successfully completing the program in the intended amount of time, whether drug use is reduced, and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes (also called an "impact evaluation") including participant outcomes after program completion. In the case of drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system "revolving door?" How often are participants being re-arrested, and spending time on probation or in jail? And in the case of Family Drug Treatment Courts, is recidivism in the child welfare system reduced?

In this evaluation both short- and long-term outcomes were assessed. Outcomes were examined in four main focus areas: 1) treatment, 2) program completion, 3) child welfare, and 4) criminal justice recidivism. The outcome portion of the evaluation report was divided into each of these four areas of interest, with specific policy-related study questions for each. These questions are listed below in the results.

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

Methods. NPC Research identified a sample of participants who entered the FATC between January 2006 and June 2008. This timeframe allowed for the availability of at least 12 months and up to 2 years of recidivism data post-program entry for all study participants. This timeframe also allowed for recidivism outcomes for up to 2 years post-program exit for a small number of participants. A comparison group was identified from a list of family court cases for individuals that entered the court system on a petition for shelter care. The full comparison group selection process is described under the section on Sample Selection in the main report. The drug court

participants and comparison individuals were matched on age, gender, ethnicity, indication of prior drug use, number and age of children, prior treatment history and criminal history, including number of prior arrests and prior drug arrests.

Both groups were examined through existing administrative databases for a period up to 24 months from the date of drug court entry. For comparison group members, an equivalent “entry date” was calculated by creating an average of the number of days from petition to drug court entry for participants and adding that mean number of days to the petition date for comparison group members.

Data Analysis. Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 15.0 for statistical analysis. Analyses included t-tests, chi-square, and ANCOVAs as appropriate, and results were adjusted based on age, gender, ethnicity, and criminal history. Analyses that examine outcomes 2 years from drug court entry only include individuals that have 2 full years of outcome time available.

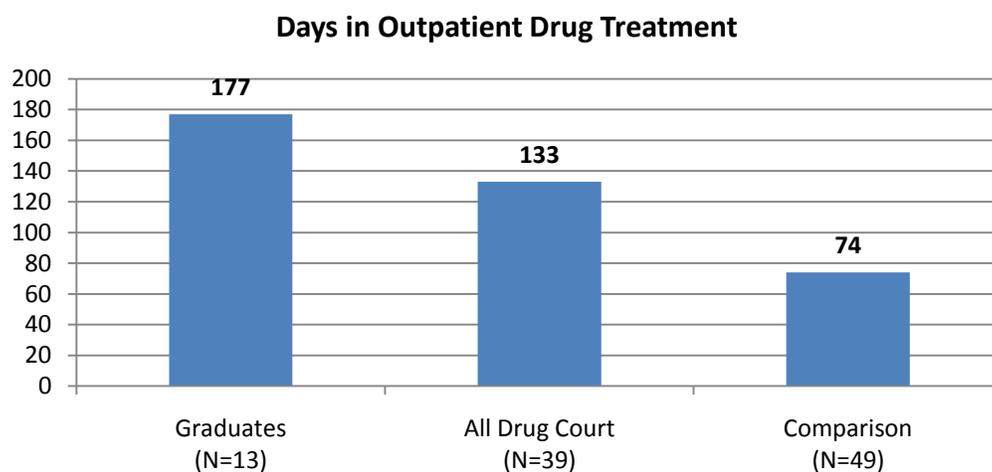
OUTCOME/IMPACT EVALUATION KEY FINDINGS

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

YES. In the year after drug court entry, the FATC program parents spent nearly twice as long in treatment than parents who did not participate in the program.

As shown in Figure A, FATC parents spent an average of **133** days in outpatient treatment in the year after drug court entry compared to **74** days for the comparison group ($p < .05$). Graduates spent even longer in treatment (**177** days). Further, although it was not significant ($p=.063$), FATC parents spent more time in residential treatment than comparison participants (34 days compared to 7 days, respectively).

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



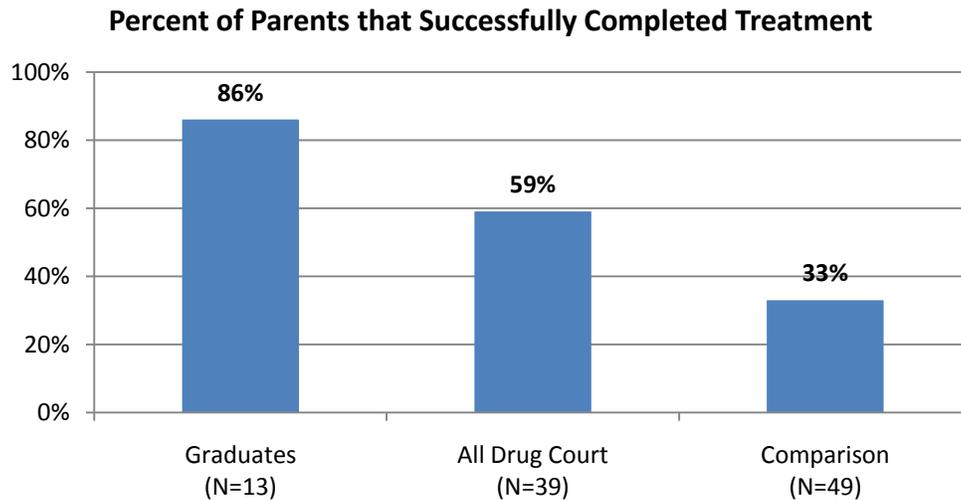
Policy Question #2 (Treatment Outcome): Do FDC parents complete treatment more often than non-FDC parents?

YES. Significantly more FATC program parents successfully completed treatment after program entry compared to parents who did not participate in the FATC.

As demonstrated in Figure B, in a 2-year period after entry into the program, **59%** of FATC parents had completed treatment compared to **33%** of the comparison group. This difference was significant for group ($p < .05$) over and above any differences due to age, race/ethnicity, gender and criminal history. Further, **86%** of FATC graduates showed completed treatment episodes in the statewide data. (Note that since all graduates must complete treatment in order to graduate from the FATC program, the “86%” demonstrates how treatment episodes are under-reported in the state system).

A key purpose of the drug court model is to use the authority of the court and the judge to keep people in treatment long enough to complete a full course of treatment and for significant behavior change to occur. The result of this analysis shows that the FATC program is fulfilling this purpose in that nearly twice the number of parents complete treatment compared to parents that did not participate in the program.

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



Policy Question #3 (Child Welfare Outcome). Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate?

YES. Children of FATC parents spent significantly less time (less than half the time) in foster care in the 2 years after drug court entry than children of non-FATC parents.

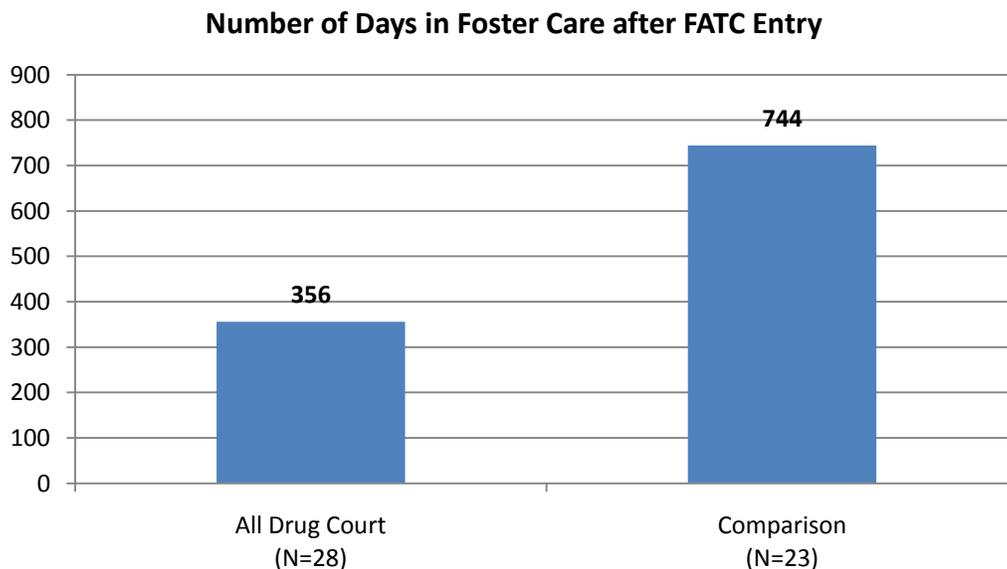
Counting all foster care episodes with start dates that occurred in the 2 years after drug court entry (or the equivalent for the comparison group), the children of FATC parents spent an average of **529** days in foster care (an average of **211** days per child). In contrast, children of non-FATC parents spent a total of **1,112** days in foster care (an average of **383** days per child) ($P < .01$). Children of graduates spent a total of **401** days in foster care after the drug court start date (an average of **160** days per child). This provides support for the idea that family drug courts provide parents in the child welfare system with the tools they need to more successfully parent their children.

Policy Question #4 (Child Welfare Outcome). Are FDC children returned to their parents more quickly after drug court start?

YES. Children whose parents participated in the FATC program were returned significantly sooner than children whose parents did not participate.

For those children who were in foster care at the time of drug court entry, children with FATC parents were in care an average of 142 days per child after drug court entry (to the first disposition/reunification date), compared to 298 days per child after an equivalent date for children of non-FATC parents ($p < .01$). This indicates that participation in drug court is an efficient use of resources in assisting parents to obtain the treatment and other services they need to qualify for the right to parent their children.

Figure C. Children of FATC Parents Are Returned Significantly Sooner Than Non-FATC Parents



Policy Question #5 (Child Welfare Outcome): Are children of FDC parents more likely to be re-unified with their parents than children of non-FDC parents?

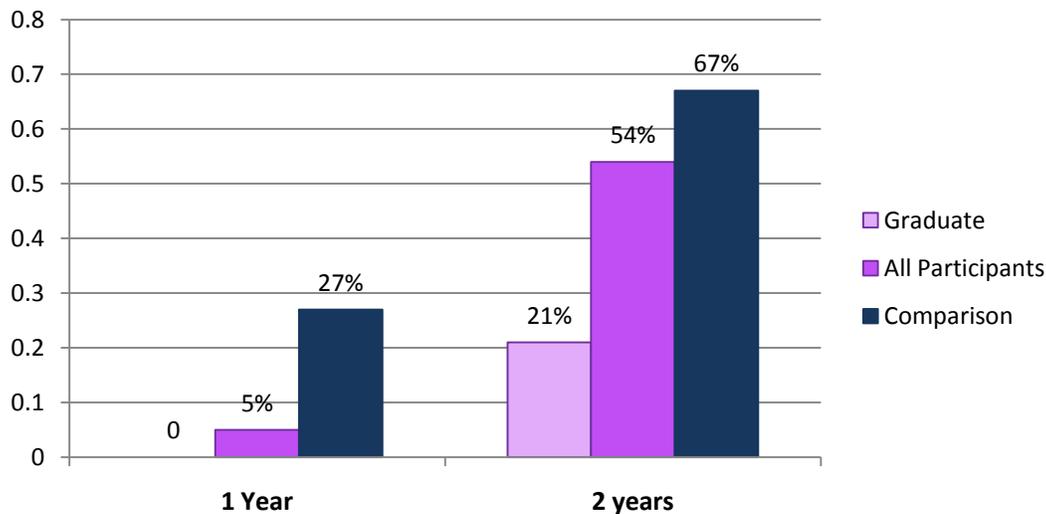
YES. FATC parents were reunified with their children significantly more often than non-FATC parents while experiencing significantly fewer adoptions and termination of parental rights.

Within 2 years of drug court entry, 80% of FATC parents were reunified with their children compared to 40% of non-FATC parents ($p < .01$). In terms of number of re-unifications, the FATC participants experienced an average of one (1) reunification per parent in the 2 years after program entry compared to 0.59 reunifications per non-FATC parent ($p < .01$).

Policy Question #6 (Criminal Justice Outcome): Do FDC parents have fewer subsequent arrests than non-FDC parents?

YES. Drug court participants were less likely to be re-arrested than the comparison group over 2 years from drug court entry. Figure D illustrates the percent of individuals who were re-arrested in the 24 months after entering the drug court program for FATC graduates, all FATC participants, and the comparison group. The re-arrest rate was adjusted for age, ethnicity (White or non-Caucasian), gender, prior arrests, and time at risk to be rearrested.

Figure D. Fewer Drug Court Participants Were Re-Arrested Than the Comparison Group Over 2 Years



Note: N sizes at 1 year: Graduates $n = 13$, All Drug Court Participants $n = 35$, Comparison Group $n = 34$;
 N sizes at 2 years: Graduates $n = 11$, All Drug Court Participants $n = 20$, Comparison Group $n = 20$.

This difference in recidivism rate was statistically significant at one year ($p < .01$) but was not significant at 2 years post drug court entry, ($p = .18$). The lack of significance at 2 years is probably due to the drop in sample size from 1 year to 2 years as there were fewer individuals with 2 full years of outcomes available. No graduates were re-arrested the first year, but there was a substantial increase the second year for graduates and all participants, indicating that criminal activity is well controlled while participants are in the program, but the FATC program may have less of an effect once the participant has completed the program (2 years out from entry). However, this could be an artifact due to the small number of individuals who had 2 years worth of recidivism data available.

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

- Spent nearly twice as long in treatment and were twice as likely to complete treatment,
- Had their children spend less than half the time in foster care in the 2 years after drug court entry,
- Were reunified with their children twice as often and significantly sooner (in half the time),
- Had 4 times fewer terminations of parental rights (TPRs),
- Were significantly less likely to be re-arrested for any charge
- Had significantly reduced re-arrests with drug charges over time.

Further analyses showed that the FATC program is keeping participants in the program during the intended 12-month length of the program but that graduates were significantly more likely to spend longer (15 months) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that participants benefit from longer time in the program. The graduation rate for the FATC program is 51%, which is on par with the national average for all drug courts.

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

Cost Evaluation Methods and Results

The main purposes of the cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice, treatment, and child welfare outcomes were lower due to FATC participation. A common misunderstanding in the discussion of cost analysis is the meaning of the term “cost-effective” versus the term “cost-benefit.” A *cost-effectiveness* analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. A *cost-benefit* evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in re-arrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.¹ This evaluation is a *cost-benefit* analysis.

The CFC cost evaluation was designed to address the following policy questions:

1. How much does the FATC program cost? What is the average investment per agency in a FATC case?
2. What is the 2-year cost impact on the treatment, child welfare and criminal justice systems of sending offenders through FATC compared to traditional court processing? What is the average cost of treatment, child welfare and criminal justice recidivism per agency for the FATC group compared to the non-FATC group?
3. What is the cost-benefit ratio for investment in the FATC?

¹ See drug court cost-benefit studies at www.npcresearch.com

The cost approach utilized by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual's interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

In order to maximize the study's benefit to policymakers, a "cost-to-taxpayer" approach was used for this evaluation. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program).

The cost evaluation involves calculating the costs of the program and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there are any benefits (or avoided costs) due to FATC program participation, it is necessary to determine what the participants' outcome costs would have been had they not participated in the FATC. One of the best ways to do this is to compare the costs of outcomes for FATC participants to the outcome costs for similar individuals that were eligible for FATC but who did not participate. The comparison group in this cost evaluation is the same as that used in the preceding outcome evaluation.

Cost Analysis Policy Question #1: How much does the FATC program cost?

Cost analysis determined that the average cost of the program per participant was \$14,351. Taken together, case management and court appearances account for over 66% of program costs, but that is not unusual given that close judicial contact and intense case supervision of participants are two more of the essential elements of drug courts. Case management (\$6,632) is by far the most expensive transaction for the program, followed by court appearances and then residential treatment. The average program cost per FATC graduate is \$18,076 due to the fact that graduates spend longer in the program and use more resources.

The per participant cost to the taxpayer for the FATC *by agency* are presented in Table A on the following page.

Table A. Average Cost per Participant by Agency

Agency	Average cost per FATC graduate	Average cost per FATC participant
Circuit Court	\$1,977	\$1,685
DHS	\$3,580	\$2,814
Health Department	\$996	\$787
Parole and Probation	\$914	\$728
Family Building Blocks	\$3,751	\$3,003
Valley Mental Health	\$1,103	\$892
Treatment (OHP)	\$5,757	\$4,442
Total²	\$18,078	\$14,351

Note: Average agency costs per participant have been rounded to the nearest whole dollar amount.

State policy leaders and administrators may find it useful to examine programs costs by jurisdiction (state or local/county). The financial impacts for Marion County and the State of Oregon are estimated because some agencies are partially state funded and partially funded by local or private sources. Given that DHS, the Circuit Court, and most treatment (through OHP) are state funded, the majority of FATC program costs accrue to the State of Oregon (62% or \$8,941 per participant). The local or Marion County portion of FATC program costs are mainly due to FBB case management and the involvement of the County Health Department and Parole and Probation (38% or \$5,410 per participant).

Cost Analysis Policy Question #2: What is the 2-year cost impact on criminal justice, treatment, and the child welfare system of sending offenders through FATC compared to traditional court processing?

Table B on the following page represents the cost consequences associated with the combined criminal justice system, treatment, and child welfare system outcomes for FATC graduates, the FATC group, and comparison group.

² Totals in this row may not match the totals in the program costs by transaction table due to rounding.

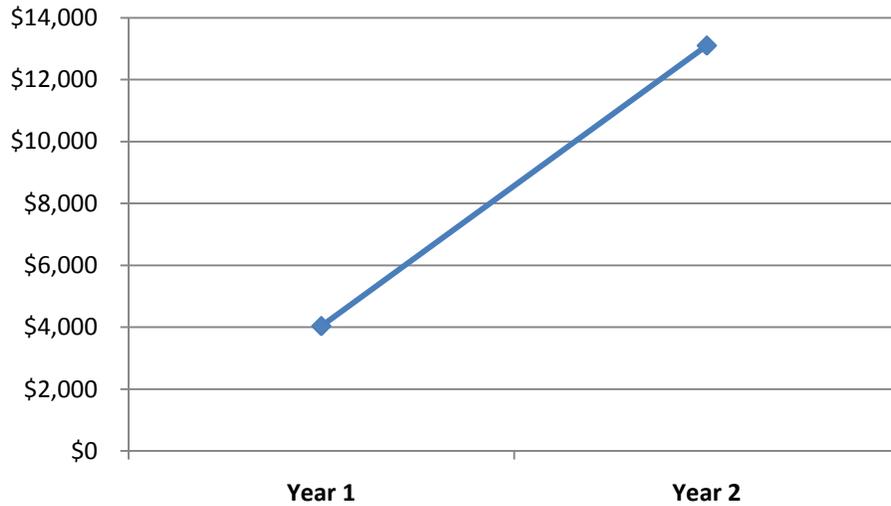
Table B. Outcome Costs per FATC and Comparison Group Member Over 2 Years

Transaction	Transaction unit cost	FATC graduates (n = 13)	FATC participants (n = 28)	Comparison group (n = 29)
Arrests	\$209.46	\$19	\$69	\$140
Court Cases	\$3,097.41	\$279	\$1,022	\$2,075
Probation Days	\$8.11	\$425	\$367	\$833
Parole Days	\$12.34	\$0	\$0	\$0
Jail Days	\$85.00	\$38	\$225	\$170
Prison Days	\$77.78	\$0	\$279	\$1,647
Outpatient Drug Treatment Days	\$10.57	\$2,727	\$2,563	\$1,303
Outpatient Alcohol Treatment Days	\$15.09	\$0	\$20	\$296
Residential Treatment Days	\$110.15	\$4,372	\$4,522	\$1,681
Detoxification Days	\$108.64	\$41	\$23	\$53
Foster Care Days	\$24.01	\$9,628	\$12,708	\$26,704
Total		\$17,529	\$21,798	\$34,902

Table B reveals that FATC participants cost less for every transaction, except for jail days, residential treatment, and outpatient drug treatment. It is possible that participation in the program leads to a small number of additional jail days due to program sanctions. (The use of jail in a family drug court is discussed in the process evaluation section of this report). It is to be expected that parents who participate in the FATC will have more treatment than parents who do not, since obtaining and maintaining treatment is one of the main focuses of the program. The lower costs overall are mainly due to lower criminal justice recidivism and lower use of foster care.

