

An Evaluation of the Palm Beach County Family Drug Court

August 2013



Palm Beach County Family Drug Court Evaluation

FINAL REPORT

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August, 2013



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Acknowledgements

We would like to thank Judge Kathleen Kroll, Nicole Bishop, Mary Quinlan, Jenise Link, Lisa Bozzone and the court and treatment provider staff for their guidance and participation in this evaluation project. In addition, Nicole, Mary and Jenise provided helpful feedback and suggestions on drafts of the final report. The Palm Beach County Family Drug Court offered access and assistance to the evaluators and provided insights into interpreting the findings as well as formulating recommendations.

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Chapter 1: Introduction

This report documents a process and outcome evaluation of the Palm Beach County Family Drug Court (FDC). The process evaluation involves an assessment of the extent to which the FDC has been implemented as intended and has provided services to participants in a manner consistent with its objectives. Additionally, the evaluation identifies policies and operational practices of the program which have impacted the degree to which the objectives have been implemented. This assessment provides an empirical basis for making constructive recommendations to the FDC related to changes in existing policies and/or practices or new initiatives that could improve the services provided to participants and enhance the efficiency of the delivery of existing or proposed services, and result in improvements in program outcomes. See Chapter 6 for recommendations.

The outcome evaluation begins with an articulation of the stated results desired from the services provided by the FDC and an identification of applicable outcome information relative to the desired outcomes. Through the collection of qualitative information gained from program administrators, coordinators, case workers, and judicial personnel as well as empirical data captured from existing program and court system data sources, analysis was conducted to determine the extent to which the desired outcomes were achieved and whether the relative levels of success were achieved across various case characteristics, changes in service delivery strategies and other program conditions.

Our process and outcome evaluation methods involved what is referred to as a “multi-goal approach”. The multi-goal approach conceptualizes projects as involving inputs – activities – immediate results – and outcomes. Comprehensive description of project efforts in terms of these four interrelated areas enables compelling program, process and outcome descriptions that provide the basis for informed project explanations and predictions.

The fundamental task addressed in the process evaluation of this project is to determine the relationship between the services the FDC intended to provide to its clientele, along with how those services were to be administered, and the actual services that clients received and whether they were administered as intended. Additionally, the process evaluation is designed to provide the identification and understanding of any reasons why the delivery of services have been more or less successful. There can be unanticipated impediments to the successful implementation of new services with incomplete fidelity due to various fiscal, organizational, or political issues that occur and to the extent that these are identified and understood, a program can be improved in the future.

The results of the process evaluation described above provided the inputs relating to the FDC in terms of the goals and objectives and activities of the program from an operational perspective and documented the specific services provided to the targeted clientele. The outcome evaluation of this project provides the results of these activities in terms of the changes resulting from the services provided (i.e. reunification between parents and children and reduced drug use and recidivism).

This report is comprised of six chapters. This chapter provides the introduction. Chapter 2 reviews the relevant prior literature on Drug Courts and Family Drug Courts. Chapter 3 describes the study’s evaluation methods. Chapter 4 presents the study’s process evaluation findings. Chapter 5 describes

the findings from the outcome component of the evaluation. Chapter 6 provides a summary, conclusions and recommendations for the Palm Beach County FDC.

Chapter 2: Prior Studies

2.1 Drug Courts

According to previous empirical assessments, offenders who are processed in drug courts are less likely to be rearrested than offenders who are processed in the traditional criminal courts. The United States Office of Justice Programs (2012) defines a drug court as a specialized, problem-solving court that is dedicated to solely addressing the needs of offenders with substance abuse problems. Typically, the judge, correctional system staff, and treatment professionals collaborate with one another on a given case. Eligible drug or alcohol addicted persons may be sent to a drug court in lieu of traditional justice system case processing. Drug courts keep individuals in treatment for a minimum of one year while supervising them closely. Eligibility for participation in a drug court varies according to state and local guidelines.

Drug court completers have been reported to experience fewer rearrests, fewer reconvictions, and/or longer periods of time between arrests (Aos, Miller, and Drake, 2006; Barnoski and Aos, 2003; Belenko, 2005; Shaffer, Listwan, Latessa, and Lowenkamp, 2008). The evidence supports the use of drug courts to reduce recidivism as well as to reduce the fiscal impact on the criminal justice system. In 2005, the U.S. Government Accountability Office (GAO) released its third comprehensive report on the effectiveness of drug courts. The report included evidence from 23 program evaluations that found reduced levels of criminality and recidivism among drug court participants. These studies also found that drug courts saved tax payer dollars because they avoided costly expenditures related to law enforcement investigations, judicial processing, victimization reparation, and less future crime. Some drug courts, however, may result in up-front costs that can be higher than services provided by traditional probation offices/officers. However, it appears that start-up costs for drug courts are lower than the fiscal burden to incarcerate drug offenders. The GAO (2005) reported net cost benefits between \$1,000 and \$15,000 per drug court participant as a result of reduced recidivism and avoided criminal justice and victimization costs.

Evaluation studies have repeatedly shown that offenders who participate in drug courts are substantially less likely to be rearrested than similar offenders who are not placed in drug courts. For example, Shaffer (2006) found a ten percent reduction in rearrest rates among offenders in 76 drug courts; a review of 30 drug court evaluations reported an average of a thirteen percent decline in the rate of reconvictions for a new offense (Barnoski and Aos, 2003); comparisons of drug court participants and non-drug court participants in Florida and Missouri, over a 24 month period, reported findings of substantially lower rearrest rates for drug court offenders (12% vs. 40% in Florida, 45% vs. 65% in Missouri) (Belenko, 2005); and an evaluation of an Oregon county's drug court reported a 24 percent reduction in recidivism thirteen years after offenders' entry into the program, indicating a long-term impact of drug courts (Finigan, Carey, and Cox, 2007).

The success of drug courts over the last several decades has resulted in their widespread acceptance and establishment in every state. Today, there are approximately 2,500 drug courts throughout the United States, the District of Columbia, Guam, Puerto Rico, Northern Mariana Islands, and more than 100 tribal drug court programs (Huddleston, Marlowe, and Casebolt, 2008). There are also several types of available drug courts in the United States, four of the most common are highlighted below (National Association of Drug Court Professionals, 2013).

- **Adult Drug Court.** A specially designed court with the purposes of achieving a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's likelihood of success through early, continuous, and intense treatment, supervision, and drug testing.
- **Civil Drug Court.** A drug court that is designed to reach individuals in need of court ordered services, who were either unable to recognize their need for treatment and/or unable to obtain the treatment service needed to begin their recovery.
- **Juvenile Drug Court.** A juvenile drug court is a docket within a juvenile court to which selected youth identified as having problems with drugs and/or alcohol are referred to a designated judge.
- **Family Drug Court.** A drug court that receives cases of abuse, neglect, and dependency where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel collaborate to provide safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to overcome their addiction(s).