The total average cost savings after 2 years is **\$13,104** per FATC participant, regardless of whether or not the participant graduates. If the FATC program continues in its current capacity of serving a cohort of 16 participants annually, this savings of \$6,552 per participant per year (\$13,104 divided by 2) results in a yearly savings of **\$104,832** per cohort year, which can then continue to be multiplied by the number of years the program remains in operation and by the number of cohorts over time. If the FATC expands to include greater numbers of participants, this savings will also grow. The combined savings will continue to grow for participants every year after program entry. If savings continue at the same rate, after 5 years the savings *per cohort* will total **\$524,160**.

Figure E displays a graph of the cost savings (the difference between the FATC participants and the comparison group) over the 2 years post-FATC entry. While there is a savings of \$4,037 in the first year after entry, the savings grow substantially by Year 2, extending to \$13,104 in savings. (Note, however, that these are not the same participants over time, but represent those who had 1 and 2 years of follow-up time, respectively.)

Figure E. Cost Savings per FATC Participant for 2 Years Post-FATC Entry

The cost savings illustrated in Figure E are those that have accrued in just the 2 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. *Therefore, it is reasonable to state that savings to the state and local criminal justice, treatment, and child welfare systems are generated from the time of participant entry into the program.*

This savings will also continue to grow with the number of participants that enter each year. If the FATC program continues to enroll a cohort of **16** participants annually, the savings of \$13,104 per participant over 2 years results in an annual savings of **\$104,832** per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. This accumulation of savings is demonstrated in Figure F. After just 5 years, the accumulated savings come to over **\$1.5 million**.

Figure F. Projected Cost Savings Over 5 Years

As the existence of the program continues, the savings generated by FATC participants due to decreased substance use, decreased criminal activity, and decreased child welfare system usage can be expected to continue to accrue, repaying investment in the program and beyond. Taken together, these findings indicate that the FATC is both beneficial to FATC participants and beneficial to Oregon taxpayers.

Research Question #3: What is the cost-benefit ratio for the FATC?

Of particular interest to state and local policymakers is the cost-benefit ratio of the FATC program, that is, the return on investment. The final assessment of the cost differences between the FATC approach and traditional court processing requires a matching of outcome costs to investment costs. This is usually expressed as the “cost-benefit ratio.” In Marion County, the FATC program costs \$9,909 per person (subtracting outpatient drug treatment, residential treatment and detoxification, as these are included in the 2-year outcome costs for both groups for the purposes of this analysis). This investment, combined with the benefits due to positive outcomes results in a cost-benefit ratio of 1:1.3 after 2 years. After 5 years, the projected cost-benefit ratio becomes 1:3.3. That is, for every dollar (\$1) spent on the program, the taxpayers save \$3.30 in criminal justice and child welfare system costs. As described earlier in this report, if other system costs were included, such as health care, welfare and employment system costs, this cost-benefit ratio might increase dramatically. For example, Finigan’s (1998) study of the STOP drug court in Multnomah County found a cost-benefit ratio of 1:10. That is, for every dollar spent on the program, \$10 was saved in public costs.

Overall, the results of the cost analysis show that the Marion County FATC contributes to significant cost savings for the taxpayer and a return on taxpayer investment in the program. The program investment cost is \$14,351 per FATC participant. The cost due to recidivism, treatment, and foster care usage over 2 years from program entry was \$21,798 per FATC participant compared to \$34,902 per comparison individual, resulting in a savings of \$13,104 per participant (regardless of whether they graduate). The majority of the cost in outcomes for FATC participants over the 2 years from program entry was due to foster care days (\$12,708). In sum, the FATC program had:

- A criminal justice, treatment, and child welfare system cost savings per participant of **\$13,104** over 2 years
- A projected 130% return on its investment after 2 years (a 1:1.3 cost-benefit ratio)
- A projected 330% return on its investment after 5 years (a 1:3.3 cost-benefit ratio)

There is a clear benefit to the taxpayer in terms of criminal justice, treatment, and child welfare system-related costs in choosing the FATC process over traditional court processing.

BACKGROUND

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders nationally. The first drug court was implemented in Miami, Florida, in 1989. As of May 2009, there were 2,037 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam with another 214 being planned (National Association of Drug Court Professionals, 2009).

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional adversarial roles. These include addiction treatment providers, district attorneys, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment may also include regular and frequent drug testing.

The rationale of the drug court model is supported by the research literature. There is evidence that treating substance abuse leads to a reduction in criminal behavior as well as reduced use of the health care system. Gerstein, Harwood, Fountain, Suter, and Malloy (1994) found positive effects of drug and alcohol treatment on self-reported subsequent criminal activity in a statewide sample. The National Treatment Improvement Evaluation Study (Substance Abuse and Mental Health Services Administration, 1997) found significant declines in criminal activity comparing the 12 months prior to treatment and the 12 months subsequent to treatment. These findings included considerable drops in the self-reported behavior of selling drugs, supporting oneself through illegal activity, shoplifting, and criminal arrests. In a study using administrative data in the State of Oregon, Finigan (1996) also found significant reduction in police-report arrests for those who completed treatment.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

More recently, in approximately the last 10 years, the drug court model has been expanded to include other populations (e.g., juveniles, domestic violence offenders, and parents with children involved in the child welfare system). Family Drug Courts (FDCs) work with substance-abusing parents with child welfare cases. FDCs are “problem-solving” courts modeled after the adult drug court approach. Similar to adult drug courts, the essential components of FDCs include regular, often weekly, court hearings, intensive judicial monitoring, timely referral to substance abuse treatment, frequent drug testing, rewards and sanctions linked to service compliance, and generally include wrap-around services (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). The FDC team always includes the child welfare system along with the judicial and treatment systems (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Second, while adult

drug courts work primarily with criminally involved adults who participate in the drug court in lieu of jail time, participants in FDCs may not be criminally involved; rather, FDC participants typically become involved in drug court due to civil family court matters.

There have been a modest number of studies of these other types of courts including some recidivism and cost studies of juvenile courts (e.g., Carey, Marchand, & Waller, 2006) and a national study of family drug courts (Green et al., 2007). Many of these studies show promising outcomes for these newer applications of the drug court model. However, although there are multiple studies of the costs and benefits of adult drug courts, and a few of juvenile courts, the number of family drug court studies in particular has been small, and to date, there have been no detailed cost studies of family drug courts.

In late 2008, NPC Research was contracted by the Oregon State Police and the Criminal Justice Commission to conduct the third year of evaluations of multiple drug courts funded by the Byrne Methamphetamine Reduction Grant Project. Located in Portland, Oregon, NPC Research has conducted research and program evaluation for over 20 years. Its clients have included the Department of Justice (including the National Institute of Justice and the Bureau of Justice Assistance); the Substance Abuse and Mental Health Services Administration (CSAP and CSAT in particular); state court administrative offices in Oregon, California, Maryland, Michigan, Minnesota, and Missouri; the Robert Wood Johnson Foundation; and many other local and state government agencies. NPC Research has conducted process, outcome and cost evaluations of drug courts in Arizona, California, Indiana, Maryland, Michigan, Minnesota, New York, Oregon, and Guam. Having completed over 100 drug court evaluations (including adult, juvenile, DUI and family treatment drug courts), NPC is one of the most experienced firms in this area of evaluation research.

This evaluation was funded under the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program: Byrne Methamphetamine Reduction Grant Project 07-001. Under this grant, NPC conducted process evaluations of 11 Oregon adult and family drug court sites. In addition, as a part of this project, NPC performed full process, outcome and cost-benefit evaluations of two family drug court sites: the Marion and Jackson County Family Drug Court Programs. This report contains the process, outcome and cost evaluation results for the Marion County Fostering Attachment Treatment Court. The process evaluation methods and results are presented first, followed by the outcome methods and results and the cost evaluation methods and results, respectively.

PROCESS EVALUATION

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

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

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

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

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

The following section outlines the methods used in the Marion County Fostering Attachments Treatment Court (FATC) process evaluation. The next section provides a brief overview of the FATC process evaluation results and recommendations. Finally, the detailed results of the process evaluation for each of the 10 Key Components are provided. This final section of the process results describes how the FATC practices fit within each component and compare to national data and research on drug court practices. Each component is followed by NPC's suggestions and recommendations for enhancing program practice.

Process Evaluation Methods

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

ELECTRONIC PROGRAM SURVEY

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

SITE VISITS

NPC Research (NPC) evaluation staff members conducted site visits in October 2008, July 2009, and October 2009. During these visits, we observed FATC court sessions and drug court team meetings, interviewed key drug court staff, and facilitated a focus group with current drug court participants and graduates. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person and by telephone, were a critical component of the FATC process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court including the current Judge, Drug Court Coordinator, Child Welfare Caseworkers, Treatment Providers, Parole Office, Vocational Education Specialist, and Family Building Blocks Teacher.

Interviews were conducted using NPC's Drug Court Typology Interview Guide,³ which was developed from the same sources as the electronic survey and provides a consistent method for collecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the FATC.

FOCUS GROUPS

NPC staff conducted a focus group with current participants and graduates (N=7). The focus group took place during an October 2009 site visit. The focus group provided current and past participants with an opportunity to share their experiences and perceptions regarding the drug court process.

DOCUMENT REVIEW

In order to better understand the operations and practices of the FATC, the evaluation team reviewed program documents including the policy manual, the participant handbook, the Participant Orientation Information brochure, the multiple forms used by the program in processing participants, previous evaluation reports, and other documents.

Process Evaluation Results

Following is the FATC process overview. This includes some brief information about Marion County for context and then provides a brief summary of the results and recommendations, followed by the detailed results and recommendations for each key component.

GENERAL SUMMARY OF PROCESS FINDINGS AND RECOMMENDATIONS

The Marion County Fostering Attachment Treatment Court was implemented in January 2006. The 10 Key Components of drug court provide a useful framework for assessing many family treatment court processes. Overall, the Marion County Fostering Attachment Treatment Court has successfully implemented its drug court program within the guidelines of the 10 Key Components. The FATC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment. The FATC district attorneys and public defenders, while not formal team members, reportedly support the program and participate in court sessions as needed. The FATC offers specialized services to program participants, as well having implemented a successful drug use monitoring system. The judge has frequent and consistent contact with program participants, and observation indicates she is firm yet supportive during court sessions. This program is successfully collecting the majority of drug court data necessary for case management and evaluation in the Oregon Treatment Court Management System (OTCMS) and the Family Building Blocks (FBB) database. Finally, this program has successfully established partnerships with community agencies.

Although this program is operating well, NPC's review of program operations resulted in some recommendations for program enhancements:

³ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site

[www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

- Since prompt program placement has been shown to lead to higher cost savings, it would be advisable for the program to monitor their referral process and refine systems to keep the time from identification of the potential participant to entry as short as possible. It is recommended that the time from identification to court entry is tracked and measured using real program data to ensure that the actual amount of time matches the estimated time, and to determine if there are any challenges that prevent more expedient processing from identification to program entry.
- Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle. The FATC is applauded for providing ongoing post-program parent and child services. In addition to post-program services, some courts have used alumni support groups as a cost-effective tool in aftercare planning and program participant support and could be considered by the FATC as additional in addition to the current approach.
- Research has indicated that drug courts that include a phase that focuses on relapse prevention have been shown to have higher graduation rates and lower recidivism than drug courts that did not. It is recommended that the FATC incorporate relapse prevention into one of the program phases.
- The FATC team indicated that a potential lack of adequate and stable funding for treatment is of concern. The team should consider conducting a strategic planning session or place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning program needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program.
- There are some treatment modalities, such as detox and culturally specific services, which the team indicated as unavailable to participants. The team should review their drug court population (or potential population) to determine if these services are warranted, and if so, explore options within the county or in nearby counties for community partners that may be able to provide these services.
- Since research indicates that testing 3 times per week in the first phase of drug court can lead to lower recidivism rates, we recommend that the team look into options, including lower cost sources that would allow the program to test more frequently (3 times per week and randomly) in the first phase. Some FATC parent focus group participants also noted the importance of UA testing and indicated that more frequent testing could be beneficial.
- The program reports sometimes using jail as a sanction after any, including the first, positive drug test. Although the option to use jail as a sanction is an integral piece of an effective adult drug court (Carey, Finigan, & Pukstas, 2008), it is important to use jail judiciously, particularly in a family treatment court program where the participants may not have a criminal charge. There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence. Doug Marlowe (2008) states that for drug dependant individuals relapse (shown by positive drug tests) in the early phases, particularly the first phase, of the program should not be sanctioned with the most extreme sanction option such as jail for two reasons: 1) For addicts, relapse is an expected part of the recovery process and the participant needs encourage-

ment to believe that it is possible to stop use, and 2) The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring. In a family court context, considerations regarding parents with children at home, who may not have child care options, should also be taken into account when determining the appropriateness of jail sanctions for participants.

- While the program has an extensive list of possible incentives and sanctions, it can be helpful to continue to strive to find creative responses to participant noncompliance that will change participant behavior in positive directions. For additional ideas and examples, please see Appendix A, which is a sample list of rewards and sanctions used by drug courts across the United States.
- The *process* for giving sanctions and rewards should be examined to ensure that the intended lesson is clear and effective. For example, an immediate response to poor behavior is generally much more effective than a delayed response. The program might want to consider allowing team members to impose sanctions and treatment responses outside of court sessions so that responses to noncompliant behavior are more swift and salient to the participant.
- While the FATC team appears to successfully incorporate staff training, the team is encouraged to seek out cultural awareness and responsiveness training opportunities to ensure that it is appropriately addressing the needs of diversity within the participant population.
- Although policy issues are discussed regularly by team members, the program should consider creating a formal policy or steering committee, made up of drug court team members and representatives from other community agencies, that meets regularly (perhaps quarterly). Discussion around possible community connections and resources, or ideas for generating outside support to enhance the program, should occur regularly in these policy-focused meetings. In addition, having members from the community on the policy committee may lead to more community support for the program, including tangible support such as donations for incentives and additional services for drug court participants.
- While it is commendable that OTCMS and the FBB databases are utilized to track participant data, it is recommended that data entry access be extended to all relevant team members. Allowing OTCMS access to multiple team members may foster more complete, timely and streamlined data entry.
- The FATC tracks data on *removal of children from the home* and *reuniting with children*, along with other FBB program-related data in a database separate from OTCMS. It is recommended that these data continue to be entered into the FBB database, as they are essential to client monitoring and assessing program success. Should OTCMS be modified to include comprehensive and useful child welfare data fields, the program should then consider utilizing OTCMS to track all child welfare data.

While research around best practices specifically for family treatment courts is limited, the 10 Key Components of adult drug courts provide a useful framework for assessing many family court program processes. Overall, the FATC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of drug courts. Program data are regularly en-

tered in the OTCMS and FBB databases, and system data are monitored regularly. This program is commended for implementing a program that follows good drug court practice.

10 Key Components of Drug Courts Detailed Process Results

The Marion County Fostering Attachment Treatment Court was implemented in January 2006. Judge Abernethy, who developed the program in collaboration with the Department of Human Services (DHS) and FBB, indicated that the program was modeled on the first infant/toddler court that was created in Miami-Dade County, Florida, by Judge Cindy Lederman and Dr. Joy Osofsky. As DHS determined the Drug Court model to be an evidence-based practice in Oregon, the FATC strives to incorporate the 10 Key Components of drug court into program policy and practice.

The FATC program is designed to take a minimum of 12 months from participant entry to graduation and targets parents of children 0 to 3 years of age at the time of program referral. Participants are referred both from the criminal justice system and from the child welfare system. The general program population consists of substance-abusing parents who have an open child welfare case with DHS and possess an expressed desire to engage in the treatment court process and recovery. The majority of these participants are also involved in the criminal justice system. The FATC team includes DHS case managers that report at team meetings and support participants with open child welfare cases, as well as several FBB relief nursery representatives who provide a variety of wrap-around services to parents such as counseling, child care and parenting classes.

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

Research Question: Has an integrated drug court team emerged?

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

National Research

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

Adult drug court research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005, Carey, Finigan, et al., 2008).

FATC Process

- The drug court team is composed of the judge, coordinator, drug and alcohol treatment provider, several FBB service providers, dyad child and family therapists, DHS child protection representatives, DHS faith community liaison, parole and probation officer, public health nurse and court reporter. While not officially part of the drug court team, the district attorney and multiple defense attorneys work closely with the program and are active supporters of FATC. The coordinator indicated that all agencies that work directly with participants are represented on the FATC team.