2.2 Family Drug Courts

Family drug courts were created to address the need for proper, successful reunification programs for parents with substance abuse problems and their children. The first family drug court was established in 1995 in Reno, Nevada. There are now over 300 programs throughout the United States (Huddleston and Marlowe, 2011). Similar to adult drug courts, family drug courts emphasize treatment and supervision for the substance-abusing parent, but do so by coordinating these functions with child protective services (Marlowe and Carey, 2012). The ultimate incentive for participation in the family drug court is family reunification.

Research has shown that, compared to traditional family reunification programs, family drug courts perform significantly better (Green et al., 2009; Marlowe, 2011). Family drug court programs are one of the most effective ways for improving substance abuse treatment initiation and completion in child welfare populations (NPC Research, 2007; Oliveros and Kaufman, 2011). In an extensive review of the literature on family drug courts, Marlowe and Carey (2013) found that treatment completion rates for family drug court participants ranged from 20-30 percentage points higher than completion rates for individuals who did not participate in the program. The authors also found that family reunification rates were significantly higher for the family drug court participants and children of participating parents spent much less time in foster care. There is also some evidence that participation in a family drug court reduces an individual's likelihood of future crime (Carey et al., 2010). Several studies have also concluded that family drug courts are cost-effective because of the reduced reliance on out-of-home child placements and reduced program costs (Carey et al., 2010, Harwin et al, 2011; Roche, 2005; Zeller, et al., 2007).

Empirical research has identified family drug court programs as an effective tool for reunifying families while helping parents overcome substance abuse problems. Emerging from the research on family drug courts has been the identification of several best practices (Marlowe and Carey, 2012). It appears that the sooner a parent or guardian enters the treatment program, the better the results and outcomes. Specifically, their children will spend less time in foster care and successful,

long-term reunification is more likely. A second best practice involves frequent counseling sessions. Third, the longer parents spend in treatment, the more likely they were to be reunited with their children. Fourth, one of the most consistent findings has been that the completion of substance abuse treatment is significantly associated with better outcomes for the parent and child. Fifth, family-based treatments within the program also appear to improve outcomes. Sixth, positive relationships with counselors and judges have shown to be especially critical in a parent's successful completion of the treatment program. Seventh, participants who were subject to more frequent drug testing were more likely to successfully complete treatment. Lastly, the inclusion of parenting classes appears to significantly reduce a parent's likelihood of involvement in future crime.

Chapter 3: Evaluation Design and Methods

3.1 Overview

This chapter describes the methods used to conduct the evaluation of the FDC. Overall, several methods and data sources were used including court administrative data, a review of key court documents, both structured and informal interviews with court personnel, treatment providers and legal counsel, and observations of the court and court practices. This chapter presents the research questions, the process and outcome evaluation methods used, a description of the data sources, and a description of the analysis conducted.

3.2 Research Questions

The following process and outcome research questions were used in the evaluation.

Process component evaluation questions:

1. What are the characteristics of the clients served by the FDC?
2. What services have been provided to participants and their children?
3. What policies and procedures, training and administrative infrastructure have been developed since the inception of the FDC?
4. Has the breadth and quality of data collected by the FDC been sufficient for reporting, analysis, and self-evaluation?
5. What activities were carried out to obtain support from stakeholders?
6. What efforts have been made to sustain the FDC?
7. To what extent did Palm Beach County carryout the activities and resources articulated in the Federal FDC grant program?
8. How can the FDC make improvements to its policies and practices?

Outcome evaluation component questions:

1. What behaviors did the FDC clientele exhibit prior to admission to the program in terms of drug use and criminal activity?
2. What are the FDC's program results in terms of assessment rates, services provided, participation rates, program completion rates, terminations and dropouts?

3. What are the outcomes of the clients who have entered the FDC since its inception in terms of arrest rates, Child Protective Services interventions and reunification with children?
4. What changes, if any, occurred in program participants' behaviors?

3.3 Evaluation Methods

In conducting the evaluation the researchers collected data from both primary and secondary sources. Primary data was gathered through interviews with key staff from various organizations affiliated with the FDC and through observations of the Court and FDC operations. Secondary data were collected from documents pertinent to the operation and administration of the FDC, the FDC Coordinator's administrative database, criminal history data, and from pre- and post-tests administered to FDC participants.

Observations of the court's procedures and primary court personnel practices occurred on July 10, 2013. In addition, a structured interview instrument, with both closed and open-ended questions, was used to guide the interviews. Questions were developed based on the stated goals and objectives of the FDC and findings from other FDC evaluations. A draft of the interview instrument was shared with key court personnel for their input and revised prior to its use. Key personnel such as the FDC Coordinator, the Court Services Manager, and the Director of Justice Services received multiple interviews both structured and unstructured.

A total of 16 personnel were interviewed on two separate visits to the court in June and July of 2013. Interviewees included:

- FDC Judge,
- Director of Justice Services,
- Chief Deputy Court Administrator,
- Family Drug Court Coordinator,
- Manager of Court Services,
- 2 case managers from the Children's Home Society,
- Family Intervention Specialist (FIS) and FIS Coordinator from the Drug Abuse Foundation),
- Clinical Director and Therapist from Wayside House,
- Program Supervisor from the Jerome Golden Center for Behavioral Health,
- Clinical Director and Intake Coordinator from Gratitude House,
- Guardian ad Litem Coordinator, and
- Attorney appointed to the Family Drug Court Team.

Documents were selected based on their descriptive and explanatory value. The review included a content analysis which was used to describe various aspects of the FDC, its policies and its practices. In addition, content analysis of court documents served to interpret quantitative findings on participant data. The following is a list of documents and materials reviewed:

- FDC operating manual,

- Program literature such as brochures, mission statements and descriptions of services provided,
- Case processing and docket information,
- Advisory Committee agendas and minutes,
- Operational meeting agendas and minutes,
- List of Advisory Committee members,
- Position descriptions for FDC team members,
- Training materials,
- Office of Juvenile Justice and Delinquency Prevention (OJJDP) progress reports, and
- The original grant proposal and budget submitted to the Department of Justice.

Secondary data from the FDC administrative database included participant information such as participant demographics, assessment dates, treatment status, service provision, case information and program completion dates. Criminal histories included numbers of adult and juvenile misdemeanors, felonies, and drug related arrests. Criminal histories captured all prior arrests, arrests made during participation in the FDC, and arrests made up to one year post participation in the FDC. All information from the FDC administrative database and criminal histories was updated and cleaned with the help of the FDC Coordinator and the Manager of Court Services. Researchers collected pre- and post-test data and entered participants' responses into a SAS dataset. The pre- and post-test is a 30 item questionnaire administered by the FDC Coordinator prior to placement in a treatment program and then again after successful completion of the FDC program. The test contains questions about participants' drug use, employment and financial status, health and mental health conditions, and past criminal behavior.

3.4 Data Analysis

To address the evaluation's research questions, the analysis of the data for the FDC included both qualitative and quantitative analysis based on the nature and form of the information collected. A review of court documents and most interview questions were reviewed for descriptive information and associated themes. Some interview questions provided an opportunity to codify information, making it possible to provide descriptive statistics in the form of means or percentages of various response categories.