- The drug court judge leads the staffing meetings. The treatment providers and DHS caseworkers present thorough case notes, and the team collaborates to discuss participant progress: both achievements and obstacles. Cases that are coded as ‘red’ because they are out of compliance are discussed first and the coordinator provides their file and “roadmap” to foster discussion. The roadmap is created at program entry for each individual and illustrates a concrete list of goals as well as a way to track and chart progress toward goals. More time is allocated for discussion of ‘red’ cases, while ‘green’ cases that are in compliance and on target are discussed, time allowing, during the latter half of the staffing meeting. The judge solicits team feedback regarding recommended rewards and sanctions for each case, and makes the final decision regarding action taken toward each participant when the team cannot come to consensus.
- The team strives to schedule quarterly policy discussion meetings, and treatment representatives are included on the policy committee. Some key stakeholder interviews highlighted a lack of standing policy meetings despite intentions of convening quarterly. In addition, interviews and observation indicated that program policy issue discussions are sometimes incorporated into the weekly staffing meetings, as time permits, and all team members are present for these discussions.
- The contract for drug court services is managed by the FBB Relief Nursery, which serves as the fiscal agent for FATC and provides family and parenting services. One agency, Her Place, provides addiction treatment services including residential care and intensive outpatient services.
- Treatment providers communicate with the court verbally at team meetings and drug court sessions, through written progress reports, and via email. Information from the treatment provider is usually given to the court in a timely way. Observation indicated that treatment and service providers are highly involved in the staffing meetings as well as in the court sessions.
- All FATC program participants are immediately enrolled in the FBB Relief Nursery and receive dyad therapy upon program entry. The dyad therapists as well as the other FBB service providers contribute to team meetings and are often asked to report child and parent achievements during court sessions.
- FATC considers participant suitability such as attitude and readiness for treatment before enrollment but does not use a standardized assessment tool to determine eligibility for entry into drug court. Once admitted, a full substance abuse treatment assessment is performed on participants to determine level of care.
- The team completed the Meyer’s self-evaluation (National Center for State Courts, 2000), which indicates that the team feels they are following many of the guidelines to ensure an integrated drug court team. The team reported that planning is carried out by a broad-based group, the court and treatment providers maintain ongoing communication, and that program goals were developed collaboratively. The team reported slightly lower scores for the following items: Mechanisms exist for shared decision making and conflict resolution among the team members; awareness of a policy and procedures manual. The team scored an overall average of 4.3 points on a scale of 1 to 5 where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

Overall, the FATC team includes representatives from a range of collaborating agencies and has one agency providing alcohol and drug addiction treatment services; research has shown that both contribute to positive outcomes for participants. In addition, the FBB relief nursery provides parenting classes and other wrap-around services, and is highly involved in every facet of the FATC team and program. There are no further recommendations for this component at this time.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

Research Question: Are the Office of the Public Defender and the State's Attorney, as well as the Department of Human Services satisfied that the mission of each has not been compromised by drug court?

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the state's attorney, the department of human services and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial approach. The second focus area is that drug court programs remain responsible for promoting public, and especially child, safety. The third focus area is the protection of the participants' due process rights and the best interest of the child.

National Research

Adult Drug Court research by Carey, Finigan, et al. (2008) and Carey, Waller, and Weller (2010) found that participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism⁴ costs.

In addition, courts that included non-drug-related charges as eligible for participation also showed lower recidivism costs. Finally, courts that imposed the original sentence, instead of determining the sentence when participants were terminated, had lower recidivism costs (Carey, Finigan, et al., 2008). Although FDCs are generally not criminal courts, the Marion drug court does include parents with criminal charges and runs the program accordingly.

FATC Process

- Prosecution and defense counsel (the district attorney and public defender) are supporters of FATC but are not part of the drug court team. The public defenders and district attorney sometimes attend FATC court sessions.
- DHS caseworkers are part of the FATC team and always attend team meetings and drug court sessions in addition to making home visits, doing case planning and performing case management.
- The public defender, district attorney and DHS caseworkers, among others, may identify and refer potential drug court participants.

⁴ Recidivism costs are the expenses related to the measures of participant outcomes, such as re-arrests, jail time, probation, etc. Successful programs result in lower recidivism costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses. In FDCs these costs may also be associated with re-entry into foster care.

- A self-evaluation completed by team members indicates that the team feels they are following many of the guidelines to ensure a non-adversarial approach to drug court that promotes public safety while protecting participants' due process rights. The team reports that prosecutors, defense counsel and judge are assigned to drug court for sufficient time to foster stability and consistency, and that defense counsel explains drug court procedures to the participants. The team scored the following items slightly lower, indicating areas for potential improvement: The prosecutor and defense participate in policy decisions; all team members are aware of an MOU regarding participant admission of alcohol and drug use; prosecution promptly determines program eligibility. The team reports an overall average of 3.6 points on a scale of 1 to 5 where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

There are no recommendations at this time, as the FATC team appears to have successfully implemented Key Component #2. The FATC team, including DHS caseworkers, effectively collaborates to understand participant progress and make decisions that are in the best interest of both the participant and the community.

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

Research Questions: Are the eligibility requirements being implemented successfully? Are potential participants being placed in the program quickly? Is the original target population being served?

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

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

National Research

Carey, Finigan, et al. (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts that ac-

cepted non-drug-related charges also had lower outcome costs, though their investment costs were higher.

Those courts that expected 20 days or less from arrest to referral and drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey, Finigan, et al., 2008).

Further research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008; Carey et al., 2010).

FATC Process

- The district attorney, public defender, judge, DHS child welfare caseworkers, treatment providers, parole and probation, and a partner agency identify and refer potential participants.
- The FATC program eligibility requirements are written and most agencies or individuals who can make referrals are given a copy of the eligibility requirements.
- Offender suitability, such as attitude and readiness-for-treatment, is informally assessed as part of eligibility criteria though a standardized assessment tool is not used. This program has frequently refused program entry to those who were considered unsuitable.⁵ Parents with serious mental health issues, who do not admit to having a drug problem, or who have current violence charges are refused program admittance. Once placed in the program, a full substance abuse treatment assessment is performed on participants to *determine level of care*.
- According to FATC staff, family involvement or support is required for those that are involved in the life of an FATC participant, though this requirement is not well defined.
- Participants are screened for co-occurring mental disorders, and sometimes screened for suicidal ideation.
- Drug possession cases are eligible for the program but are not used as the sole reason for referral and must be in conjunction with a child welfare allegation.
- The specific target population for the FATC consists of substance-abusing parents of children between 0 and 3 years of age at the time of program referral with an open DHS child welfare case. The most common drug abused by FATC participants is methamphetamine. Participants must express a desire to engage in the treatment court process and recovery and children cannot be medically fragile and must be appropriate fits for group care and classroom participation.
- Child welfare allegations that are eligible for the program include: neglect, failure to protect, threat of harm, abandonment, criminal mistreatment and endangering the welfare of a minor.

⁵ “Unsuitable” is defined in different ways in different drug courts. In the FATC program, unsuitable participants may include those who do not express a desire to stop using drugs or to get their children back, as well as being legally inappropriate for the program (e.g., those with violent criminal histories).

- Staff estimated that the time between a founded child welfare allegation (or an arrest that brought the participant to the attention of the program) and referral to the drug court program averages between 31 and 60 days. The time between drug court referral and program entry is estimated to be between 15 and 30 days. The combined total estimate is therefore as high as 90 days. (Administrative data show an average of 98 days between petition date and program start).
- The FATC capacity is defined by the capacity of the infant/toddler classrooms at FBB which can accommodate 24 children so the program can serve a maximum of 24 families at any given time, and less if the family has more than one child attending FBB classes. As of September 2008, the FATC program was at maximum capacity.
- In a self-evaluation, the drug court team indicates confidence in early participant identification and prompt program placement. The team reported that cases are screened by criminal justice and child welfare personnel, that participants are promptly advised about program requirements, that cases are screened for AOD problems and treatment suitability, and that the court requires immediate enrollment in AOD services. The team scored the following item slightly lower, indicating possible room for improvement in this area: Eligibility screening is based on written criteria. The team ranked an average score of 3.8 on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Since prompt program placement has been shown to lead to higher cost savings, it would be advisable for the program to monitor their referral process and refine systems to keep the time from petition (or arrest) to entry as short as possible. The FATC's current average of 90 days from a founded child welfare allegation to FATC entry is outside of the research-based time period of 20 days from identification to program entry. It is recommended that the time from identification to court entry is tracked and measured using real program data to ensure that the actual amount of time matches the estimated time and to determine if there are any challenges that prevent more expedient processing from identification to program entry. Dropping some of the suitability criteria may help the program determine eligibility sooner.

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

Research Question: Are diverse and specialized treatment services available?

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services appropriate to participant needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of services to provide and which services are important for their target population.

National Research

Programs that have requirements for the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005) and substantially higher graduation rates and improved recidivism costs (Carey, Finigan, et al., 2008). Clear requirements of this type may make compliance with

program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions 2 or 3 times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients (e.g., with transportation, child care, or employment), and may lead to clients having difficulty complying with program requirements and completing the program. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes. In addition, drug courts that include a phase that focuses on relapse prevention were shown to have higher graduation rates and lower recidivism than drug courts that did not (Carey et al., 2010).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey, Finigan, et al., 2008), found that having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower recidivism costs.

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

FATC Process

- One treatment agency, Her Place, currently provides all addiction treatment services to FATC program participants. Her Place is a residential group home that offers inpatient treatment for up to seven women and their children, and also provides intensive outpatient services for pregnant women and new mothers. Treatment representatives attend drug court staffing meetings, drug court sessions, and are part of the Policy Committee.
- The FATC program consists of four phases and does not include a phase when participants learn relapse prevention. This drug court does provide an aftercare program after graduation as well as a Mentor Mom program. Interviews with FBB staff indicated that relief nursery services are available for parents and children even after FATC program exit. Presently there is no alumni group that meets regularly after graduation and provides support for current participants.
- In order to graduate, participants are required to comply with their child welfare case plan, have a sober housing environment, pay all drug court fees, pay treatment fees, complete community service, have a written sobriety plan, and have reunified with their child or children.
- Services required for *all* participants are: Outpatient group treatment sessions, self-help meetings, and parenting classes.
- Services required for *some* participants by this drug court program are: Outpatient individual treatment sessions, gender-specific treatment sessions, residential treatment, mental health counseling, psychiatric services, and identification of community service resources.

- Services offered but not required by this drug court program are: Health education and transportation.
- Services not offered by this drug court program include: language-specific or culturally specific programs, acupuncture, parental/perinatal program, anger management and violence prevention, job training, employment assistance, domestic relations counseling, education assistance, housing and homelessness assistance, health care, dental care, detox, and prescription drugs for substance abuse.
- Child care is provided during drug court sessions by St. Timothy's Episcopal Church, which is approximately one-half mile from the courthouse. Church congregants volunteer to provide child supervision and an FBB staff member serves as the child care team lead. FBB sometimes provides vouchers to mothers to help them pay for child care outside of court session care. DHS Self Sufficiency also helps fund day care options for participants, and while FATC does not provide the child care, child care can aid in the success of FATC participants, which helps Self Sufficiency justify the expense of funding day care for some participants.
- The minimum length of the first program phase is 4 weeks and participants are required to attend FATC court sessions 3 times per month and to participate in self-help groups or 12-step meetings while in this phase. During Phase IV participants are required to attend FATC court sessions at least once per month and there is no minimum length of this phase. Throughout the program, treatment requirements are participant specific and the FATC team utilizes American Society of Addiction Medicine (ASAM) assessment scores and individual treatment plans to determine participant needs and shape treatment compliance guidelines.
- A self-evaluation completed by team members indicates that the team feels they are generally following the guidelines to ensure that the program provides a continuum of treatment services to participants. The team reported that participants are screened regularly, that treatment designs and delivery systems are culturally responsive, that referral to auxiliary services and special services are available, and that treatment services have quality controls in place. Lower mean scores indicate that the team feels they could improve in the area of securing adequate and stable funding for treatment. The team reports an average rank of 4.2 on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Since aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle, the FATC is applauded for providing ongoing post-program parent and child services. In addition to post-program services, some courts have used alumni support groups as a cost-effective tool in aftercare planning and program participant support, and could be considered by the FATC as additional to the current approach.
- As research has indicated that drug courts that include a phase that focuses on relapse prevention have been shown to have higher graduation rates and lower recidivism than drug courts that did not, it is recommended that the FATC incorporate relapse prevention into one of the program phases.
- The FATC team indicated that a potential lack of adequate and stable funding for treatment is of concern. The team should consider conducting a strategic planning session or place strategic planning issues on the agenda of one or more drug court team meetings. In

either setting there should be a discussion concerning program needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program.

- There are some treatment modalities, such as detox and culturally specific services, which the team indicated as unavailable to participants. The team should review its drug court population (or potential population) to determine if these services are warranted, and if so, explore options within the county or in nearby counties for community partners that may be able to provide these services.

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

Research Question: Compared to other drug courts, and to research findings on effective testing frequency, does this court test frequently?

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants’ treatment process. This component encourages frequent testing but does not define the term “frequent” so drug courts develop their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

National Research

Research on adult drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model. If testing occurs more frequently (that is, more than 3 times per week), the random component becomes less important as it is difficult to find time to use in between frequent tests.

Outcomes for programs that tested more frequently than 3 times per week were no better or worse than outcomes for those that tested 3 times per week. However, less frequent testing resulted in less positive outcomes.

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

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or to submit a sample that is not their own. In focus groups with participants after they have left their programs, individuals have admitted many ways they were able to “get around” the drug testing process including sending their cousin to the testing agency and bringing their 12-year-old daughter’s urine to submit.

FATC Process

- Participants are drug tested through urinalyses (UAs), breath tests, and saliva swabs.
- Drug testing is performed on a random basis as well as for cause. Random drug testing is ensured by clients calling into a DHS-managed drug-testing hotline, with call-in for a color-code system that changes daily.

- The program’s drug testing is performed by the primary treatment provider, DHS child welfare, and parole and probation. It is court-ordered policy that UAs conducted by DHS are fully observed. UAs conducted by parole and probation are observed per the Marion County Sheriff’s Department guidelines, and treatment-administered UAs are observed per the Bridgeway agency guidelines. UA results are obtained within 48 hours of submission.
- UA frequency requirements are participant specific across all program phases. For the most part, the FATC uses the format specific to the DHS-managed testing system that requires infrequent, random UA testing. In addition to the DHS-administered UAs, participants may be required to submit UAs to parole and probation or their treatment providers. UA frequency may be increased at the participant level to respond to noncompliance and recovery challenges. Highlighting the importance of UA testing, one FATC parent focus group participant said, “I think if they didn’t have UAs I would be loaded [using drugs or alcohol].” Another FATC parent focus group participant indicated support for UA testing but noted that they might occur too infrequently and that perhaps more frequent testing would be beneficial.
- The team self-reports an overall feeling of success at abstinence monitoring. The team reported that drug testing procedures are based on established guidelines, that random testing is used throughout the program, and that collections standards ensure high result reliability. Lower scores indicated the team feels that the court is not always immediately notified when participants fail, alter, or miss a test and that the scope of drug testing may not be sufficiently broad. The team reports an average score of 4.1 points on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Research indicates that testing 3 times per week in the first phase of drug court can lead to lower recidivism rates. We recommend that the team look into options, including lower cost sources that would allow the program to test more frequently in the first phase. Some FATC parent focus group participants also noted the importance of UA testing and indicated that more frequent testing could be beneficial.

Other than the above recommendation, the FATC is successfully implemented an abstinence monitoring system. As research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey, Finigan, et al., 2008), the FATC program is commended for providing swift turnaround time for drug testing results.

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

Research Questions: Do program staff work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work? How does this drug court’s sanctions and rewards compare to what other drug courts are doing nationally?

The focus of this component is on how the drug court team responds to client behavior during program participation, including how the team works together to determine an effective, coordinated, response. Drug courts have established a system of rewards and sanctions that determine the program’s response to acts of both noncompliance and compliance with program require-

ments. This system may be informal and implemented on a case-by-case basis, or this may be a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about the appropriate response to participant behavior varies across courts. Drug court team members may meet and decide on responses, or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards and sanctions so their ability to anticipate a response from their team may vary significantly across programs.

National Research

Nationally, the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. In addition, all drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

Carey, Finigan, et al. (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. Allowing other team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior. Immediacy of sanctions is related to improved graduation rates and lower recidivism. However, having the judge as the sole dispenser of *rewards* is related to lower recidivism and greater cost savings.

In addition, research has also found that drug courts that had their guidelines for team response to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey, Finigan, et al., 2008; Carey et al., 2010).

FATC Process

- Participants know which behaviors lead to sanctions and are given a written list of the behaviors and possible sanctions.
- Sanctions are discussed among the drug court team at staffing meetings and are decided as a group. Sanctions are imposed by the judge at the first court session after the noncompliant behavior and are not imposed outside of court by team members other than the judge.
- Sanctions are generally standardized so that the same sanctions are provided for the same types of behaviors. However, sanctions are sometimes imposed on a case-by-case basis.
- Jail is sometimes used as a sanction after any positive drug test and the required length of stay ranges from 1 to 6 days. Longer incarcerations may be ordered by probation as a result of a probation violation, but are not ordered directly by the FATC. Jail is never used as an alternative for detox or residential treatment when detox and residential are unavailable. In a focus group, one FATC parent said of jail sanctions, "I've never been indicted so I don't want to go to jail. This is a great program and I am glad that I'm in it but jail as a threatened sanction makes me sometimes not want to be in the program."
- FATC responses to noncompliant behavior include: Writing essays, sit sanctions, community service, increased UA frequency, more frequent court appearances, return to an earlier phase, increased treatment contact, increased attendance of community meetings, loss of drug and alcohol use clean count, and suspension or removal from select program services.

- Sanctions are graduated so that the severity increases with more frequent or more serious infractions.
- Team members that have had training on the use of rewards and sanctions to modify behavior of drug court participants are the FATC judge and coordinator.
- The coordinator indicates that the following are incentives for participants to enter and graduate from the program: Immediate enrollment into FBB, which otherwise has a long waiting list, a faster track to return children home from foster care, and dyad therapy for parents and children.
- Rewards, both tangible and intangible, are used by FATC and administered on a case-by-case basis. Participants are given a written list of possible rewards and behaviors that lead to them. Rewards are provided by the judge during court sessions.
- The FATC has a variety of tangible and intangible rewards available for participants. The most common tangible rewards presented are books to read with children and toiletries such as bath kits, soap kits, and beauty kits. Tangible rewards are selected by the judge and presented during court sessions. Intangible rewards include praise from the judge or other team members, a handshake from the judge during court, applause during court, and decreased court attendance requirements. The coordinator indicated that decreased court appearance requirements and handshakes from the judge during FATC court sessions both appear to be particularly effective incentives.
- When participants have met the guidelines to move into the next program phase and feel ready, they draft a written request for phase transition. The written request includes self-description of program struggles and accomplishments as well as documentation of requirements fulfilled that indicate eligibility for moving to the next phase. Clients read these aloud during court. The process of both writing and reading phase petitions may help foster a sense of accountability and ownership while providing positive examples to other participants and acts as a kind of intangible reward.
- Graduation ceremonies occur regularly, as participants meet all program completion requirements, and function as an additional reward for program participants. Individual and group graduations are held in the courtroom immediately following treatment court. All drug court participants remain for the ceremony, as well as FATC team members and invited friends or family of the graduates. The judge invites each graduate and their children to the center of the courtroom and team members take turns acknowledging the graduate's accomplishments. Graduates receive a gift that typically includes a trophy, a scrapbook album of the child's history at FBB, and a charm necklace containing the same number of charms as there are children in the family. The judge then speaks to each graduate, providing individualized words of encouragement and reflection on the value of their work in FATC. Finally, the graduate reads their pre-approved petition for graduation aloud to the courtroom and sometimes reads a letter to their children, and then any other guests are encouraged to speak. The ceremony is followed by refreshments generally consisting of cake, beverages, and a fruit or cheese tray.
- The team reports a feeling of success in following some of the guidelines to ensure a coordinated strategy to govern responses to participant compliance. The team reported that generally sanctions are developed collaboratively and that noncompliant behavior is reported and replied to immediately. Items that yielded lower scores, indicating potential

areas for improvement are: Sanctions are graduated, compliance is rewarded, and consequences for program compliance are clearly explained. The team reports an average score of 3.7 points on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- The program reports sometimes using jail as a sanction after any, including the first, positive drug test. Although the option to use jail as a sanction is an integral piece of an effective adult drug court (Carey, Finigan, et al., 2008), it is important to use jail judiciously, particularly in a family treatment court program where the participants may not have a criminal charge. There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence. Doug Marlowe (2008) states that for drug dependant individuals relapse (shown by positive drug tests) in the early phases, particularly the first phase, of the program should not be sanctioned with the most extreme sanction option such as jail for two reasons: 1) For addicts, relapse is an expected part of the recovery process, and the participant needs encouragement to believe that it is possible to stop use, and 2) The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring. In a family court context, considerations regarding parents with children at home, who may not have child care options, should also be taken into account when determining the appropriateness of jail sanctions for participants.
- While the program has an extensive list of possible incentives and sanctions, it can be helpful to continue to strive to find creative responses to participant noncompliance that will change participant behavior in positive directions. For additional ideas and examples, please see Appendix A, which is a sample list of rewards and sanctions used by drug courts across the United States.
- The *process* for giving sanctions and rewards should be examined to ensure that the intended lesson is clear and effective. For example, an immediate response to poor behavior is generally much more effective than a delayed response. The program might want to consider allowing team members to impose sanctions outside of court sessions so that responses to noncompliant behavior are more swift and meaningful to the participant.

Overall, the FATC shows a good balance of sanctions and rewards. The program is commended for implementing a coordinated strategy to govern drug court responses to participants' compliance.

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

Research Question: Compared to other drug courts, and to effective research-based practice, do this court's participants have frequent contact with the judge? What is the nature of this contact?

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

the judge is with the participant's case. Outside of the court sessions, national data show that the judge may or may not be involved in team discussions, progress reports and policymaking.

National Research

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

Research in California, Oregon, Michigan, Maryland, and Guam (Carey et al., 2005; Carey, Finigan, et al., 2008; Carey et al., 2010) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, and Benasutti (2006) also demonstrated that more frequent court sessions (e.g., weekly) were effective for higher risk offenders while less frequent sessions (e.g., monthly) were more effective for lower risk offenders.

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

FATC Process

- FATC participants are required to attend drug court sessions 3 times per month in Phase I, with court attendance requirements reducing over the phases so that participants appear at least once per month by Phase IV.
- The drug court judge is assigned to the court indefinitely with no fixed terms imposed.
- The judge has attended official drug court training sessions/workshops, received training by previous drug court judges in this court or other drug courts, observed other drug courts, and has attended professional drug court related conferences such as the annual NADCP conference.
- The FATC judge speaks directly to participants during their court appearances, and as part of the team discussion and process is able to generally provide consistent follow-through on warnings to participants. The judge solicits team member feedback as needed during staffing court sessions. Observations by the evaluators during court appearances revealed that the drug court judge was caring and responsive toward participants and that participants were engaged and respectful during the drug court session. The judge inquired about the welfare of participants' children and demonstrated working knowledge of participant progress both in terms of program goals and personal affairs. Children were in the courtroom and the judge spoke directly to the children as well as the parents. The judge actively listens to participants, offers advice, provides positive verbal reinforcement when appropriate, and solicits positive progress reports from the FBB teachers.
- An interview with Judge Abernethy highlighted a dedicated interest and expertise in "...addressing intergenerational child abuse and breaking the cycle" by helping develop

and presiding over the FATC. The judge indicated that she had observed and researched the groundbreaking Miami Dade infant/toddler court program, which focuses on children age 0 to 3 years, and used this as an evidence-based model for shaping the FATC program.

- In a focus group, several participants indicated that they respected and appreciated Judge Abernethy. Key stakeholder interviews with FBB staff and other FATC team members revealed an overall appreciation for Judge Abernethy's dedication to the success of the family treatment court program.
- After the close of the process evaluation study window, the researchers were made aware of Judge Abernethy's decision to step down and the pending transition of FATC to a new judge. The coordinator indicated that he prepared extensive packets of information for the new judge and that the judge spent some time training with Judge Abernethy.
- The team self-reports an overall feeling of success in following the guidelines to ensure integration of judicial contact. The team reported that regular status conferences are used to monitor participant performance, that the interval between status conferences varies according to treatment protocols and participant progress, that court-participant interaction demonstrates the benefits of program compliance and consequences for noncompliance, that the court applies appropriate sanctions and incentives, and that program graduation is recognized as a significant achievement. The team reports an average score of 4.1 points on a 1 to 5 point scale where 1 indicates *not following the guidelines* and 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- As adult drug court research has shown that less frequent court appearances can have better outcomes (Marlowe et al., 2006; Carey, Finigan, et al., 2008) (particularly in lower risk populations), the FATC team may want to consider reducing the frequency of drug court appearance to once every 2 weeks for participants in the Phase I. This may also help to reduce program costs and help increase program capacity.
- As a seamless transition between judges is ideal, it is recommended that the new judge have as much transition time as possible to observe FATC practices and procedures, watch Judge Abernethy in court sessions, and learn the drug court model. If constraints do not allow for extensive training and observation with Judge Abernethy, it is recommended that the new judge be able to attend drug court trainings and view proceedings at other drug courts, to better understand his or her vital role in the program.

Overall, the FATC is doing an excellent job of following the promising practices of this component.

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

Research Question: Are evaluation and monitoring integral to the program?

This component encourages drug court programs to monitor their progress toward their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments

in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

Carey, Finigan, et al. (2008) and Carey et al. (2010) found that programs with evaluation processes in place had better outcomes. Four types of evaluation practices were found to save the program money and incur positive effects on outcome costs: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator.

FATC Process

- FATC consistently utilizes both the state managed OTCMS database and the FBB database to track participant and child information. Data include information from the treatment provider and are monitored to determine if the program is moving toward its goals. The program reports that it has made adjustments in policy or practice based on data monitoring.
- This drug court has had an outside evaluator measure whether the program is being implemented as intended and whether the program is achieving its intended outcomes. The program reports that it has made changes in policy or practice based on feedback from the outside evaluation.
- The team reports that they are generally following the guidelines to ensure integration of drug court program monitoring and evaluation. The team reported that monitoring and evaluation processes are ongoing, that monitoring data are stored in a useful manner, that program staff periodically review monitoring data and refine program goals, that data are secure and protect client confidentiality, and that an independent evaluator is currently conducting an evaluation. The team reports an average score of 4.6 points on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- While it is commendable that OTCMS and the Family Building Blocks databases are utilized to track participant data, it is recommended that data entry access be extended to all relevant team members including treatment providers to enter treatment data, etc. Allowing OTCMS access to multiple team members may foster more complete, timely and streamlined data entry. However, this would require a central database that would be accessible from multiple locations, which may not be practical in this context. (A new, on-line, case management system is suggested as a state-level recommendation, later in this report).
- The FATC team reports making good use of their data. They should continue to accumulate and analyze data about the drug court participants and use it for program reviews and

planning, such as to inform the team about the types of participants who are most and least successful in the program.

Although the program has successfully implemented this component, the team may want to set aside some time to discuss the findings and recommendations in this process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.

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

Research Question: Is this program continuing to advance its training and knowledge?

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

National Research

The Carey, Finigan, et al. (2008) and Carey et al. (2010) studies found that drug court programs requiring all new hires to complete formal training or orientation, requiring team members to receive training in preparation for implementation, and requiring that all drug court team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

FATC Process

- In addition to on-the-job training, the following drug court team members have received training or education specifically on the drug court model: the judge, drug court coordinator, treatment providers, district attorney, public defender, DHS child welfare caseworkers, and mental health providers.
- FATC staff have not received training specifically about the target population of the court including age, gender, ethnicity and drugs of choice.
- The team brings new information on drug court practices, including drug addiction and treatment, to staff meetings.
- The coordinator reports that team members have received training on strength-based philosophy and practices.
- The coordinator reports that drug court team members have attended court-related trainings specific to their role on the drug court team but that new staff members do not always receive initial training on the drug court model before or soon after joining the team.
- Some team members that have had training on the use of rewards and sanctions to modify behavior of drug court participants are: the judge, drug court coordinator, case managers and treatment providers.
- A self-evaluation completed by team members indicates the team feels that efforts are generally made to ensure continuing interdisciplinary education for team members. The team reported that key personnel have participated in some training on procedural opera-

tions, that multi-disciplinary training and team building are routine, the judge and legal representatives have participated in substance abuse training, and that the drug court has a regularly updated curriculum. A slightly lower mean score for personnel diversity training indicates an area for potential improvement in creating training opportunities. The team reports an overall average of 3.8 points on a scale of 1 to 5 where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- The team is encouraged to seek out cultural awareness and responsiveness training opportunities to ensure that it is appropriately addressing the needs of diversity within the participant population.
- While the FATC appears to successfully incorporate staff training, it is always advisable to maintain a strong commitment to professional development for new and existing team members. The program, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and a log system should be established, the results of which should be reviewed by program administrators periodically. These tools can be useful in keeping track of training activities and in reinforcing the importance of professional development. One source of training materials that exists online at no cost is available on the National Drug Court Institute (NDCI) Web site at <http://www.dcpinc.org/dcpinc/adult.html#ias> and at <http://www.dcpinc.org/dcpinc/family.html>. The NDCI Web site is also a good source for training opportunities, some at low or no cost. NDCI recently implemented a free Web-based training curriculum (Webinar).

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

Research Question: Compared to other drug courts, and according to research, has this court developed effective partnerships across the community?

This component encourages drug courts to develop partnerships with other criminal justice and service agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug court team; who will provide input primarily through policymaking; and what types of services will be available to clients through these partnerships.

National Research

Responses to American University’s National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected

include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

In addition, Carey et al. (2010) found that drug courts that had true formal partnerships with community agencies had better outcomes than drug courts that did not have these partnerships. The team should examine potential community partners to determine if their services are appropriate for their participants and are conducted in a manner consistent with drug court policies and goals.

FATC Process

- The coordinator reports that the FATC has developed and maintained relationships with agencies that can provide services for participants in the community and regularly refers participants to those services.
- The drug court team includes representatives from community agencies that work regularly with drug court participants.
- A self-evaluation completed by team members indicates that the team feels it is following some of the guidelines to develop effective partnerships across the community. The team reported that the court has effective links with the law enforcement community, and that agencies regularly provide direction to the drug court program. Some team members indicated areas for improvement including providing more opportunities for community involvement, and implementing a steering committee to help organize participation of public and private agencies. The team reports an overall average of 4.0 points on a scale of 1 to 5 where 1 indicates not following the guidelines and 5 indicates fully following the guidelines.

Suggestions/Recommendations

- While policy issues are discussed regularly by team members, the program should consider creating a formal policy or steering committee, made up of drug court team members and representatives from other community agencies, that meets regularly. Representatives of the business community and other interested groups should be invited to attend these meetings. Not only could this result in expanded understanding of and community support of the program, it may result in additional services and facilities for the program.
- The program is encouraged to maintain a list of common participant need areas and conduct outreach to new community partners to find ways to creatively meet those needs. Faith communities, medical and dental providers, educators, and local businesses are some examples of potential community partners to consider when focusing outreach efforts. Discussion around possible community connections and resources, or ideas for generating outside support to enhance the program, should occur regularly in policy focused meetings.

DRUG COURT PROGRAM DATA: (OTCMS)

The OTCMS database is a Microsoft Access-based electronic data management information system available to all Oregon drug treatment courts. The statewide database was designed with the intent of uniformly capturing relevant Oregon treatment court data in a user-friendly format. The OTCMS database is currently Oregon's preferred method for capturing drug court program participant data, and it is recommended that Oregon drug courts utilize OTCMS whenever possible.

However, the drawback to the current system is that this Access database exists in individual copies for each drug court and resides on local machines for many drug court sites. Site level data must be manually exported and sent to the state for upload to the master database. Failure to

regularly export data leads to lack of comprehensive state-level data. In addition, OTCMS is not currently well suited to family treatment courts, as it has limited data fields for tracking Child Welfare case data. NPC recommends that the state consider investing in a Web-based drug court case management system that can be accessed more conveniently through the internet (with appropriate security in place) by drug court team members from various agencies and also accessed and monitored more easily by the State. This is discussed further, below.

The reviewers performed a data element review of the FATC's OTCMS database, assessing 52 data elements that are appropriate for future outcome and cost evaluation work as well as data important for participant case management. The data review and an on-site coordinator interview revealed that the FATC consistently utilizes the OTCMS database as a tool for collecting program data and collects data consistently across many available data elements. As the present OTCMS system lacks a section for tracking detailed Child Welfare case data, the FATC does not consistently use OTCMS to track these data and rather relies on the Family Building Blocks (FBB) Database to collect DHS Child Welfare data and FBB program participation data. Following is a summary of the data review findings.

FATC Data Collection

- The FATC court has utilized the OTCMS database since program inception in January 2006, with more thorough entry and regular usage beginning in July 2006. Currently the program coordinator has exclusive access to OTCMS and conducts all OTCMS data entry. The FBB Database is utilized to collect FBB program participation and DHS Child Welfare related. The FBB data and grants manager oversees entry and management of these data.
- The FATC captures the following adult program participant demographic data in OTCMS: Referral date, decision date, name, age, date of birth, ethnicity, criminal history, known drug history, intake date, severance date, and children's names and dates of birth. Court appearance data include: court date, incentives, sanctions, changes in levels and specific court orders. Drug test results for DHS UAs, including date of test, type of test and result are also entered in OTCMS. The coordinator indicated a desire to streamline the process for obtaining UA and treatment attendance data to increase consistent and timely entry of these important data elements.
- The following parent and child demographic data are entered into the FBB Database: Name, date of birth, age, ethnicity, home address, and parent employment. Additionally, the following DHS Child Welfare and FBB program participation data elements are tracked in the FBB database: FBB program enrollment date, foster care status, foster family contact information, return home date, FBB classroom attendance, Valley Mental Health Dyad Therapy attendance, and home visit attendance. Changes in housing, employment and education status are also tracked in the FBB database.
- The FBB data are regularly shared with the FATC coordinator and team to facilitate program monitoring and case management.
- The FATC Coordinator primarily utilizes OTCMS for reporting overall program data, such as new enrollments, graduations, and program dismissals, to program funders. The coordinator sometimes refers to OTCMS UA history and sanctions to help inform staffing discussions, yet does not generally rely on OTCMS for case management.
- Thus far, this program has not tracked post-graduate data in OTCMS.

Suggestions/Recommendations

- While it is commendable that this program regularly utilizes OTCMS to capture and track participant data, it is recommended that OTCMS access be granted to the treatment coordinator, DHS Child Welfare team members, and other relevant team members. Allowing all relevant team members access to OTCMS could ensure more timely, accurate and comprehensive data entry.
- Although there is no variable specific to income at drug court entry and exit, general employment data are occasionally entered into the OTCMS database, but income is not entered. Tracking participant income data can help inform decisions around sliding-scale participant fees and restitution waivers. If the team feels income data would be valuable, it is recommended that they brainstorm ways to improve participant income data collection.
- The FATC tracks data on *removal of children from the home* and *reuniting with children* along with other FBB program-related data in a database separate from OTCMS. It is recommended that these data continue to be entered into the FBB database, as they are essential to client monitoring and assessing program success. Should OTCMS be modified to include comprehensive and useful child welfare data fields, the program should then consider utilizing OTCMS to track all child welfare data.

Overall, the FATC values the tracking of participant data and works toward comprehensive data entry. It is recommended that the team continue to utilize OTCMS and refine systems to ensure thorough entry of program participant data. It is also commendable that the program has collaborated with FBB to ensure that child welfare data are regularly entered into a separate database, and that those data are shared with the FATC team to facilitate case management.

STATE-LEVEL RECOMMENDATIONS FOR OTCMS MODIFICATION

- There are several data entry fields that could be added to the OTCMS, or modified from their present state, to better facilitate more thorough and consistent data entry across Oregon treatment courts. Some fields that could be added include: Arrest dates, Social Security number, program termination reason, post-graduate health care use, post-graduate probation term data, and Child Welfare case data fields. Some fields that could benefit from modification include employment status, student status, housing status, income, probation violations, attitude toward treatment, and subsequent treatment episodes.
- To monitor participant status and program success, tracking program termination information is essential. Currently there is no data entry field designated for tracking these data. Among the other data element modifications, it is strongly recommended that an expanding list-box field for tracking program termination reason data be added to the *Treatment Court* tab.
- The *Summary of Payments* report presently lists all payments made and the date of payment for individuals. It is recommended that the report be modified to include a sum of payments made and outstanding balance so that teams can print these and have an “at-a-glance” snapshot of participant payment progress.
- As the number of required program phases varies across courts, it is advised that the statewide database be modified to include enough phase entry fields to accommodate all courts. This could be done on a site-by-site level, or several additional phase fields could

be added to the *Treatment Court* form in order to provide sufficient phase entry fields for all Oregon Drug Courts.

- It is recommended that the database administrator collaborate with Oregon Drug Court program coordinators to ensure that useful *Treatment Issue* and *Mental Health Diagnoses* data fields are available in OTCMS.
- It is commendable that Oregon treatment courts statewide have an electronic data collection system available to them. The OTCMS database is reasonably user-friendly and is designed to capture most relevant treatment court program data. However, a challenge for many courts is the need to have many copies of the database available for team members, and ensuring that those copies are the most current version as well as that data exports for the state are occurring on a regular basis. A preferable approach would be moving to an encrypted on-line data entry system so that users could access the database from any computer with Internet access and database modifications would occur simultaneously for all end-users. One option is The Drug Court Case Management Information System (DCCMIS) developed by Advanced Computer Technologies (see <http://www.actinnovations.com>). It is a user-friendly, encrypted on-line database designed for drug court data collection. It is recommended that, if possible, a Web-based data system such as the DCCMIS be implemented for Oregon treatment courts, and that this new system have the ability to upload current OTCMS data to avoid the need to back-enter data and to ensure uninterrupted data collection.

OUTCOME EVALUATION

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

In this evaluation both short- and long-term outcomes were assessed. Outcomes were examined in four main focus areas: 1) treatment, 2) program completion, 3) child welfare, and 4) criminal justice. The outcome portion of the evaluation report is divided into each of these four areas of interest, with specific policy-related study questions for each. These questions are as follows.