Client data used in this evaluation ranged from the admission of the FDC's first client in July, 2010 to May, 2013 when the data was extracted for analysis. Several client outcomes that were labeled "pending" in May were updated in August to reflect the clients' most recent information. Upon receipt of the extracted administrative participant data, the FSU research staff compiled and formatted the data for analysis using SAS, a data management and statistical analysis software program used often by University, government, and private research organizations. The analysis begins with descriptive statistics in the form of means for interval level variables and percentages for nominal and ordinal level variables. Graphical presentation of data is also provided when appropriate. Crosstabular analysis are used when the explanatory and outcome variables are measured on a categorical level.

Chapter 4: Process Evaluation Component Findings

4.1 Background & Program Implementation

In October, 2009 the Palm Beach County Justice Services Division was awarded a three-year grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice to establish and implement a Family Drug Court (FDC) in Florida's 15th Judicial Circuit in Palm Beach County. The total award amount was \$484,907.16 with additional matching funds in the amount of \$161,635.70 from the Center for Family Services of Palm Beach County, Inc. On July 2, 2010, the Palm Beach FDC admitted its first client. Since its inception, the FDC has served 67 clients and their families from the receipt of the grant in October, 2009 to June, 2013.

The FDC is a voluntary program designed to help substance abusing parents work toward achieving the goal of reunification with their child(ren). Participants are Palm Beach County parents with new dependency petitions and where substance abuse has been identified as a primary issue for the parent(s). Parents must admit to the substance abuse allegations and reunification with the child must be their primary reason for choosing to participate. Parents that are sexual predators, are incompetent, have an un-stabilized mental disorder, have a long history of violence, or are currently on methadone are not eligible to participate in the program.

The FDC's goals, as stated in the OJJDP grant proposal, are to:

1. Decrease the incidence of child abuse and neglect,
2. Intervene in family risk factors, and
3. Reduce the likelihood of negative outcomes for children by addressing the substance use of the parents and service needs of the children.

Objectives and methods for achieving the stated goals of the program include: having participants receive substance abuse services within 72 hours of referral, completing the program or remaining in treatment for at least 90 days, reporting improvements in desired change, no re-offense within 6 months of program completion, no new Child Protective Services (CPS) referral or case, successful reunification between parent and child, and children are provided services based upon their assessed needs.

Core services provided through the FDC program include case management and facility intervention services, substance abuse assessment and referral to an appropriate residential or outpatient treatment provider, and support and progress monitoring. Ancillary services, based on availability, include referrals for health services, parenting skills, housing and employment.

Palm Beach County Justice Services and the 15th Judicial Circuit Court performed numerous start-up activities to implement the grant award. In preparation for implementing the program, according to interviews, court program personnel visited and observed the Palm Beach County Delinquency Drug Court and the Miami-Dade Family Drug Court. In addition, a full-time court program coordinator was hired to implement the grant and administer the FDC program. Prior to receiving clients, the FDC program was introduced to judges and lawyers who might refer clients to the program as well as potential substance abuse service providers throughout the county for whom

clients could be referred. Within three months of receiving the award, the program developed a mission statement, a client brochure that explained the service and benefits of the program, and formed affiliations with service providers for referrals. After researching a model for “Family Group Conferencing” that the court would use in lieu of lawyer facilitated mediation, basic court procedures and forms were developed and training was provided to dependency court personnel, service providers and affiliated agencies such as the Department of Children and Families (DCF). The new FDC received their first client in July, 2010.

During the first two years of operations the FDC continued to build its infrastructure, policies and procedures. After five months of admitting clients, the court expanded the client eligibility accepting direct file cases, cases with prior termination of parental rights and began accepting cases up to three-months after shelter. By the end of the first year, the FDC had developed written policies and procedures that detailed the courts operations. In year-two the FDC developed an Advisory Committee made-up of service providers and partners with a vested interest in the program. Since its inception, the committee has met two times per year. The court also developed an incidental fund to support court rewards and basic client needs as they arose. To better facilitate communication and shared case management among the various service providers and agencies, in year-two the court also subcontracted for the development of an online “Client Referral and Service Portal.”

4.2 FDC Participants

What are the characteristics of the clients served by the FDC?

Since the FDC’s inception there have been an estimated 300 eligible participants for the Program. However, not all identified and eligible clients choose to participate. Furthermore, the FDC’s target client capacity was set at 100 clients over three years or 33 clients per-year on average. Table 1 presents the annual number of clients entering the FDC program during its first three years of operation, between July 2, 2010 and May 15, 2013. During the initial start-up of the program in the last six months of 2010, 16 clients entered the program. This was followed by similar numbers of entries in 2011 (19) and 2012 (17). During the first five months of 2013, the FDC has accepted 15 new clients which indicates they are on pace to exceed their annual intake during the previous two years.

Table 1: Admission to FDC by Year

Admission Year	Number
2010 (7/2 to 12/31)	16
2011	19
2012	17
2013 (1/1 to 5/15)	15
Total	67

Tables 2 presents the demographic characteristics of the FDC clients. These data show that the bulk of FDC participants are female (79.1%) and whites are the most common racial group (79.1%)

followed by Hispanic (14.9%) and black (6.0%). Additionally, white females make up the most frequent FDC participants (64.2%). Clients 34 years of age or younger make up 94.0% of the total cohort and those 30 to 34 are the most prevalent age group (37.3%). Moreover, Table 2 reveals only 22.4% of the FDC clients are married upon entering the program, only 25.4% are employed, and 4.5% are pregnant.

Table 2: Client Characteristics at Admission

Sex	Number	Percent
Female	53	79.1
Male	14	20.9
Race		
White	53	79.1
Hispanic	10	14.9
Black	4	6.0
Sex and Race		
Female/White	43	64.2
Male/White	10	14.9
Female/Hispanic	6	9.0
Male/Hispanic	4	6.0
Female/Black	4	6.0
Age at Admission		
18 to 24	20	29.9
25 to 29	18	26.9
30 to 34	25	37.3
35 or Older	4	6.0
Status		
Married	15	22.4
Employed	17	25.4
Pregnant	3	4.5

Table 3 presents the number of dependent children the FDC clients had when entering the program. The majority (64.2%) had one child, another 23.9% had two children and one client had six children. The total number of children across all of the FDC clients was 104.

Table 3: Number of Dependent Children for FDC Participants

Number of Dependent Children	Number	Percent
1	43	64.2
2	16	23.9
3	5	7.5
4	2	3.0
6	1	1.5

4.3 Court and Program Services

What services have been provided to participants and their children?

The FDC Team is led by the presiding Judge and includes the FDC coordinator, Guardian ad Litem, dependency case manager (under contract with DCF), the Family Intervention Specialist, attorneys for the parents, a DCF attorney, attorneys for the children, and a treatment provider representative. As opposed to a more traditional mediation used in dependency court which consists of opposing legal counsel, the FDC “team” model reviews each case on a regular basis to determine client progress, provide encouragement and incentives, and when necessary sanctions. This model, often referred to as “treatment team,” has members collaboratively develop a case plan for each client and provide their ongoing observations and recommendations. Treatment centers provide the team with client progress updates each time the court meets.

Clients, not currently in residential treatment, are present at each court/team meeting. When necessary, the Judge telephones treatment providers to receive feedback from therapists and clients. Child dependency status and parental substance use and rehabilitation are the focus of discussions. Frequently however, other issues also become a concern such as healthcare, housing, employment and financial matters. These secondary issues are often addressed through referrals to other county, state and federal services. Evident from the interviews conducted is the need for additional housing and employment opportunities for clients after their residential treatment is completed. Despite the high unemployment rate among FCD clients, employment is a major concern and services such as job coaching and employability skills are not readily available to clients.

Since the FDC began operations in 2009, the types of core services of case management, team monitoring, and substance abuse treatment have remained relatively consistent. Based on the identification of other major needs for some clients, services were expanded to include “Dual Diagnosis” treatment for clients with co-occurring disorders and halfway-house style treatment with a sober living facility. Table 4 provides a list of the primary substance abuse treatment providers affiliated with the FDC and the type of services they provide to FDC clients.

Table 4: Treatment Providers Affiliated with the FDC

Provider	Services
The Drug Abuse Foundation of Palm Beach County, Inc (DAF)	<ul style="list-style-type: none"> ● Family Intervention Specialist (FIS) ● Initial assessment (GAIN) ● Medical detoxification ● Residential substance abuse services ● Outpatient substance abuse services
Comprehensive Alcoholism Rehabilitation Program, Inc. (CARP)	<ul style="list-style-type: none"> ● Medical detoxification ● Residential substance abuse services ● Outpatient substance abuse services ● Homeless assessment/outreach

Gratitude House, Inc	<ul style="list-style-type: none"> • Residential Mothers and Infant Treatment (MIT) focusing on women and infants. • Mothers can be reunified with their child at the facility and care for the child while completing the program • Links mother and child with supportive sober housing
Wayside House, Inc	<ul style="list-style-type: none"> • Female residential substance abuse services • Female outpatient substance abuse services • Mental health treatment
Jerome Golden Center / PANDA Program	<ul style="list-style-type: none"> • Services the Glades area • Long term female residential program for women and children up to age five • Supportive housing for clients with a mental health diagnosis who are on psychotropic medications

Additional, secondary support services available through referral include domestic violence services and shelters, supportive drug free housing, public transportation vouchers, parenting skills training and workforce solutions.

Table 5 shows that DAF, which also administers the FDC's initial substance abuse assessment and refers clients for services, serves the highest percentage of FDC clients (47.0%). Gratitude and CARP serve the next highest percentage of clients (19.7% and 16.7%), followed by Wayside (9.1%) and Jerome Golden/PANDA (7.6%).

Table 5: FDC Participant Treatment Provider (can have more than one)

Treatment Provider	Number	Percent
DAF	31	47.0
Gratitude	13	19.7
CARP	11	16.7
Wayside	6	9.1
Jerome Golden/PANDA	5	7.6

Frequency Missing = 1

During interviews, service providers and court personnel were asked to rate on a scale from 1-5, with (5) being *excellent*, the quality of services being provided to parents through the FDC. Responses ranged from 3-5 with 4.46 being the average.

Childrens' needs are determined using the Early Steps Evaluation which focuses primarily on the health and wellbeing of the child. Services are then provided through referral. Since the beginning of the program the following child services identified in Table 6 below have been available.

The FDC program staff provide referrals to a variety of service types for the children of FDC participants. Table 6 shows that child care is the most frequent type of referral (44.8%), followed by child care (37.3%), play therapy (37.7%), Triple P Parenting (23.9%), Group Tutoring (20.9%), and Family Therapy (16.4%).

Table 6: Types of Referrals for Children of FDC Participants

Referral Type	Number	Percent
Child Care	30	44.8
Early Care	25	37.3
Play Therapy	25	37.3
Triple P Parenting	16	23.9
Group Tutoring	14	20.9
Family Therapy	11	16.4
Individual Therapy	10	14.9
Group Healthy Beginnings	8	11.9
None	6	9.0

The primary child welfare provider under contract with DCF has experienced some turnover since the FDC program began. The original provider was replaced county-wide in 2012 by DCF, and is currently Child Net. As a result, case management has experienced considerable turnover since the court program began. During interviews, service providers and court personnel were asked to rate on a scale from 1-5 with (5) being *excellent*, the quality of services being provided to children through the FDC. Responses ranged from 1.5-5 with 4.29 being the average.

In addition to dependency services for children and substance abuse treatment for parents, since the program's inception, the housing and employment needs of the clients have become evident as salient factors in their rehabilitation. The FDC has conducted outreach to the local Housing Commission, Reentry Employment Task Force and Workforce Alliance. Although some progress has been made, interview responses were consistent that housing still remained a fundamental need for clients as they completed their residential treatment programs. Moreover, beyond basic Workforce center services for resume building and job searching, services are not provided regarding job coaching and/or employability skills.

Based on multiple interview responses, drug testing services for the FDC were also perceived as sometimes problematic. The drug testing provider for the county closed their Delray Beach facilities and gender specific testing services are not always available at the court, resulting in delays in testing.

Table 7 illustrates the process for a typical case served by the FDC. The process is designed to last 12 months.

Table 7: FDC Program Process

Stages	Possible Outcomes
<p style="text-align: center;">1 - Recruitment</p> <p>The FDC coordinator reviews new child protective petitions from DCF for potential clients. Meets with potential clients soon as possible and shares information about the FDC. This typically occurs at shelter, mediation or arraignment.</p>	<ol style="list-style-type: none"> 1. Found to be ineligible. 2. Chooses not to participate and remains in Dependency Court. 3. Chooses to participate and case is transferred to FDC.
<p style="text-align: center;">2 - Assessment</p> <p>Client agrees to FDC rules and is referred for assessment and set to appear in FDC the following week. Assessment is completed by the Family Intervention Specialist and a treatment provider is recommended.</p>	<ol style="list-style-type: none"> 1. Does not show up for assessment. 2. Assessment completed and referred for treatment.
<p style="text-align: center;">3 - Treatment</p> <p>Client is court ordered to treatment and begins treatment. Attend court hearings weekly to monthly. Treatment programming may include residential treatment, outpatient treatment, treatment planning and FDC team monitoring. Random drug testing occurs twice per week. This phase of the program is designed to last 6 months.</p>	<ol style="list-style-type: none"> 1. Voluntarily drops out.¹ 2. Terminated (typically clients are given three chances).² 3. Successfully completes treatment.
<p style="text-align: center;">4 - Program Completion</p> <p>After clients complete the mandatory residential or outpatient treatment they are required to participate in ongoing FDC Team monitoring. FDC Team meetings are once per month. Random drug testing may be reduced to once per week. During this phase aftercare needs/services are identified. This phase is designed to last 6 months.</p>	<ol style="list-style-type: none"> 1. Voluntarily dropout. 2. Terminated. 3. Graduates from FDC.