Treatment (T) Outcomes

T1: Do FDC parents enroll in treatment more often than non-FDC parents?

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

T3: Do FDC parents complete treatment more often than non-FDC parents?

Program Completion (PC)

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

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

Child Welfare (CW) Outcomes

CW1: 1a. Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate? 1c. Are FDC children returned to their parents sooner than non-FDC parents?

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

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

CW4: Do FDC parents experience less foster care recidivism than non-FDC parents?

Criminal Justice (CJ) Outcomes

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

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

CJ3: Do FDC parents use fewer jail resources than non-FDC parents?

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

Outcome Evaluation Methods

RESEARCH STRATEGY

The outcome most commonly used to measure the effectiveness of drug courts is recidivism, particularly recidivism in the criminal justice system. For this study criminal justice recidivism is defined as any arrest excluding minor traffic citations that occurs after drug court entry. For family drug courts, recidivism includes return to foster care. This is measured as new entry dates into foster care that occur after drug court entry.

NPC Research identified a sample of participants who entered the FATC between January 2006 and June 2008. This timeframe allowed for the availability of at least 12 months and up to 2 years of recidivism data post-program entry for all study participants. This timeframe also allowed for recidivism outcomes for up to 2 years post-program exit for a small number of participants. A comparison group was identified from a list of family court cases for individuals that entered the court system on a petition for shelter care. The full comparison group selection process is described under the section on Sample Selection. The drug court participants and comparison individuals were matched on age, gender, ethnicity, indication of prior drug use, number and age of children, prior treatment history and criminal history, including number of prior arrests and prior drug arrests.

Both groups were examined through existing administrative databases for a period up to 24 months from the date of drug court entry. For comparison group members, an equivalent “entry date” was calculated by creating an average of the number of days from petition to drug court entry for participants and adding that mean number of days to the petition date for comparison group members. The evaluation team utilized the data sources described below, to determine whether there was a difference in re-arrests, time incarcerated, time in foster care, and other outcomes of interest (described further in the results) between the drug court and comparison group.

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

Any differences in demographics and criminal history between drug court graduates and non-graduates were also examined to determine if there were indications of specific groups that would need additional attention from the drug court program to increase successful outcomes.

DATA COLLECTION AND SOURCES

Administrative Data

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of the FATC data. Once all data were gathered on the study participants, the data were compiled, cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS (described in more detail in the data analysis section). The data necessary for the outcome evaluation were gathered from the administrative databases described below and in Table 1.

Table 1. FATC Evaluation Data Sources

Database	Source	Example of Variables
<i>The Oregon Treatment Court Management System (OTCMS)</i>	Marion County Fostering Attachment Treatment Court (FATC)	For drug court participants only: Demographics, time spent in drug court, court sessions, drug test results, discharge status.
<i>Department of Corrections (DOC)</i>	Oregon Department of Corrections (DOC)	Start and end dates for parole, probation; Start and end dates for prison time.
<i>Client Progress Monitoring System (CPMS)</i>	Client Progress Monitoring System	Start and end dates for treatment episodes by modality - outpatient and residential treatment, detox
<i>Oregon Judicial Information System (OJIN)</i>	Oregon Judicial Department	Incident dates (arrests), dates of case filings, charges
<i>Adoptions and Foster Care Analysis and Reporting System (AFCARS)</i>	DHS Child Welfare	Start and end dates for foster care, dates of permanency hearings

The Oregon Treatment Court Management System

In 2000, the Oregon Judicial Department (OJD), working with the Oregon Association of Drug Court Professionals (OADCP), secured a Department of Justice Statewide Enhancement Grant to create a data collection system. These funds were used to develop the Oregon Treatment Court Management System (OTCMS), a Management Information System (MIS) that serves as a participant case management tool and program data depository. The OTCMS is currently used by 45 of Oregon's 47 adult, juvenile, and Family Treatment Drug Courts. OTCMS is the primary data source for Oregon drug court process and outcome evaluations as well as the data source for reporting performance measures to the state.

Department of Corrections (DOC)

The DOC database contains information on demographics and service data including the start and end dates and level of supervision for probation, parole, and post-prison supervision. These data were used to examine participant and comparison group criminal justice recidivism and to determine criminal justice recidivism-related costs.

Client Process Monitoring System (CPMS)

CPMS is a statewide alcohol and drug treatment database. The data are kept in two different data systems, one with older data and one with newer data. Data kept in these data systems include demographics, treatment episode start and end dates and treatment modality. These data were used to examine treatment history and treatment subsequent to FDC participant start dates. The data also will be used in the determination of treatment costs.

Oregon Judicial Information System (OJIN)

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

Adoptions and Foster Care Analysis and Reporting Systems

The State of Oregon uses the Adoptions and Foster Care Analysis and Reporting Systems to manage child welfare data. These data include current child welfare case variables (e.g., allegations, family characteristics, foster care utilization, etc.) and permanency hearing data when reported.

SAMPLE SELECTION

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

Marion County FATC Participant Sample

NPC identified all participants who entered FATC from January 2006 (when the program was implemented) through July 2008. Although normally the first year of implementation should not be included in an outcome evaluation (due to inevitable adjustments in practice as the program solidifies their process), it was necessary to include all years in order to obtain enough participants in the sample to perform reasonable statistical analyses and to allow time for outcomes to occur. This time interval allows at least 12 months of follow-up for every participant post drug court start. For this time period, there were 39 drug court participants in the cohort (this includes 13 graduates according to what was reported to OTCMS). There were 35 drug court participants with two years of follow-up time.

Comparison Group

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

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

DATA ANALYSES

Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS. The analyses used to answer specific questions were as follows.

Treatment (T) Outcomes

T1: Do FDC parents enroll in treatment more often than non-FDC parents?

Crosstabs were run to examine differences in enrollment in treatment between drug court and the comparison group. Treatment enrollment was defined as any treatment start dates that began within 2 months before or 12 months after the petition date. Chi-square analyses were used to identify any significant differences in enrollment rates between drug court and comparison group participants.

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

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

Univariate analysis of variance was performed to compare the mean number of days in treatment for all drug court participants and the comparison group in the 2 years after drug court start for those individuals who received treatment. (Those individuals who did not receive treatment in the study time period were excluded from this analysis). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start. The non-adjusted means for graduates are included for reference but, as explained above, should not be compared directly with the comparison group.

T3: Do FDC parents complete treatment more often than non-FDC parents?

Crosstabs were run to examine differences in treatment completion rates (i.e., whether or not an individual successfully completed a treatment episode) between drug court and the comparison group in the 2 years after drug court start (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences in completion rates between drug court and comparison group participants.

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

Program Completion (PC)

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

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

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

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

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

Child Welfare (CW) Outcomes

CW1: a. Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate? b. Are FDC children returned to their parents sooner than non-FDC parents?

Univariate analysis of variance was performed to compare the mean number of days in foster care for the children of all drug court participants and the comparison group in the 2 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start. The non-adjusted means for graduates are included for reference but, as explained above, should not be compared directly with the comparison group.

The same analysis was performed to answer part b of this question using the mean number of days between drug court start and date of disposition (return to parents from foster care) for those parents whose children were removed prior to drug court start.

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

Crosstabs were run to examine differences in rates for various permanency decision types between drug court and the comparison group in the 2 years after drug court start (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences permanency decisions between drug court and comparison group participants.

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

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

Univariate analysis of variance was performed to compare the mean number foster care placement changes for the children of all drug court participants and the comparison group in the 2 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start.

CW4: Do FDC parents experience less foster care recidivism than non-FDC parents?

Univariate analysis of variance was performed to compare the mean number new foster care start dates for the children of all drug court participants and the comparison group in the 2 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start.

Criminal Justice (CJ) Outcomes

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

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

For Questions CJ1 and CJ2 univariate analysis of variance were performed to compare the mean number of all re-arrests and all re-arrests with drug charges for drug court participants and the comparison group in the 2 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start. The non-adjusted means for graduates are included for reference but, as explained earlier, should not be compared directly with the comparison group.

In addition, crosstabs were run to examine differences in recidivism rate (the number of individuals re-arrested at least once in the 2-year outcome period) between drug court and the comparison group. Chi-square analyses were used to identify any significant differences in re-arrest rates between drug court and comparison group participants.

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

Outcome Evaluation Results

Table 2 provides the demographics for the study sample of drug court participants and the comparison group. Independent samples t-tests and chi-square analyses showed no significant differences between groups on the characteristics listed in the table with the exception of race/ethnicity. There were significantly more White individuals in the FATC group and significantly more Latinas in the comparison group. These differences were controlled for statistically in all analyses comparing the two groups.

Table 2. Drug Court Participant and Comparison Group Characteristics

	All Drug Court Participants N = 39	Comparison Group N = 49
Gender	3% male 97% female	2% male 98% female
Ethnicity*		
White	91%	74%
African American	3%	5%
Latina	3%	20%
Mean Age at Petition Date	25 years	25 years
Parent Reports Drug Use	95%	94%
Reported Drugs Used		
Alcohol	13%	26%
Methamphetamine	84%	74%
Marijuana	26%	26%
Cocaine	2.6%	2.2%
Had prior treatment (in 2 years before drug court entry)	37%	39%
Average number of arrests in the 2 years prior to program entry	0.7	0.4
Average number of drug arrests in the 2 years prior to program entry	0.28	0.2
Mean Age of Youngest Child	3 months	3 months
Mean Age of Oldest Child	2 years	2 years
Mean Number of Children per Parent	2.5	2.8
Parent Accused of Physical Abuse	89%	79%
Parent Accused of Neglect	82%	85%

*Difference is significant at p=.049

As shown in Table 2, almost all FATC participants and comparison group members are female. The majority are White with a mean age of 25 years. Approximately 95% reported drug use to child welfare, with the vast majority using methamphetamine. Over one-third reported prior treatment in the past 2 years. The mean number of arrests for drug court participants in the past 2 years was 0.7, while the comparison group mean was 0.4; although this difference was not statistically significant, this variable was controlled for in subsequent analyses. The mean age of the children for these participants was 3 months for the youngest child and 2 years for the oldest child. Most of these parents (approximately 80%) had allegations of physical abuse and neglect.

TREATMENT OUTCOMES

Treatment Outcome #1: Do FDC parents enroll in treatment more often than non-FDC parents?

NO. According to statewide treatment data, parents in both groups enrolled in treatment equally as often.

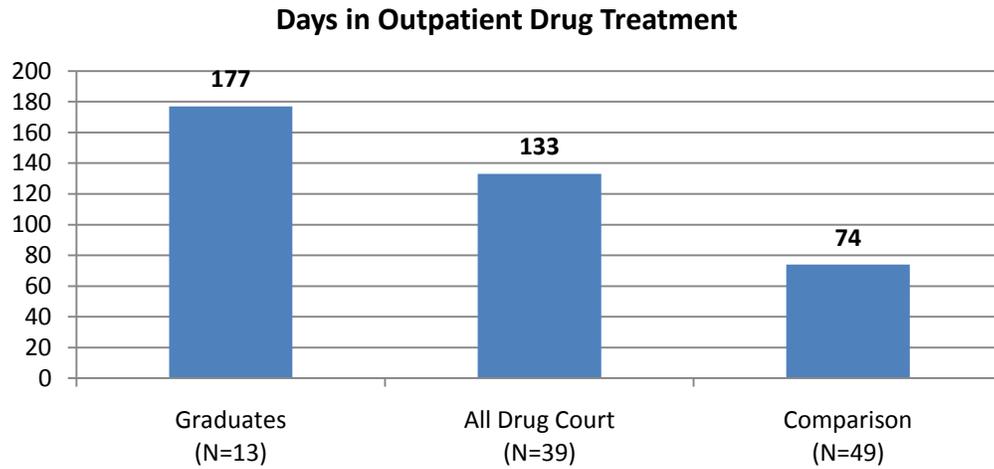
Nearly 77% of drug court participants had treatment episodes recorded in the statewide data during the study period, while 75% of the comparison group also enrolled in treatment during the same time period. The most likely explanation for this result is that parents with child welfare cases that involve parental drug use are required to obtain drug and alcohol treatment, regardless of their involvement in a drug court program. In addition, treatment attendance is notoriously under-reported in the state system (although there was a connection in the past, there is no longer any connection between data reporting and monetary compensation for providers), which implies that both groups most likely engaged in treatment more than these results demonstrate. Because individuals cannot remain in the drug court program if they do not attend treatment, it is probable that all participants did attend treatment.

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

YES. In the year after drug court entry, the FATC program parents spent nearly twice as long in treatment than parents who did not participate in the program.

As shown in Figure 1, FATC parents spent an average of **133** days in outpatient treatment in the year after drug court entry compared to **74** days for the comparison group ($p < .05$). Graduates spent even longer in treatment (**177** days). Further, although it was not significant ($p=.063$), FATC parents spent more time in residential treatment than comparison participants (34 days compared to 7 days, respectively).

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



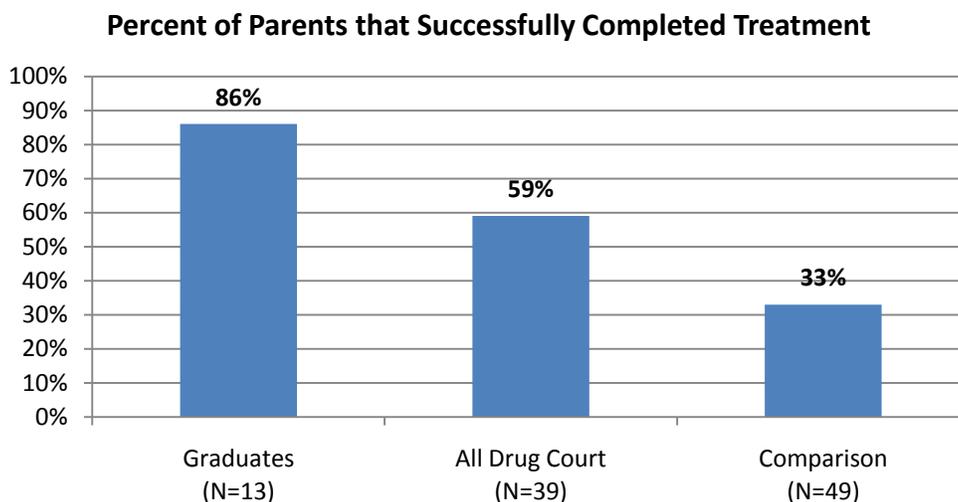
Treatment Outcome #3: Do FDC parents complete treatment more often than non-FDC parents?

YES. Significantly more FATC program parents successfully completed treatment after program entry compared to parents who did not participate in the FATC.

As demonstrated in Figure 2, in a 2-year period after entry into the program, **59%** of FATC parents had completed treatment compared to **33%** of the comparison group. This difference was significant for group ($p < .05$) over and above any differences due to age, race/ethnicity, gender and criminal history. Further, **86%** of FATC graduates showed completed treatment episodes in the statewide data. (Note that since all graduates must complete treatment in order to graduate from the FATC program, the “86%” demonstrates how treatment episodes are under-reported in the state system).

A key purpose of the drug court model is to use the authority of the court and the judge to keep people in treatment long enough to complete a full course of treatment and for significant behavior change to occur. The result of this analysis shows that the FATC program is fulfilling this purpose in that nearly twice the number of parents complete treatment compared to parents that did not participate in the program.

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



PROGRAM COMPLETION

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

Whether a program is bringing its participants to completion in the intended timeframe is measured by program graduation (completion), and by the amount of time participants spend in the program. Program *graduation rate* is the percentage of participants who graduated from the program, out of a cohort of participants who have left the program either by graduating or being unsuccessfully discharged. Since the program's inception, 52% of drug court program participants completed the FATC program successfully. This is on par with the national average of 50% (Cooper, 2000).

Although the FATC's graduation rate is on par with the national average, ideally the intention would be for all participants to successfully complete the program. In order to graduate, participants must comply with the program practices and requirements. Therefore, for programs to increase their graduation rates, they must increase the number of participants that comply with program requirements. One strategy drug court staff can use in dealing with this complex population is to provide additional assistance so participants can learn new skills to successfully meet program requirements. Teams should be asking themselves, "how can we help as many participants as possible comply with program requirements?" For example, if lack of transportation is keeping individuals from making it to treatment sessions, or from submitting UA samples, then investing in some options for transportation may increase participant compliance with the program, allowing them to successfully graduate. To increase graduation rates, drug court teams must consider the challenges participants face, continually review program operations, and adjust as necessary.

To measure whether the program is following its expected timeframe for participant completion, the average amount of days in the program was calculated for participants who had enrolled in the FATC program between January 2008 and July 2008 and were discharged from the program. The minimal requirements of the FATC would allow for graduation at approximately 12 months from the time the participant enters the program. The average length of stay in drug court for all partici-

pants was 350 days (approximately 11.5 months). Graduates spent an average of 450 days in the program or about 15 months. This is not far from the minimum time necessary to graduate. And since 12 months is actually the *minimum* amount of time, it is to be expected that the actual amount of time is somewhat longer. Participants who did not graduate spent, on average, slightly less than 8 months in the program (240 days). These results show that the FATC program is about on target with its intended length of stay for drug court participants. However, this also shows that, in order to graduate, participants tend to stay in the program longer.

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

Graduates and unsuccessfully discharged participants were compared on demographic characteristics and criminal history to determine whether there were any patterns in predicting successful program completion (graduation). The following analyses included participants who entered the program from January 2006 through July 2008. Of the 88 people who entered the program during that time period, 13 were unsuccessfully discharged from the program and 14 graduated; the remainder are currently still actively participating.

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

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

	Graduates (n = 14)	Non-Graduates (n = 13)	Statistically Significant?
% Female	100%	93%	No
Mean age at petition date	24	26	No
% White	71%	85%	No
Mean number of days of program involvement	450	240	Yes
Mean age of child in foster care	2 years	1 year, 10 months	No
Mean number of all prior arrests in 2 years before drug court entry	1.41	1.76	No
Mean number of prior drug arrests in 2 years before drug court entry	.25	.15	No
% who had prior treatment episodes	36%	59%	Yes
% that use methamphetamines	92%	75%	No
% that use cocaine	0%	8%	No
% that use Marijuana	29%	25%	No
% that are at risk for domestic violence	8%	33%	Trend
% that have inadequate housing	54%	23%	Trend
% with allegations of physical abuse of child	92%	92%	No

Note: Yes = ($p < .05$). Trend = ($p < .15$)

There were just two characteristics that were significantly different between the groups. One was the length of stay in the program; drug court graduates stayed in the program significantly longer than non-graduates. Further analyses showed that, when controlling for differences between drug court graduates and the comparison group, the only characteristic significantly related ($p < .001$) to program success was length of stay in the program, indicating that participants had about a 1% increased chance of graduation for each additional day they spent in the program. The other significant difference between the groups was that fewer graduates had previous treatment. This is consistent with the literature that shows that individuals who have attempted treatment and failed tend to do worse in subsequent treatment than individuals who are attempting treatment for the first time. It is possible that failing leads these individuals to believe that they are unable to succeed, which results in a self-fulfilling prophecy (D. B. Marlowe, personal communication, June 2009).

However, although the differences were significant only at a trend level, participants at risk for domestic violence (DV) were less likely to graduate. This indicates a possible need for drug court services aimed toward DV, such as DV counseling. In contrast, individuals with inadequate housing were more likely to graduate. The FATC may be particularly helpful to those with housing needs and indicates that housing services are important for those in need to assist these individuals in successfully completing program requirements.

It is interesting to note that the type of drug used was not a significant predictor of graduation status. This suggests that the program is adequately treating participants with different types of addiction. In particular, although not significant, graduates were more likely to be methamphetamine users, which is consistent with the literature showing that the drug court model (especially the use of rewards and sanctions) is particularly effective in the treatment of methamphetamine addiction (Carey & Perkins, 2008).

CHILD WELFARE OUTCOMES

Child Welfare Outcome #1:

1a. Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate?

YES. Children of FATC parents spent significantly less time (less than half the time) in foster care in the 2 years after drug court entry than children of non-FATC parents.

Counting all foster care episodes with start dates that occurred in the 2 years after drug court entry (or the equivalent for the comparison group), children of FATC parents spent an average of **529** days in foster care (an average of **211** days per child). In contrast, children of non-FATC parents spent a total of **1,112** days in foster care (an average of **383** days per child) ($P < .01$). Children of graduates spent a total of **401** days in foster care after the drug court start date (an average of **160** days per child). This provides support for the idea that family drug courts provide parents in the child welfare system with the tools they need to more successfully parent their children.

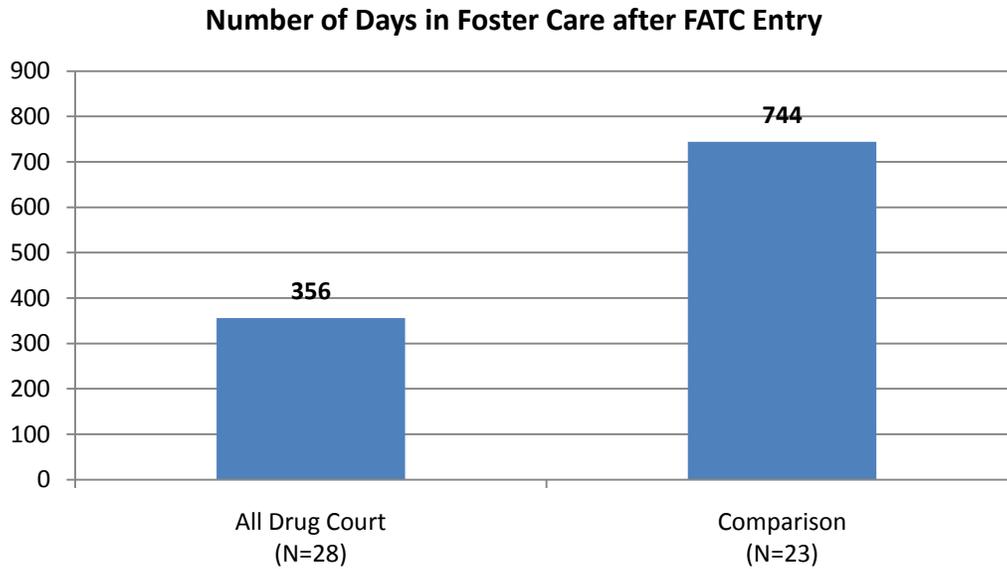
1b. Are FDC children returned to their parents more quickly after drug court start?

YES. Children whose parents participated in the FATC program were returned significantly sooner than children whose parents did not participate.

For those children who were in foster care at the time of drug court entry, children with FATC parents were in care an average of 142 days per child after drug court entry (to the first disposition/reunification date) compared to 298 days per child after an equivalent date for children of non-FATC parents ($p < .01$). This indicates that participation in drug court is an efficient use of

resources in assisting parents to obtain the treatment and other services they need to qualify for the right to parent their children.

Figure 3. Children of FATC Parents Are Returned Significantly Sooner Than Non-FATC Parents



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

YES. FATC parents were reunified with their children significantly more often than non-FATC parents while experiencing significantly fewer adoptions and termination of parental rights.

Within 2 years of drug court entry, 80% of FATC parents were reunified with their children compared to 40% of non-FATC parents ($p < .01$). In terms of number of re-unifications, the FATC participants experienced an average of one (1) reunification per parent in the 2 years after program entry compared to 0.59 reunifications per non-FATC parent ($p < .01$).

In contrast, in the 2 years after drug court entry (or the equivalent) 35% of non-FATC parents had their parental rights terminated compared to 8% of FATC parents ($p < .01$), and 16% of non-FATC parents had children adopted compared to just 8% of FATC parents ($p < .05$). No FATC graduates had their children adopted or had their parental rights terminated.

These results show a profound and positive difference in permanency decisions for FATC program participants compared to parents that did not attend the program. FATC parents are more likely to be reunified with their children and, in turn less likely to have their parental rights terminated and their children adopted by others.

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

MAYBE. Although not significant, children of FATC parents had fewer placement changes than children of non-FATC parents.

The children of FATC parents experienced an average of 1.6 placement changes while in foster care in the 2 years after drug court entry compared to children of non-FATC parents who had 2.6 changes. This difference was not significant, most likely due to small sample size (N=24 and N=21, respectively).

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

MAYBE. Although not significant, FATC parents had about half the number of new foster care episodes compared to non-FATC parents.

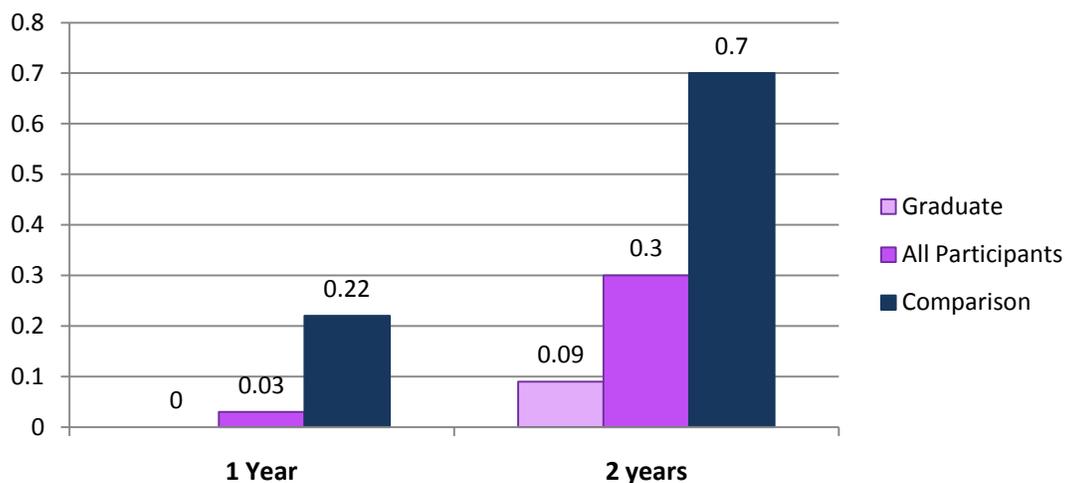
FATC parents had an average of 0.42 new foster care episodes per parent in the 2 years after drug court entry compared to 0.8 episodes for the non-FATC parents. Again, this difference was not statistically significant, which may be due to small sample sizes.

CRIMINAL JUSTICE OUTCOMES

Criminal Justice Outcome #1: Do FDC parents have fewer subsequent arrests than non-FDC parents?

YES. Drug court participants were re-arrested less often than the comparison group over 2 years from drug court entry. Figure 4 illustrates the average number of re-arrests for 24 months after entering the drug court program for FATC graduates, all FATC participants, and the comparison group. The reported average number of re-arrests was adjusted for age, ethnicity (White or non-Caucasian), gender, prior arrests, and time at risk to be rearrested.

Figure 4. FATC Participants Were Re-Arrests Less Often Than Non-FATC Participants Over 2 Years

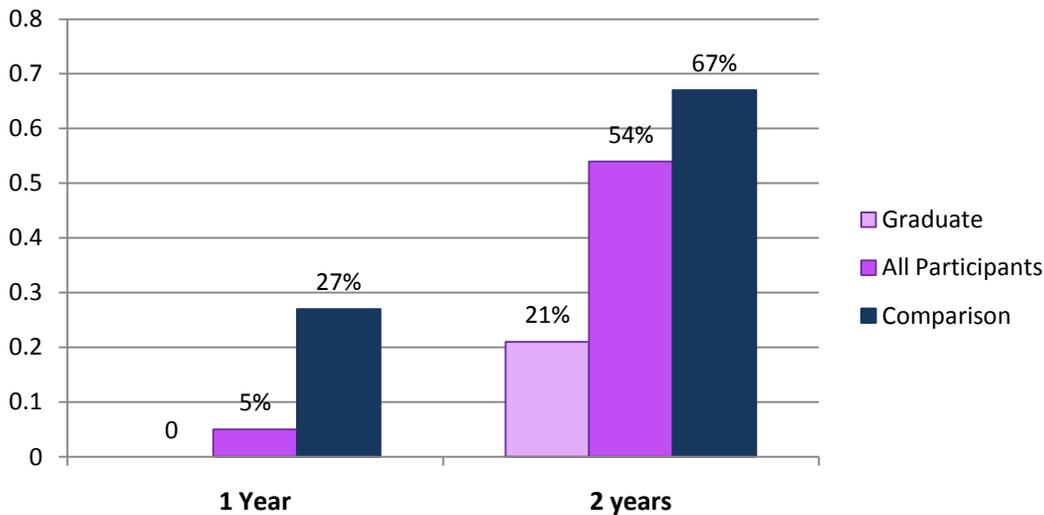


Note: N sizes at 1 year: Graduates n = 13, All Drug Court Participants n = 35, Comparison Group n = 34;
N sizes at 2 years: Graduates n = 11, All Drug Court Participants n = 20, Comparison Group n = 20.

As demonstrated in Figure 4, FATC participants had fewer re-arrests than the comparison group at 1 year and 2 years after drug court entry. This difference was statistically significant at one year ($p < .01$) but was not significant at 2 years post drug court entry, ($p = .18$). The lack of significance at 2 years is probably due to the drop in sample size from 1 year to 2 years as there were fewer individuals with 2 full years of outcomes available. Graduates had no re-arrests the first year, and almost none the second year.

Recidivism rates, the percent of individuals re-arrested out of the total, were also significantly lower for drug court participants (See Figure 5). In the first year post drug court entry, no graduates were re-arrested and only 5% of FATC parents overall were re-arrested, compared to 27% of the non-FATC parents ($p < .01$). After 2 years, 21% of the graduates and 54% of all FATC participants were re-arrested, while 67% of non-FATC parents were re-arrested. This difference was not significant in the second year. Again, this is probably due to the decrease in sample size. However, it appears that there is a large increase in recidivism for the drug court participants, particularly in the second year after drug court entry, indicating that criminal activity is well controlled while participants are in the program, but the FATC program may have less of an effect once the participant has completed the program (2 years out from entry). However, this could be an artifact due to the small number of individuals who had 2 years worth of recidivism data available.

Figure 5. Fewer Drug Court Participants Were Re-Arrested Than the Comparison Group Over 2 Years



Note: N sizes at 1 year: Graduates $n = 13$, All Drug Court Participants $n = 35$, Comparison Group $n = 34$;
 N sizes at 2 years: Graduates $n = 11$, All Drug Court Participants $n = 20$, Comparison Group $n = 20$.

To present a more descriptive picture of the criminality of the groups, arrests were coded as felony or misdemeanor arrests, based on the most serious charge associated with each arrest. In the 2 years following drug court entry, drug court participants were re-arrested less often for all types of arrests.

In the first year post drug court entry, drug court participants had a significantly lower number of re-arrests with felony charges ($p < .05$) and a lower number of arrests with misdemeanor charges (trend-level difference, $p < .10$). In addition, graduates had no re-arrests for each type of arrest. These findings demonstrate that involvement in the program, regardless of exit status, is associated

with a reduction in criminality. In the second year, drug court participants still had fewer felony arrests, but the difference was not significant.

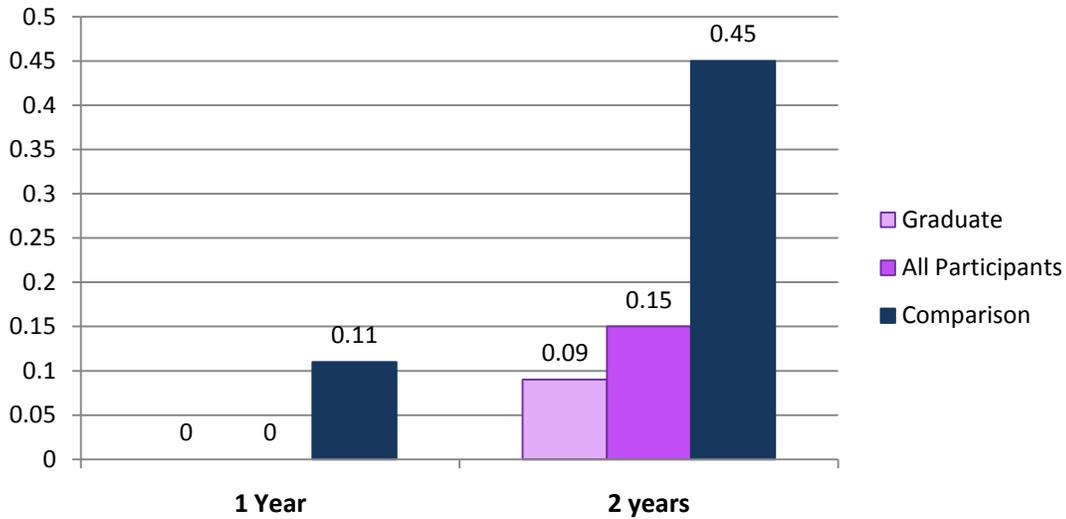
There has been some question about whether drug court programs, which redirect offenders from incarceration into treatment, endanger public safety. These findings demonstrate that involvement in the program, regardless of exit status, is associated with a reduction in crime compared to traditional court processing.

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

YES. FATC participants had significantly fewer re-arrests with drug charges than the comparison group.

At one year after program entry, FATC participants had significantly fewer drug related re-arrests than individuals in the comparison group ($P < .01$) (See Figure 6). The 2-year averages for the FATC graduates, all FATC participants were also lower than non-FATC participants (but not significantly). These findings suggest that participation in FATC is associated with a reduction in substance use and drug-related crimes.

Figure 6. FATC Parents Had Fewer Re-Arrests With Drug Charges Than Non-FATC Parents



Note: N sizes at 1 year: Graduates n = 13, All Drug Court Participants n = 35, Comparison Group n = 34; N sizes at 2 years: Graduates n = 11, All Drug Court Participants n = 20, Comparison Group n = 20.

Outcome Evaluation Summary

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

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

- Spent nearly twice as long in treatment and were twice as likely to complete treatment,
- Had their children spend less than half the time in foster care in the 2 years after drug court entry,
- Were reunified with their children twice as often and significantly sooner (in half the time),
- Had 4 times fewer terminations of parental rights (TPRs),
- Were significantly less likely to be re-arrested for any charge
- Had significantly reduced re-arrests with drug charges over time.

Further analyses showed that the FATC program is keeping participants in the program during the intended 12-month length of the program but that graduates were significantly more likely to spend longer (15 months) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that participants benefit from longer time in the program. The graduation rate for the FATC program is 51%, which is on par with the national average for all drug courts.

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

COST EVALUATION

The main purposes of the cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice and child welfare outcomes were lower due to FATC participation. A common misunderstanding in the discussion of cost analysis is the meaning of the term “cost-effective” versus the term “cost-benefit.” A *cost-effectiveness* analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. For example, a cost-effectiveness analysis of drug courts would determine the cost of the drug court program and then look at whether the number of re-arrests were reduced by the amount the program intended (e.g., a 50% reduction in re-arrests compared to those who did not participate in the program).

A *cost-benefit* evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in re-arrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.⁶ This evaluation is a *cost-benefit* analysis.

The FATC cost evaluation was designed to address the following study questions:

1. How much does the FATC program cost? What is the average investment per agency in a FATC case?
2. What is the 2-year cost impact on the treatment, child welfare and criminal justice systems of sending offenders through FATC compared to traditional court processing? What is the average cost of treatment, child welfare and criminal justice recidivism per agency for the FATC group compared to the non-FATC group?
3. What is the cost-benefit ratio for investment in the FATC?

This section of the report describes the research design and methodology used for the cost analysis of the FATC program. The next section presents the cost results in order of the questions listed above.

Cost Evaluation Design and Methodology

COST EVALUATION DESIGN

Transaction and Institutional Cost Analysis

The cost approach utilized by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual’s interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of

⁶ See drug court cost-benefit studies at <http://www.npcresearch.com>

each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

Cost to the Taxpayer

In order to maximize the study’s benefit to policymakers, a “cost-to-taxpayer” approach was used for this evaluation. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program).

The central core of the cost-to-taxpayer approach in calculating benefits (avoided costs) for drug court specifically is the fact that untreated substance abuse will cost various tax-dollar funded systems money that could be avoided or diminished if substance abuse were treated. In this approach, any cost that is the result of untreated substance abuse and that directly impacts a citizen (through tax-related expenditures) is used in calculating the benefits of substance abuse treatment.

Opportunity Resources

Finally, NPC’s cost approach looks at publicly funded costs as “opportunity resources.” The concept of opportunity *cost* from the economic literature suggests that system resources are available to be used in other contexts if they are not spent on a particular transaction. The term opportunity *resource* describes these resources that are now available for different use. For example, if substance abuse treatment reduces the number of times that a client is subsequently incarcerated, the local sheriff may see no change in his or her budget, but an opportunity resource will be available to the sheriff in the form of a jail bed that can now be filled by another person, who, perhaps, possesses a more serious criminal justice record than does the individual who has received treatment and successfully avoided subsequent incarceration.

COST EVALUATION METHODS

The cost evaluation involves calculating the costs of the program and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there are any benefits (or avoided costs) due to FATC program participation, it is necessary to determine what the participants’ outcome costs would have been had they not participated in the FATC. One of the best ways to do this is to compare the costs of outcomes for FATC participants to the outcome costs for similar individuals that were eligible for FATC but who did not participate. The comparison group in this cost evaluation is the same as that used in the preceding outcome evaluation.

TICA Methodology

The TICA methodology is based upon six distinct steps. Table 4 lists each of these steps and the tasks involved.