¹ All dropouts and terminated clients are referred back to Dependency Court and must complete their original Dependency Case Plan.

² The FDC Team and Judge determine when clients are terminated.

4.4 FDC Policies, Procedures, and Training

What policies and procedures, training and administrative infrastructure have been developed since the inception of the FDC?

The Palm Beach County FDC has established policies and procedures that address the mission of the court, duties of key personnel, the program model, referral, assessment and court processes, administrative forms specific to the court program, information systems, training and evaluation. The policies and procedures manual for the FDC was completed within the first 12 months of the grant award and is updated as necessary. However, Memoranda of Understanding (MOUs) among stakeholders, service providers and the FDC have not been developed. MOUs generally articulate the roles and responsibilities among various organizations/participants and help to strengthen collaboration and partnership efforts. The development of MOUs was listed in the FDC's grant proposal and OJJDP recommends their use when establishing Drug Courts (OJJDP, 2011). In addition, the FDC Coordinator does not have consistent access to potential client information from DCF which could be resolved through a data sharing agreement as part of an MOU.

Although the Palm Beach FDC does not have a formal training program they have developed a brochure, conducted general training about the court program to interested parties and attended webinars hosted by OJJDP and the Council of Family Court Judges and the National Association of Drug Court Professionals (NADCP). Specifically, the FDC Coordinator has provided general training on the purpose and functions of the court program to legal counsel, treatment providers, and dependency case managers. In addition, the FDC Coordinator provides team members with links and dates to upcoming federally sponsored webinars related to Drug Courts and Family Drug Courts. As part of the court's development and training, in 2010, the FDC Coordinator attended the annual conference of the NADCP. For ongoing training and development, the FDC presiding Judge, the FDC Coordinator, and a Guardian ad Litem have attended the NADCP annual conference each year from 2011 to 2013.

During interviews, service providers and court personnel were asked to rate on a scale from 1-5, with (5) being *excellent*, how well they understood the expectations of the FDC. Responses ranged from 3-5 with 4.62 being the average. However, there is significant turnover in dependency case management, treatment provider personnel, the Advisory Committee and other personnel from ancillary services. Training about the court, its purpose, activities, resulting outcomes and potential positive impact to the greater community is not well documented, updated or evaluated by participants. In addition, interviews regularly stated that there was little formal training regarding the specifics of the FDC.

4.6 Self-Evaluation Capacity

Has the breadth and quality of data collected by the FDC been sufficient for reporting, analysis and self-evaluation?

The FDC does not have a formal process for evaluation or accountability. Some client data is stored in an Excel spreadsheet for tracking client services and outcomes. A pre/post self-evaluation

survey is also administered, however, this data is not currently entered into a format that can be analyzed. In addition, information on clients who were found eligible for the FDC but chose not to participate is not regularly tracked. Very importantly, from a self-evaluation perspective, outcomes of potential clients who chose to continue their case in the traditional dependency court could be used as a comparison group. Post-program follow-up including criminal histories is not consistently conducted or entered into the primary data spreadsheet. Further, client satisfaction surveys are not conducted on graduates or program dropouts.

The FDC's primary evaluation and accountability effort involves submitting semi-annual progress reports to OJJDP and presenting program updates to the FDC Committee. These progress reports have been regularly completed and submitted to the funding agency. Reports typically include brief descriptions of program activities and outcomes over each six month period such as progress on implementation of goals and numbers of clients served, program graduates, terminations, and services received by children.

The FDC uses a court operated database to manage the flow of cases in the FDC. For client tracking and reporting purposes, the FDC coordinator enters key client, processing and outcome data into an Excel file that was shared with the FSU researchers. Upon the researchers' request, the FDC added data to this spreadsheet relating to the criminal history of the FDC clients through individual searches using the National and Florida Crime Information Centers.

Data entry and retrieval issues discovered during the evaluation include:

1. More than one measure being placed in a column such as date and status,
2. Data being entered as free text; resulting in different spellings, names and pseudonyms being use to describe the same and similar events,
3. Pre- and post- assessments instruments are not consistently administered and results are not entered into the Excel spreadsheet and comparisons are not calculated.

In addition to the court database and Excel spreadsheet maintained by the FDC Coordinator, and as specified in the original grant proposal, the program was to develop an online Family Collaboration Portal. The intent of the Portal was to enhance the flow of information among court, agency and service provider personnel. The system was to generate online referrals to primary and ancillary services and provide the court with progress reports regarding client status and rehabilitation efforts. Further, the system was to provide success rates and accountability information that could be readily calculated and reported to interested parties such as the court, the Advisory Committee, and local, state and federal agencies.

However, the Portal is currently not being used by the court or service providers. A subcontract for the development of the Portal was awarded to the Drug Abuse Foundation and an online referral Portal was developed. However, interviews consistently reported that the Portal is not used due to technical bugs in the programming and a lack of resources to continually maintain the infrastructure. Instead of an online referral system, referrals and shared case management is currently conducted through phone, email and facsimile.

4.7 Stakeholders and Sustainability

What activities were carried out to obtain support from stakeholders?

The FDC established an Advisory Committee whose first meeting occurred in October, 2010. The Committee meets semi-annually. The role of the Advisory Committee is to assist in identifying funding sources for the program and remove barriers to program success. The FDC presiding Judge serves as the Chair and members include court personnel, substance abuse service providers, dependency child services providers, legal counsel and personnel from state and local agencies. According to meeting minutes, the Committee has addressed several issues related to the FDC including fund raising, the creation of a 501c3 (non-profit), the development of an online referral portal, and the need to address clients' ancillary services such as housing and employment. However, the committee has not been tasked with developing a comprehensive strategic plan for the court program that would address the quantity and quality of services as well as provide a formal process for program improvement.

What efforts have been made to sustain the FDC?

Efforts to sustain the court program and guide its future development include two grant extensions, applying for additional grants, conducting a program evaluation and creating a 501c3. Although the original grant was set to expire in October, 2012, the County has received two no-cost extensions that will allow the program to operate through September, 2014. In addition, Palm Beach County Justice Services has applied for an enhancement grant with OJJDP for \$549,897 with \$184,094 in local matching funds. If awarded, the enhancement grant will sustain the FDC for an additional three years and will provide the FDC with a full-time "Life Skills Coach" to better serve the needs of the clients.

In 2012, the FDC established a 501c3 named "Making Every Day Count, Inc." The non-profit serves the Palm Beach FDC as well as the Delinquency Drug Court. Its purpose is to financially support both court programs through fund raising and grant writing. Members meet monthly and coordinate their efforts with the courts. Funds are typically spent on client needs and incidentals. To date Making Every Day Count, Inc. has raised approximately \$5,700.00.

Overall, stakeholders feel that the FDC is fulfilling its mission and meeting the needs of the greater community. During interviews, stakeholders and partners were asked to rate on a scale from 1-5 with (5) being *excellent*, how well they thought the FDC was serving the needs of the greater community. Responses ranged from 3-5 with 4.0 being the average.

4.8 Program Implementation Progress

To what extent did the FDC carryout the activities and resources articulated in the Federal FDC grant program?