Step 1 (determining program process) was performed during site visits, through analysis of court and FATC documents, and through interviews with key informants. Step 2 (identifying program transactions) and Step 3 (identifying the agencies involved with transactions) were performed through observation during site visits and by analyzing the information gathered in Step 1. Step 4 (determining the resources used) was performed through extensive interviewing of key informants, direct observation during site visits, and by collecting administrative data from the agencies involved in the FATC. Step 5 (determining the cost of the resources) was performed through interviews with FATC and non-FATC staff and with agency finance officers, as well as analysis

of budgets found online or provided by agencies. Step 6 (calculating cost results) involved calculating the cost of each transaction and multiplying this cost by the number of transactions. All the transactional costs for each individual were added to determine the overall cost per FATC participant/comparison group individual. This is generally reported as an average cost per person for the FATC program, and outcome/impact costs due to re-arrests, jail time and other recidivism costs, as well as treatment and child welfare usage. In addition, due to the nature of the TICA approach, it was also possible to calculate the cost for FATC processing for each agency as well as outcome costs per agency.

The costs to taxpayers outside of the FATC program consist of those due to new arrests, subsequent court cases, probation and parole time served, jail and prison time served, drug treatment, and foster care time. Program costs consist of FATC court sessions, case management, drug tests, and drug treatment.

Table 4. The Six Steps of TICA

	Description	Tasks
Step 1:	Determine flow/process (i.e., how program participants move through the system)	Site visits/direct observations of program practice Interviews with key informants (agency and program staff) using a drug court typology and cost guide (See guide on www.npcresearch.com)
Step 2:	Identify the transactions that occur within this flow (i.e., where clients interact with the system)	Analysis of process information gained in Step 1
Step 3:	Identify the agencies involved in each transaction (e.g., court, treatment, police)	Analysis of process information gained in Step 1 Direct observation of program transactions
Step 4:	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions)	Interviews with key program informants using program typology and cost guide Direct observation of program transactions Administrative data collection of number of transactions (e.g., number of court appearances, number of treatment sessions, number of drug tests)
Step 5:	Determine the cost of the resources used by each agency for each transaction	Interviews with budget and finance officers Document review of agency budgets and other financial paperwork
Step 6:	Calculate cost results (e.g., cost per transaction, total cost of the program per participant)	Indirect support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction The transaction cost is multiplied by the average number of transactions to determine the total average cost per transaction type These total average costs per transaction type are added to determine the program and outcome costs. (These calculations are described in more detail below)

Cost Evaluation Results

RESEARCH QUESTION #1: PROGRAM COSTS

A. How much does the FATC program cost? B. What is the average investment per agency in an FATC case?

As described in the cost methodology, the Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Transactions are those points within a system where resources are consumed and/or change hands. Program transactions for which costs were calculated in this analysis included FATC court appearances, case management, drug tests, and drug and treatment. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2010 dollars.

FATC Transactions

In Marion County, FATC court sessions include representatives from the Circuit Court, Parole and Probation, Health Department, Department of Human Services, Valley Mental Health, and Family Building Blocks. The cost of an FATC *court appearance* (the time during a session when a single participant is interacting with the judge) is calculated based on the average amount of court time (in minutes) each participant uses during the court session. This incorporates the direct costs of each FATC team member present during sessions, the time team members spent preparing for or contributing to the session, the agency support costs, and the overhead costs. The average cost for a single FATC court appearance is **\$218.02** per participant.

Case management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day.⁷ The main agencies involved in case management for the FATC in Marion County are DHS and Family Building Blocks, but staff from the Circuit Court, Parole and Probation, Health Department, and Valley Mental Health are also involved. The per day cost of case management is **\$18.96** per participant.

The majority of *treatment* is provided by Her Place, a Marion County Health Department facility that offers residential and outpatient treatment services, but some participants may receive treatment from other facilities. Virtually all FATC participants are on the Oregon Health Plan (OHP) and get their treatment paid for through OHP. The FATC has Oregon Criminal Justice Commission (CJC) grant funds set aside to pay for clients not covered by OHP, but only two clients in 3 years have used this funding source for their treatment. Since this cost analysis is focused on the cost to taxpayers, the cost of drug treatment shown below is only the amount paid by public funds (non-taxpayer funds such as private insurance were not included). The cost of drug treatment reflects—as closely as possible—the true cost to taxpayers. Using Oregon’s Medicaid reimbursement rates found online, the cost per day of *outpatient drug treatment* is reimbursed at **\$15.09**, the cost per day of *residential drug treatment* is **\$110.15**, and the cost per day of *drug detoxification* is **\$108.64**.

Most *Urinalysis (UA) drug tests* are conducted by DHS, but Parole and Probation and the Health Department also conduct tests. DHS contracts with A Worksafe Service for UA testing at a cost

⁷ Case management can include home visits, meeting with participants, evaluations, phone calls, paperwork, answering questions, consulting with therapists, documentation, file maintenance, residential referrals, and providing resources and referrals for educational and employment opportunities.

of \$15.00 per test. Parole and Probation UAs are \$2.25 for a 5-panel test. Health Department UAs are \$25.00 per test. The average UA cost for the three agencies is **\$14.08** per test, which covers the full cost of materials, salary, support, and overhead associated with the test. Participants do not pay for drug testing.

Jail sanction days are provided by the Marion County Sheriff’s Office at the Marion County Correctional Facility. Jail bed days (including FATC jail sanctions) are **\$85.00** per person per day. This rate was obtained from a representative of the Sheriff’s Office. The rate includes all staff time, food, medical, booking, and support/overhead costs. Because no FATC participants received a jail sanction, jail sanction days were not included in the program cost analysis.

FATC Program Costs

Table 5 presents the average number of FATC transactions (FATC court appearances, drug tests, etc.) per FATC participant and per FATC graduate, and the total cost for each type of transaction (number of transactions times the cost per transaction) for the case that led to participation in the FATC court program. The sum of these transactions is the total per participant cost of the FATC program. The table includes the average for FATC graduates (N= 14) and for all FATC participants (N = 29), regardless of completion status. It is important to include participants who were discharged *and* those who graduated—all participants use program resources, whether they graduate or not.

Table 5. Average Program Costs per Participant

Transaction	Transaction unit cost	Average number of transactions per FATC graduate	Average cost per FATC graduate (n = 14)	Average number of transactions per FATC participant	Average cost per FATC participant (n = 29)
FATC Court Appearances	\$218.02	15.20	\$3,314	13.38	\$2,917
Case Management	\$18.96	450.50 Days ⁸	\$8,541	349.78 Days	\$6,632
Outpatient Drug Treatment Days	\$15.09	144.29	\$2,177	113.22	\$1,708
Residential Days	\$110.15	32.14	\$3,540	24.63	\$2,713
Detoxification Days	\$108.64	0.36	\$39	0.19	\$21
Drug Tests	\$14.08	33.00	\$465	25.54	\$360
Total FATC			\$18,076		\$14,351

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Table 5 also illustrates the per participant cost to the taxpayer for the FATC. The average cost per participant is \$14,351. Taken together, case management and court appearances account for over 66% of program costs, but that is not unusual given that close judicial contact and intense

⁸ Case management is calculated by number of days in the program, so the average number of transactions in this case is the average number of days spent in the FATC.

case supervision of participants are two more of the essential elements of drug courts. Case management (\$6,632) is by far the most expensive transaction for the program, followed by court appearances and then residential treatment. The average program cost per FATC graduate is \$18,076 due to the fact that graduates spend longer in the program and use more resources.

Costs per Agency

Another useful way to examine costs is to quantify them by agency. Table 6 provides per participant costs by agency for the FATC program. The outpatient drug treatment, residential days and detoxification days included under the treatment category make treatment the largest single agency cost. Treatment is mainly provided by the Marion County Health Department’s Her Place facility as well as some other treatment providers, but the treatment costs are largely borne by the Oregon Health Plan.

The second largest proportion belongs to Family Building Blocks, because its employees attend FATC court sessions and provide case management services to participants including Relief Nursery services to children. DHS also shares a significant portion of total program costs, due to its involvement in FATC court sessions and case management.

Table 6. Average Cost per Participant by Agency

Agency	Average cost per FATC graduate	Average cost per FATC participant
Circuit Court	\$1,977	\$1,685
DHS	\$3,580	\$2,814
Health Department	\$996	\$787
Parole and Probation	\$914	\$728
Family Building Blocks	\$3,751	\$3,003
Valley Mental Health	\$1,103	\$892
Treatment (OHP)	\$5,757	\$4,442
Total⁹	\$18,078	\$14,351

Note: Average agency costs per participant have been rounded to the nearest whole dollar amount.

Local Versus State Costs for the Program

State policy leaders and administrators may find it useful to examine programs costs by jurisdiction (state or local/county). The financial impacts for Marion County and the State of Oregon are estimated because some agencies are partially state funded and partially funded by local or private sources. Given that DHS, the Circuit Court, and most treatment (through OHP) is state funded, the majority of FATC program costs accrue to the State of Oregon (62% or \$8,941 per participant). The local or Marion County portion of FATC program costs are mainly due to Family Building Blocks case management and the involvement of the County Health Department and Parole and Probation (38% or \$5,410 per participant).

⁹ Totals in this row may not match the totals in the program costs by transaction table due to rounding.

RESEARCH QUESTION #2: OUTCOME/RECIDIVISM COSTS

- A. *What is the 2-year cost impact on the child welfare, treatment, and criminal justice system of sending offenders through FATC compared to traditional court processing?*
- B. *What is the average cost of child welfare, treatment, and criminal justice recidivism per agency for the FATC group compared to the non-FATC group?*

Impact Costs

This section describes the cost outcomes experienced by FATC parents after participation in the FATC program and non-FATC parents after traditional court processing. The criminal justice outcome transactions examined include re-arrests, subsequent court cases, probation time, parole time, jail time, and prison time. The treatment outcome transactions include outpatient drug treatment days, outpatient alcohol treatment days, residential treatment days, and detoxification days. The child welfare system outcome transaction is foster care days (NPC was unable to acquire reliable data on the number of days with an active child welfare case outside of foster care, so the costs of a child welfare case overall were not included in this analysis). Outcome costs were calculated for 2 years from the time of program entry for both groups (the mean number of days between petition date and FATC entry for the FATC sample was added to the petition dates for comparison group members so that an equivalent “program entry” date could be calculated for the comparison group). For each outcome transaction, the same data sources were used for both groups to allow for a valid outcome cost comparison. Lower costs for FATC participants compared to offenders who did not participate in FATC (comparison group members) would indicate that the program is providing a return on investments in the FATC.

The outcome costs experienced by FATC graduates are also presented below. Costs for graduates are included for informational purposes but should not be directly compared to the comparison group. If the comparison group members had entered the program, some may have graduated while others would have terminated. FATC graduates as a group are not the same as a group made up of both potential graduates and potential non-graduates.

The outcome costs discussed below were calculated using information gathered by NPC from the Oregon Judicial Department, Marion County Circuit Court, Marion County District Attorney, Public Defender of Marion County, Inc., Oregon Department of Human Services, Marion County Sheriff’s Office, Salem Police Department, Keizer Police Department, Woodburn Police Department, the Oregon Client Process Monitoring System (CPMS), and Oregon Department of Corrections.

The methods of calculation were carefully considered to ensure that all direct costs, support costs, and overhead costs were included as specified in the TICA methodology followed by NPC. It should be noted that because this methodology accounts for all jurisdictional and agency institutional commitments involved in the support of agency operations, the costs that appear in NPC’s analysis may not correspond with agency operating budgets. This primarily results from the situation in which transactions include costs associated with resource commitments from multiple agencies. The resource commitments may take the form of fractions of human and other resources that are not explicated in source agency budget documents.

Finally, note that some possible costs or cost savings related to the program are not considered in this study. These include the number of drug-free babies born, health care expenses, and FATC participants legally employed and paying taxes. The gathering of this kind of information is generally quite difficult due to HIPAA confidentiality laws and due to the fact that much of the data

related to this information are not collected in any one place, or collected at all. Although NPC examined the possibility of obtaining this kind of data, it was not feasible within the timeframe or budget for this study. In addition, the cost results that follow do not take into account other less tangible outcomes for participants, such as improved relationships with their families and increased feelings of self-worth. Although these are important outcomes to the individual participants and their families, it is not possible to assign a cost to this kind of information. (It is priceless). Other studies performed by NPC have taken into account health care and employment costs. For example, Finigan (1998) performed a cost study in the Portland, Oregon, adult drug court which found that for every dollar spent on the drug court program, \$10 was saved due to decreased criminal justice recidivism, lower health care costs and increased employment.

Impact Transactions

Following is a description of the transactions included in the outcome cost analysis. Some of these same transactions were already described in the program costs above.

The majority of *arrests* in Marion County are conducted by the Marion County Sheriff's Office, Salem Police Department, Keizer Police Department, and Woodburn Police Department. The cost models of arrest episodes in the County were constructed from activity and time information provided by representatives of the Sheriff's Office and the three Police Departments. The models of arrest practice were combined with salary, benefits and budgetary information for each agency to calculate a cost per arrest episode for each agency. The cost of a single arrest is \$202.54 for the Marion County Sheriff's Office, \$229.20 for the Salem Police Department, \$190.70 for the Keizer Police Department, and \$215.40 for the Woodburn Police Department. NPC used an average of the four costs for this analysis, or **\$209.46**.

To construct the cost model for criminal justice *court cases*, the budgets of the Marion County Circuit Court, the Marion County District Attorney and the Public Defender of Marion County, Inc. were analyzed. Caseload data from the Oregon Judicial Department were also used in determining the cost of a court case. The cost of an average court case was found to be **\$3,097.41**. These costs take into account a broad range of cases, from dismissal through trials.

Adult *probation and parole* services in Marion County are provided by Community Corrections, a division of the Marion County Sheriff's Office. Through an interview with a representative of Community Corrections, the *probation supervision* cost per day in Marion County was determined to be **\$8.11** and the cost per day of *parole supervision* was **\$12.34**.

Jail days are provided by the Marion County Sheriff's Office at the Marion County Correctional Facility. Jail bed days are **\$85.00** per person per day. This rate, obtained from a representative of the Sheriff's Office, includes all staff time, food, medical, booking, and support/overhead costs.

Prison days are provided by the Oregon Department of Corrections. Prison days are **\$77.78** per person per day. This rate was obtained from the Quick Facts link on the Department of Corrections' Web site.

The cost of *drug and alcohol treatment* shown below is only the amount paid by public funds (non-taxpayer funds such as private insurance were not included). Using Oregon's Medicaid reimbursement rate data found online, the cost per day of *outpatient drug treatment* is **\$15.09**, the cost per day of *outpatient alcohol treatment* is **\$10.57**, the cost per day of *residential drug treatment* is **\$110.15**, and the cost per day of *drug detoxification* is **\$108.64**.

Foster care days are provided by the Oregon Department of Human Services, Children, Adults and Families Division. Using DHS base-rate foster care payments (per child per month) for three age ranges found online, the average rate for foster care is **\$24.01** per day.

Child welfare case days are provided by the Oregon Department of Human Services, Children, Adults and Families Division. Using budget and caseload information provided by a representative of DHS, child welfare cases are **\$40.78** per day. NPC was unable to acquire reliable administrative data on the number of child welfare case days, so these were not included in the analysis.

Impacts and Impact Cost Consequences

Table 7 represents the outcome transactions (or *events*) for FATC graduates, all FATC participants (both graduates and non-graduates), and the comparison group over a period of 2 years.

Table 7. Average Number of Outcome Transactions per FATC Participant and Comparison Group Member in 2 Years

Transaction	FATC graduates (n = 13)	FATC participants (n= 28)	Comparison group (n= 29)
Arrests (Case filings)	0.09	0.33	0.67
Court Cases	0.09	0.33	0.67
Probation Days	52.43	45.31	102.68
Parole Days	0.00	0.00	0.00
Jail Days	0.45	2.65	2.00
Prison Days	0.00	3.59	21.18
Outpatient Drug Treatment Days	180.69	169.82	86.38
Outpatient Alcohol Treatment Days	0.00	1.86	27.96
Residential Treatment Days	39.69	41.05	15.26
Detoxification Days	0.38	0.21	0.49
Foster Care Days	401.00	529.30	1,112.21

FATC participants show smaller numbers across every transaction except for jail days, outpatient drug treatment days, and residential treatment days. FATC participants had fewer arrests, court cases, probation days, prison days, outpatient alcohol treatment days, detoxification days, and foster care days, than individuals in the comparison group. From these results an interpretation can be reasonably asserted that participation in FATC is associated with positive effects in participant outcomes in comparison to similar offenders who did not participate in the program. FATC graduates show smaller numbers than all FATC participants and comparison group members across most transactions, but graduates do show higher numbers than all FATC participants for probation days, outpatient drug treatment days, and detoxification days. This is likely due to the fact that graduates spend longer in the program on average and use more treatment services. When feasible, NPC recommends an outcome study of longer than 2 years to assess the more long-term outcomes for graduates and all FATC participants.

Table 8 represents the cost consequences associated with the criminal justice system outcomes for FATC graduates, the FATC group, and comparison group.

Table 8. Criminal Justice System Outcome Costs per FATC and Comparison Group Member (Including FATC Graduates) Over 2 Years

Transaction	Transaction unit cost	FATC graduates (n = 13)	FATC participants (n = 28)	Comparison group (n = 29)
Arrests	\$209.46	\$19	\$69	\$140
Court Cases	\$3,097.41	\$279	\$1,022	\$2,075
Probation Days	\$8.11	\$425	\$367	\$833
Parole Days	\$12.34	\$0	\$0	\$0
Jail Days	\$85.00	\$38	\$225	\$170
Prison Days	\$77.78	\$0	\$279	\$1,647
Total		\$761	\$1,962	\$4,865

Table 8 reveals that FATC participants cost less for every transaction (except for jail days) due to lower criminal justice recidivism. There is a criminal justice system savings of \$2,903 over 2 years by choosing FATC participation over traditional court processing. Court cases are the most expensive transaction for FATC participants and the comparison group, but probation days are the most expensive transaction for FATC graduates.

Table 9 represents the cost consequences associated with the treatment system outcomes for FATC graduates, the FATC group, and comparison group.

Table 9. Treatment Outcome Costs per FATC Participant and Comparison Group Member Over 2 Years

Transaction	Transaction unit cost	FATC graduates (n = 13)	FATC participants (n = 28)	Comparison group (n = 29)
Outpatient Drug Treatment Days	\$10.57	\$2,727	\$2,563	\$1,303
Outpatient Alcohol Treatment Days	\$15.09	\$0	\$20	\$296
Residential Treatment Days	\$110.15	\$4,372	\$4,522	\$1,681
Detoxification Days	\$108.64	\$41	\$23	\$53
Total		\$7,140	\$7,128	\$3,333

Table 9 reveals that the treatment for FATC participants cost \$3,795 more than the comparison group. This is not surprising given that consistent and intensive treatment is one of the primary goals of the FATC program. The cost for residential treatment is the most expensive transaction for all three groups.

Table 10 represents the cost consequences associated with the child welfare system for FATC graduates, the FATC group, and comparison group.

Table 10. Child Welfare System Outcome Costs per FATC Participant and Comparison Group Member Over 2 Years

Transaction	Transaction unit cost	FATC graduates (n = 13)	FATC participants (n = 28)	Comparison group (n = 29)
Foster Care Days	\$24.01	\$9,628	\$12,708	\$26,704

Table 10 reveals that FATC participants cost less than half as much as the comparison group, due to lower use of foster care. There is a child welfare system outcome cost savings of \$13,996 over 2 years in choosing FATC participation over traditional court processing.

Table 11 represents the cost consequences associated with the combined criminal justice system, treatment, and child welfare system outcomes for FATC graduates, the FATC group, and comparison group.

Table 11. Outcome Costs per FATC and Comparison Group Member Over 2 Years

Transaction	Transaction unit cost	FATC graduates (n = 13)	FATC participants (n = 28)	Comparison group (n = 29)
Arrests	\$209.46	\$19	\$69	\$140
Court Cases	\$3,097.41	\$279	\$1,022	\$2,075
Probation Days	\$8.11	\$425	\$367	\$833
Parole Days	\$12.34	\$0	\$0	\$0
Jail Days	\$85.00	\$38	\$225	\$170
Prison Days	\$77.78	\$0	\$279	\$1,647
Outpatient Drug Treatment Days	\$10.57	\$2,727	\$2,563	\$1,303
Outpatient Alcohol Treatment Days	\$15.09	\$0	\$20	\$296
Residential Treatment Days	\$110.15	\$4,372	\$4,522	\$1,681
Detoxification Days	\$108.64	\$41	\$23	\$53
Foster Care Days	\$24.01	\$9,628	\$12,708	\$26,704
Total		\$17,529	\$21,798	\$34,902

Table 11 reveals that FATC participants cost less for every transaction, except for jail days, residential treatment, and outpatient drug treatment. It is possible that participation in the program leads to a small number of additional jail days due to program sanctions. (The use of jail in a family drug court is discussed in the process evaluation section of this report). It is to be expected that parents who participate in the FATC will have more treatment than parents who do not, since ob-

taining and maintaining treatment is one of the main focuses of the program. The lower costs overall are mainly due to lower criminal justice recidivism and lower use of foster care.

The total average cost savings after 2 years is **\$13,104** per FATC participant, regardless of whether or not the participant graduates. If the FATC program continues in their current capacity of serving a cohort of 16 participants annually, this savings of \$6,552 per participant per year (\$13,104 divided by 2) results in a yearly savings of **\$104,832** per cohort year, which can then continue to be multiplied by the number of years the program remains in operation and by the number of cohorts over time. If the FATC expands to include greater numbers of participants, this savings will also grow. The combined savings will continue to grow for participants every year after program entry. If savings continue at the same rate, after 10 years the savings *per cohort* will total **\$1,048,320**.

OUTCOME COSTS BY AGENCY

Of particular interest to state and local policymakers and managers are the financial impacts on the agencies that support the operation of the FATC program. Table 12 represents these financial impacts for agencies of Marion County and the State of Oregon.

Table 12. Outcome Costs by Agency per FATC and Comparison Group Member (Including FATC Graduates) Over 2 Years

Jurisdiction/Agency	FATC graduates (n = 13)	FATC participants (n = 28)	Comparison group (n = 29)	Difference (Benefit/Savings)
Marion Circuit Court	\$117	\$430	\$874	\$444
Marion District Attorney	\$114	\$418	\$848	\$430
Public Defender of Marion County, Inc.	\$47	\$174	\$353	\$179
Oregon Department of Corrections	\$0	\$279	\$1,647	\$1,368
Law Enforcement Agencies ¹⁰	\$483	\$662	\$1,143	\$481
Treatment (OHP)	\$7,140	\$7,127	\$3,333	(-\$3,794)
Oregon DHS	\$9,628	\$12,708	\$26,704	\$13,996
Total¹¹	\$17,529	\$21,798	\$34,902	\$13,104

As shown in Table 12, cost savings are realized as the result of the FATC for every agency impacted by the program, except for treatment. In terms of their comparative recidivist experiences, FATC participants are shown to cost **\$13,104** (or about **37.5%**) less per participant than members of this study’s comparison group. Due to low rates of recidivism, FATC graduates show outcome costs of \$17,529 (\$4,269 less than all FATC participants and \$17,373 less than the comparison group) after 2 years. Figure 7 provides a graph of the costs for each group over 2 years.

¹⁰ Law enforcement agencies consist of the Marion County Sheriff’s Office (including Community Corrections), Salem Police Department, Keizer Police Department, and Woodburn Police Department.

¹¹ Totals in this row may not match the totals in the outcome costs by transaction table due to rounding.

Figure 7. Outcome Cost Consequences per Person: FATC Participants and Comparison Group Members Over 2 Years

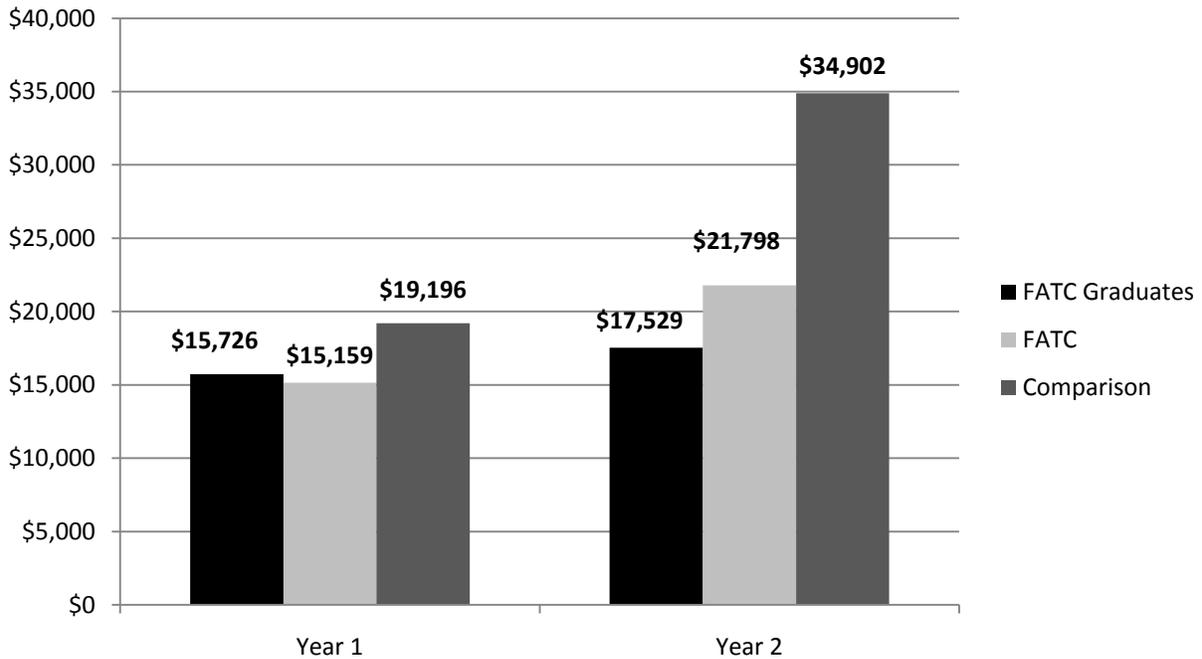
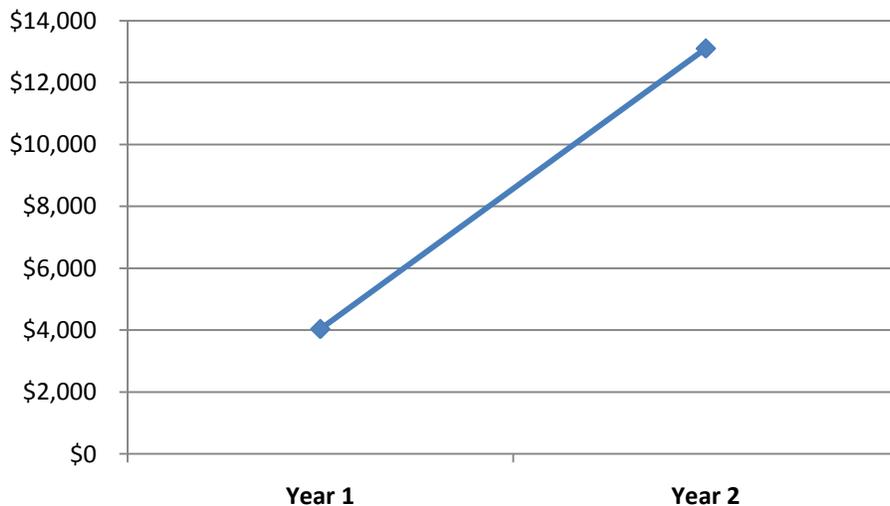


Figure 8 displays a graph of the cost savings (the difference between the FATC participants and the comparison group) over the 2 years post-FATC entry. While there is a savings of \$4,037 in the first year after entry, the savings grow substantially by Year 2, extending to \$13,104 in savings. (Note, however, that these are not the same participants over time, but represent those who had 1 and 2 years of follow-up time, respectively.)

Figure 8. Cost Savings per FATC Participant for 2 Years Post-FATC Entry



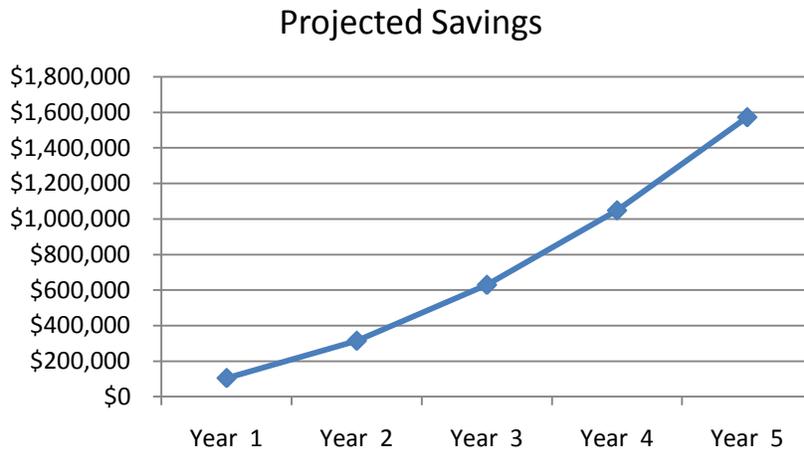
The cost savings illustrated in Figure 8 are those that have accrued in just the 2 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal jus-

tice, treatment, and child welfare systems are generated from the time of participant entry into the program.

If FATC participants continue to have positive outcomes in subsequent years (as has been shown in other drug courts, e.g., Carey et al., 2005; Finigan et al., 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies.

This savings will also continue to grow with the number of participants that enter each year. If the FATC program continues to enroll a cohort of **16** participants annually, the savings of \$13,104 per participant over 2 years results in an annual savings of **\$104,832** per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. This accumulation of savings is demonstrated in Figure 9. After just 5 years, the accumulated savings come to over **\$1.5 million**.

Figure 9. Projected Cost Savings Over 5 Years



As the existence of the program continues, the savings generated by FATC participants due to decreased substance use, decreased criminal activity, and decreased child welfare system usage can be expected to continue to accrue, repaying investment in the program and beyond. Taken together, these findings indicate that the FATC is both beneficial to FATC participants and beneficial to Oregon taxpayers.

RESEARCH QUESTION #3: COST-BENEFIT RATIO

What is the cost-benefit ratio of the FATC?

Of particular interest to state and local policymakers is the cost-benefit ratio of the FATC program, that is, the return on investment. The final assessment of the cost differences between the FATC approach and traditional court processing requires a matching of outcome costs to investment costs. This is usually expressed as the “cost-benefit ratio.” In Marion County, the FATC program costs \$9,909 per person (subtracting outpatient drug treatment, residential treatment and detoxification, as these are included in the 2-year outcome costs for both groups for the purposes of this analysis). This investment, combined with the benefits due to positive outcomes results in a cost-benefit ratio of 1:1.3 after 2 years. After 5 years, the projected cost-benefit ratio becomes 1:3.3. That is, for every dollar (\$1) spent on the program, the taxpayers save \$3.30 in criminal justice, and child welfare system costs. As described earlier in this report, if other system costs

were included, such as health care, welfare and employment system costs, this cost-benefit ratio might increase dramatically. For example, Finigan's (1998) study of the STOP drug court in Multnomah County found a cost-benefit ratio of 1:10. That is, for every dollar spent on the program, \$10 was saved in public costs.

Cost-Benefit Summary

Overall, the results of the cost analysis show that the Marion County FATC contributes to significant cost savings for the taxpayer and a return on taxpayer investment in the program. The program investment cost is \$14,351 per FATC participant. The cost due to recidivism, treatment, and foster care usage over 2 years from program entry was \$21,798 per FATC participant compared to \$34,902 per comparison individual, resulting in a savings of \$13,104 per participant (regardless of whether they graduate). The majority of the cost in outcomes for FATC participants over the 2 years from program entry was due to foster care days (\$12,708). In sum, the FATC program had:

- A criminal justice, treatment, and child welfare system cost savings per participant of **\$13,104** over 2 years
- A projected 130% return on its investment after 2 years (a 1:1.3 cost-benefit ratio)
- A projected 330% return on its investment after 5 years (a 1:3.3 cost-benefit ratio)

There is a clear benefit to the taxpayer in terms of criminal justice, treatment, and child welfare system-related costs in choosing the FATC process over traditional court processing.

OVERALL EVALUATION SUMMARY

In late 2008, NPC Research was contracted by the Oregon State Police and the Criminal Justice Commission to conduct the third year evaluations of 11 drug courts funded by the Byrne Methamphetamine Reduction Grant Project. NPC conducted *Drug Court Foundations* (process) evaluations of 11 adult, juvenile, and Fostering Attachment Treatment Court sites. In addition, as a part of this project, NPC performed full process, outcome and cost-benefit evaluations of the Jackson and Marion County Family Dependency Court Programs.

This report contains the process, outcome and cost evaluation for the Marion County Fostering Attachment Treatment Court. The process evaluation methods and results are presented first, followed by the outcome methods and results and the cost evaluation methods and results, respectively.

Process Evaluation. The 10 Key Components of drug court provide a useful framework for assessing many family treatment court processes. Overall, the Marion County Fostering Attachment Treatment Court has successfully implemented its drug court program within the guidelines of the 10 Key Components. The FATC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment. The FATC district attorneys and public defenders, while not formal team members, reportedly support the program and participate in court sessions as needed. The FATC offers specialized services to program participants as well a successful drug use monitoring system. The judge has frequent and consistent contact with program participants, and observation indicates she is firm yet supportive during court sessions. This program is successfully collecting the majority of drug court data necessary for case management and evaluation in the Oregon Treatment Court Management System (OTCMS) and the Family Building Blocks (FBB) database. Finally, this program has successfully established partnerships with community agencies.

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

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

- Spent nearly twice as long in treatment and were twice as likely to complete treatment,
- Had their children spend less than half the time in foster care in the 2 years after drug court entry,
- Were reunified with their children twice as often and significantly sooner (in half the time),
- Had 4 times fewer terminations of parental rights (TPRs),
- Were significantly less likely to be re-arrested for any charge, and
- Had significantly reduced re-arrests with drug charges over time.

Overall, the outcome results for the FATC show that the drug court program has been successful in its main goals of reducing drug use and recidivism (both criminal justice and foster care recidivism) among its participants and increasing public and child safety.

Cost Evaluation: The cost results demonstrate that the Marion County FATC shows significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$14,351 per FATC participant. The cost due to recidivism, treatment, and foster care use over 2 years from program entry was \$21,798 per FATC participant compared to \$34,902 per comparison individual, resulting in a savings of \$13,104 per participant (regardless of whether they graduate). The majority of the cost in outcomes for FATC participants over the 2 years from program entry was due to less time in foster care (\$12,708). In sum, the FATC program showed:

- A criminal justice, treatment, and child welfare system cost savings per participant of **\$13,104** over 2 years,
- A projected 130% return on its investment after 2 years (a 1:1.3 cost-benefit ratio), and
- A projected 330% return on its investment after 5 years (a 1:3.3 cost-benefit ratio).

There is a clear benefit to the participants, and to society in positive outcomes, and to the taxpayer in terms of criminal justice, treatment, and child welfare system-related costs in choosing the FATC process over traditional court processing.

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**APPENDIX A: LIST OF POSSIBLE PROGRAM REWARDS
AND SANCTIONS**

Examples of Rewards and Sanctions Used By Other Drug Courts

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

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

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

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

Rewards

No cost or low cost rewards

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

Higher cost (generally tangible) rewards

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

Responses to (and Sanctions for) Noncompliant Behavior

- Require participants to write papers or paragraphs appropriate to their noncompliant behavior and problem solve on how they can avoid the noncompliant behavior in the future.
- "Showing the judge's back." During a court appearance, the judge turns around in his or her chair to show his/her back to the participants. The participant must stand there waiting for the judge to finish their interaction. (This appears to be a very minor sanction but can be very effective!)
- Being reprimanded by the judge
- "Sit sanctions." Participants are required to come to drug court hearings (on top of their own required hearings) to observe. Or participants are required to sit in regular court for drug offenders and observe how offenders are treated outside of drug court.
- Increasing frequency of drug court appearances
- Increasing frequency of self-help groups, (for example, 30 AA/NA meetings in 30 days or 90 AA/NA meetings in 90 days)
- Increasing frequency of treatment sessions
- One day or more in jail. (Be careful, this is an expensive sanction and is not always the most effective!)
- "Impose/suspend" sentence. The judge can tell a participant who has been noncompliant that he or she will receive a certain amount of time in jail (or some other sanction) if they do not comply with the program requirements and/or satisfy any additional requirements the staff requests by the next court session. If the participant does not comply by the next session, the judge imposes the sentence. If the participant does comply by the next session, the sentence is "suspended" and held over until the next court session, at which time, if the participant continues to do well, the sentence will continue to be suspended. If the participant is noncompliant at any time, the sentence is immediately imposed.
- Community service. The best use of community service is to have an array of community service options available. If participants can fit their skills to the type of service they are providing and if they can see the positive results of their work, they will have the opportunity to learn a positive lesson on what it can mean to give back to their communities. Examples of community service that other drug courts have used are: helping to build houses for the homeless (e.g., Habitat for Humanity), delivering meals to hungry fami-

lies, fixing bikes or other recycled items for charities, planting flowers or other plants, cleaning and painting in community recreation areas and parks. Cleaning up in a neighborhood where the participant had caused harm or damage in the past can be particularly meaningful to the participants.

- Rather than serve jail time, or do a week of community service, the participant works in the jail for a weekend.
- Residential treatment