Overall, the FDC is in its third year of operations and is still in the process of refining itself and implementing its core program activities. To date the majority of activities and objectives detailed

in Palm Beach County’s original FDC grant proposal to OJJDP have been implemented. The following table lists program implementation objectives and activities stated in the proposal to OJJDP. Based upon evaluation findings gathered through interviews, a review of relevant documents, and analysis of administrative participant data, Table 8 rates each program objective as “Met,” “Partially Met,” or “Not Met.”

Table 8: Implementation Objective Program Ratings

Objective	Rating	Summary Findings
Hire a full-time FDC Coordinator	Met	
Develop Policies and Procedures	Met	
Provision of Substance Abuse Treatment Services	Met	
Provision of Child Services	Met	
Establish an Advisory Committee	Met	
Establish an Interdisciplinary FDC Team and Treatment Team Process	Met	
Foster Communication Among Stakeholders	Met	
Program Capacity and Recruitment	Partially Met	There have been approximately 300 potential candidates with 67 clients served. The target program capacity to be served was 33 clients per-year, while on average 22 clients per-year have been served.
Client Retention and Program Completion	Partially Met	Of the 67 clients served, 20 have successfully completed the program.
Plan for Sustainability	Partially Met	The FDC has applied for grant extensions, an enhancement grant and established a 501c3. However, long-term funding that will support the FDC, without the core federal grant, has not been identified.
Provision of ancillary services such as education, employment and housing	Partially Met	The FDC team and service providers are aware of clients’ secondary needs concerning housing and employment and continue to work to meet these needs.
Capacity for Self-Evaluation	Not Met	The FDC maintains some client data on services received, but does not consistently conduct follow-up or satisfaction surveys. Post testing is administered, but not consistently. Comparative data, of cases that were eligible but chose not to participate, was not available.

Develop and Deliver FDC and Cross-Agency Training	Not Met	Some training has occurred, but it is not well documented and a formal training program has not been developed.
Develop an Online Client Referral Portal	Not Met	Initial Portal was developed, but it is not used or maintained.
Development of MOUs among FDC Stakeholders	Not Met	MOU's with stakeholder roles and responsibilities and data sharing agreements have not been developed.

Chapter 5: Outcome Evaluation Component Findings

5.1 Introduction

This Chapter of the report provides descriptive information relative to the characteristics and behaviors of FDC participants when they entered the program, information about what occurred during treatment and program participation, and measures relating to after they exited the FDC program. The data analyzed here was obtained from two sources. First, the FDC provided the researchers with a spreadsheet of all 67 FDC participants (with personal identifiers removed) who entered the program between July 2, 2010 and May 15, 2013, which contained numerous measures. Second, copies (with personal identifying information removed) were provided to the researchers of the FDC Pre-test and Post-test instruments that were administered to 16 FDC participants. This data was entered into a spreadsheet. A unique FDC case number was provided in the first spreadsheet and was recorded on the pre- and post-test to allow for matching across these data sources. The spreadsheets were entered into SAS.

5.2 Client Behavior Prior to Admission to FDC

What behaviors did the FDC clientele exhibit prior to admission to the program in terms of drug use and criminal activity?

Table 9 presents the drug of choice reported by the clients at entry into the FDC. The use of opiates is the most prevalent drug of choice (62.7%), followed by cocaine (23.9%) and marijuana and alcohol (10.5%). The criminal history of the FDC clients reveals that slightly more than three of every four (77.6%) had been arrested prior to their entry into the FDC. Additionally, the majority (56.7%) of the FDC clients had a prior felony arrest, 56.9% had a prior arrest for drugs. In addition, almost one in five (19.4%) of the FDC clients had a drug intervention prior to their entry into the program.

Table 9: Prior Drug Use and Criminal Behavior

Drug of Choice at Admission	Number	Percent
Opiates	42	62.7
Cocaine	16	23.9
Marijuana	7	10.5
Alcohol	7	10.5
Prior Arrests		
Arrests	52	77.6
Felony Arrests	38	56.7
Youth Charges	8	11.9
Misdemeanor Arrests	45	67.3
Misdemeanor Drug Arrests	11	16.5
Felony Drug Arrests	27	40.4
Previous Drug Intervention		
No	54	80.6
Yes	13	19.4

5.3 FDC Participant Results

What are the FDC's program results in terms of assessment rates, services provided, participation rates, program completion rates, terminations and dropouts?

This section specifies various results and program services. Table 10 demonstrates that the vast majority of participants were assessed within five days of admission (28.4%) or within one week of assessment (44.8%). Table 10 reveals that just over one in four FDC clients refused to enter treatment (28.4%).

Table 10: Assessment and Treatment Status

Time from Assessment to Admission	Number	Percent
Assessed Within 5 Days of Admission	19	28.4
Admitted Within 1 Week of Assessment	30	44.8
Admitted Within 2 Weeks of Assessment	7	10.5
Admitted Within 3 Weeks of Assessment	4	6.0
Admitted Within 3 to 9 Weeks of Assessment	7	10.5
Treatment Status		
Entered Treatment	48	71.6
Refused to Enter Treatment	19	28.4

In terms of the treatment services provided, Table 11 indicates that 55.2% of the clients received inpatient services, 40.3% received detox services, 37.3% received outpatient services, and 9.0% obtained no services.

Table 11: Services Provided to Participants in FDC

Services Provided	Number		Percent "Yes"
	No	Yes	
Inpatient	30	37	55.2
Detox	40	27	40.3
Outpatient	42	25	37.3
None	61	6	9.0

Based on less than satisfactory participant performance while in treatment, it was determined that 17 FDC clients were in need of reassessment and possible continuing services. Table 12 shows that the most prevalent type of continuing services needed was Increased Outpatient Services (47.1%), followed by Increased Residential Treatment (29.4%).

Table 12: Reassessment and Continuing Services for FDC Participants

Continuing Services	Number	Percent
Increased Outpatient Services	8	47.1
Increased Residential Treatment	5	29.4
Aftercare Services	2	11.8
Residential Treatment	2	11.8

Table 13 demonstrates that 63.2% of the inactive participants were terminated from the program while 36.7% successfully graduated. Of the non-program completers, 30 (52.6%) were terminated due to non-compliance with the program and six (10.5%) dropped out.

Table 13: Outcome of FDC Inactive Participants

Outcome	Number	Percent
Graduated from the FDC	21	36.8
Terminated/Dropped Out from the FDC	36	63.2

5.4 FDC Participant Outcomes

What are the outcomes of the clients who have entered the FDC since its inception in terms of arrest rates, Child Protective Services interventions and reunification with children?

This section provides findings on FDC participant outcomes such as criminal charges during program participation, post-program arrest rates, child reunification rate and pre/post program drug use.

Table 14 reveals that 83.6% of the FDC clients were not charged with a crime while active participants in the FDC program and 16.4% were charged. Of the 11 clients charged while in the program, the most frequent type of charge was Failure to Appear (27.3%), followed by a 3rd Degree

Drug Possession, Probation Violation, and Cruelty Toward a Child, which were each 18.2% of those charged.

Table 14: Participant Charges Received During FDC Program Participation

Charged	Number	Percent
No	56	83.6
Yes	11	16.4
Type of Charge		
Failure to Appear	3	27.3
Felony 3rd Degree Drug Possession	2	18.2
Probation Violation	2	18.2
Cruelty Toward Child	2	18.2
Disorderly Conduct	1	9.1
Failure to Obey Police	1	9.1

Among FDC clients who graduated from the program, the vast majority (81.0%) were successful in being reunified with their children, as indicated in Table 15, and 14.3% had maintained custody of their children due to a direct file, resulting in 95.3% remaining or reunifying with their children. In contrast, 4.7% had permanent guardianship of their children granted to a third-party. Among FDC clients who were terminated from the FDC program, only 5.6% were successfully reunified with their children, 88.9% failed to reunify with their children, and 5.6% had permanent guardianship of their children granted to a third-party.

Table 15: FDC Participant Reunification with Child Status

Reunification With Child Status	Number	Percent
Graduated From the FDC Program		
Reunified	17	81.0
Direct File - Child in Custody with Parent while Services Put in Place	3	14.3
Permanent Guardianship awarded to a third party	1	4.7
Terminated From the FDC Program		
Reunified	2	5.6
Did Not Reunify	32	88.9
Permanent Guardianship awarded to a third party	2	5.6

Table 16 reveals that only one case (1.7%) occurred in which a FDC client had a new child protection case filed subsequent to exiting the FDC program.

Table 16: If the FDC Client Had a New Child Services Protection Case

New Child Protection Case	Number	Percent
No	59	98.3
Yes	1	1.7

Table 17 demonstrates that none of the FDC participants who successfully graduated from the program were charged with a crime subsequent to their completion date. In contrast, 35.7% of those FDC participants who were unsuccessful and terminated from the program were subsequently charged with a crime. Among those clients who were charged with a crime after exiting the FDC program, all who were terminated, Table 17 shows that 50.0% were charged with a Failure to Appear, some form of Supervision Violation or Prostitution. A drug charge was the next most prevalent type of charge (35.7%) and the least likely type of charge was for robbery or a sex offense. Additionally, Table 17 reveals that if a FDC client is charged with a crime after exiting the program, it is highly likely it will occur within three months. Specifically, of those who are charged subsequent to exiting the FDC program, 28.6% are charged within one month and 35.7% are charged within two to three months.

Table 17: Crime after Participation in FDC

Charged With a Crime after FDC		
Outcome	Number	Percent
Graduated from the FDC	0	00.0
Terminated from the FDC	14	35.7
Type of Charge after FDC		
FTA/Violation/Prostitution	7	50.0
Drugs	5	35.7
Robbery or Sex Offense	2	14.3
Days from Exiting FDC to Arrest Charge		
Less Than One Month	4	28.6
Two to Three Months	5	35.7
Four to Six Months	1	7.1
Seven Months to One Year	4	28.6

What changes, if any, occurred in program participants' behaviors?

For the following Tables (18 through 20) it should be noted that post-tests are administered during participants' last days of the program. Therefore, reductions in drug use are expected as the participants have just completed or are leaving treatment and are currently being monitored for drug use by the court. The FDC does not conduct post-tests several months after program completion to determine any lasting impact the program might have on participant behavior and drug use. As a result, some caution should be exercised in interpreting these findings.

Table 18 presents results from the data collected through the pre- and post-program surveys administered to 16 of the FDC clients who had either graduated from the program (n=10) or were terminated from the program (n=6). To assess their level of drug use before and after the program intervention. Table 18 provides the findings based on all of the cases exiting the FDC program, i.e., both terminated and graduated clients. The findings show reductions in the use of drugs, the misuse of prescription drugs, and the use of alcohol from before to after program participation, as self-reported by the clients. Specifically, 100% of the clients reported using drugs within the past 30 days prior to their entry into the FDC and only one case (6.3%) reported using drugs after the

program. The average number of days, on a scale from zero to 30, that clients reported using drugs decreased from 24.1 to 0.3. Relating to the misuse of prescription drugs within the past 30 days, 68.8% of the clients reporting this misuse before their FDC program enrollment while 31.3% reported having this problem after exiting the program. The average number of days FDC clients reported misusing prescription drugs decreased from 16.6 to 0.6. The reported use of alcohol decreases from 87.5% before program enrollment to 12.5% subsequent to exiting the program and the average number of days that clients reported using alcohol decreased from 11.2 to 0.0. In summary, based on self-reported drug and alcohol usage before and after involvement in the FDC program, the use and abuse of drugs and alcohol diminished.

Table 18: Pre- and Post-Test Cases from the FDC Program

Outcome Measure	Number	Percent
Used Drugs Within 30 Days		
Pre-Test	16	100.0
Post-Test	1	6.3
Average Number Days Used Drugs Within 30 Days		
Pre-Test	24.1	
Post-Test	0.3	
Misused Prescription Drugs Within 30 Days		
Pre-Test	11	68.8
Post-Test	1	31.3
Average Number Days Misused Prescription Drugs Within 30 Days		
Pre-Test	16.6	
Post-Test	0.6	
Used Alcohol Within 30 Days		
Pre-Test	14	87.5
Post-Test	2	12.5
Average Number Days Used Alcohol Within 30 Days		
Pre-Test	11.2	
Post-Test	0.0	

Table 19 presents findings concerning changes in drug and alcohol use before and after FDC program involvement based on only those FDC clients who were terminated from the program (n=7). The data show reductions in the use of drugs, the misuse of prescription drugs, and the use of alcohol from before to after program participation, as reported by the clients. Specifically, 100% of the clients reported using drugs within the past 30 days prior to their entry into the FDC compared to 6.3% reported using drugs after the exiting program. The average number of days that prior FDC clients reported using drugs decreased from 26.7 to 0.8. In terms of the misuse of prescription drugs within the past 30 days, 100.0% of the clients reporting this misuse before their FDC program enrollment while 16.7% reported this misuse after exiting the program. The average number of days FDC clients reported misusing prescription drugs decreased from 24.7 to 1.7. The reported use of alcohol decreased from 100% before program enrollment to 0.0% subsequent to exiting the program and the average number of days that prior FDC clients reported using alcohol

decreased from 14.0 to 0.0. In summary, among FDC participants who were terminated from the program prior to successful completion, their use and abuse of drugs and alcohol diminished.

Table 19: Terminated From the FDC Program

Outcome Measure	Number	Percent
Used Drugs Within 30 Days		
Pre-Test	6	100.0
Post-Test	1	16.7
Average Number Days Used Drugs Within 30 Days		
Pre-Test	26.7	
Post-Test	0.8	
Misused Prescription Drugs Within 30 Days		
Pre-Test	6	100.0
Post-Test	1	16.7
Average Number Days Misused Prescription Drugs Within 30 Days		
Pre-Test	24.7	
Post-Test	1.7	
Used Alcohol Within 30 Days		
Pre-Test	6	100.0
Post-Test	0	0.0
Average Number Days Used Alcohol Within 30 Days		
Pre-Test	14.0	
Post-Test	0.0	

Table 20 presents the findings on changes in drug and alcohol use before and after FDC program involvement based on only those FDC clients who successfully graduated from the program (n=7). The data show reductions in the use of drugs, the misuse of prescription drugs, and the use of alcohol from before to after program participation compared to those FDC clients who were terminated prior to successful program completion. Specifically, 100% of the clients reported using drugs within the past 30 days prior to their entry into the FDC compared to 0.0% reported using drugs after the exiting program. The average number of days that prior FDC clients reported using drugs decreased from 22.6 to 0.0. In terms of the misuse of prescription drugs within the past 30 days, 50.0% of the graduated clients reporting this problem before their FDC program enrollment while 0.0% reported having this problem after exiting the program. The average number of days FDC clients reported misusing prescription drugs decreased from 11.8 to 0.0. The reported use of alcohol decreased from 80% before program enrollment to 0.0% subsequent to the successful graduation from the program and the average number of days that prior FDC clients reported using alcohol decreased from 9.5 to 0.0. In summary, among FDC participants who successfully graduated from the program, their use and abuse of drugs and alcohol diminished.

Table 20: Graduated From the FDC Program

Outcome Measure	Number	Percent
Used Drugs Within 30 Days		
Pre-Test	10	100.0
Post-Test	0	0.0
Average Number Days Used Drugs Within 30 Days		
Pre-Test	22.6	
Post-Test	0.0	
Misused Prescription Drugs Within 30 Days		
Pre-Test	5	50.0
Post-Test	0	0.0
Average Number Days Misused Prescription Drugs Within 30 Days		
Pre-Test	11.8	
Post-Test	0.0	
Used Alcohol Within 30 Days		
Pre-Test	8	80.0
Post-Test	0	0.0
Average Number Days Used Alcohol Within 30 Days		
Pre-Test	9.5	
Post-Test	0.0	

In summary, relative to the effect of the FDC program on reducing clients' use and abuse of drugs and alcohol, the following can be concluded based on their pre and post program self-reported behavior. First, all of FDC clients who completed the pre-test reported having prior drug use and the levels were quite high. Second, a high percentage of clients reported the misuse of prescription drugs and the use of alcohol prior to their entry into the FDC program. Third, the use of drugs and alcohol and the abuse of prescription drugs decreased subsequent to clients exiting the FDC program. Fourth, the reduction in the use and abuse of drugs and alcohol before and after FDC program participation was more pronounced among clients who successfully completed the program, however, clients who received the FDC intervention but were not completely successful in terms of graduating also benefited based on their self-reported use and abuse of drugs and alcohol.

Chapter 6: Conclusions & Recommendations

6.1 Conclusions

Since Palm Beach County was awarded a federal grant almost four years ago, the Palm Beach Family Drug Court has served 67 clients and their families. Overall, the FDC has developed and implemented the basic infrastructure necessary to operate the court program. Policies and procedures are in place, an Advisory Committee has been established and an interdisciplinary team approach is used in the court to monitor, guide and encourage client rehabilitation and reunification. Most importantly, potential clients are identified, assessed and referred for treatment. Findings also revealed a need for the FDC to focus on client recruitment and retention, program sustainability and building a capacity for strategic planning and self-evaluation.

On average 22 clients enter the FDC program annually and the program is on target to exceed their goal of 33 clients in 2013 if intakes continue at the same rate as in the first half of the year. However, the program completion rates are low with 63.2% of the participants being terminated from or dropping out of the program. Of the non-program completers, 30 (52.6%) were terminated due to non-compliance with the program and six (10.5%) dropped out. Nonetheless, the data show that these clients benefit significantly from the program and services provided relative to their future drug and alcohol dependency.

To date, all of the FDC clients who completed the program remained crime free. While about one in three FDC participants who were unsuccessful in completing the program did have a subsequent arrest, the vast majority are for minor offenses or resulted from failure to abide by various judicial processing requirements. The likelihood of FDC graduates remaining with or reunifying with their children was 95.3%.

The results of pre- and post-tests of 16 FDC clients related to their use of drugs and alcohol demonstrates a change in the participants' dependency on drugs and alcohol as a result of their FDC participation, regardless of whether they successfully completed the FDC program or not. These results are encouraging, however, post program follow-up is not conducted to determine what, if any, long-term impact the program may have.

6.2 Recommendations

How can the FDC make improvements to its policies and practices?

The following recommendations are drawn from interviews with key personnel involved with the FDC, client outcomes from administrative court data and evidence-based practices highlighted in the literature on FDC and other drug court programs. Recommendations are divided into five categories including 1) Administrative, 2) Program Services, 3) Client Recruitment & Retention, 4) Self-Evaluation and 5) Strategic Planning & Sustainability.

Administrative

1. Because of staff turnover and the recent change in the County's primary child welfare provider under contract with DCF, the court should establish a strong relationship with the new DCF provider (Child Net).
2. To ensure quality and cost efficient drug testing services, the County should consider soliciting, through open procurement, drug testing services not less than once every three years.
3. The FDC should consider developing Memorandums of Understanding (MOUs) with all collaborating partners and community service providers to better define their roles and responsibilities, strengthen relationships among stakeholders and implement needed data sharing arrangements.
4. Currently one treatment provider, who also provides residential and outpatient services, is responsible for administering the substance abuse needs assessment at program entry and referring clients to various treatment providers throughout the county. To avoid any conflict of interest, the FDC should consider assessing clients and providing referrals directly from the court, such as using the FDC Coordinator position or the future Life Skills Coordinator to assess and refer clients.
5. Currently the FDC Coordinator position is housed with the County while the FDC program is operated by the Court. In order to ensure that the FCD Coordinator has access to all pertinent client data and is serving the best interest of the Court, the Court should consider taking a larger role in the supervision of the FDC Coordinator position.

Program Services

6. There is a clear need to provide job coaching and employability skills services to clients in need of employment. The FDC should continue to pursue services that can assist clients with obtaining or improving their employment status.
7. Case planning and court progress notes should address individual client needs and risk factors such as substance use, housing, employment, family dynamics and education. Plans should identify 'Natural Support' systems for the clients that will sustain positive outcomes and maintain reunification with the child. The FDC should develop policies and training that detail a clearly defined treatment team process.
8. The use of evidence-based treatment services, could not be determined through the service provider interviews. Evidence-based treatment programs and strategies should be identified among the community treatment providers.

Client Recruitment & Retention

9. Because of the high percentage of potential and eligible clients that choose not to participate in the program, the FDC should develop procedures for a more formal recruitment process.
10. Dependency court attorneys are paid by the case, creating no incentive to transfer the case to the FDC. The court should explore ways to incentivize participation in the FDC.

11. The FDC should consider developing professional brochures, websites and marketing materials for the purposes of recruiting potential clients and greater community awareness.
12. Because of the low representation of males, Hispanics and blacks and the high concentration of white/females in the program, the FDC should develop strategies to diversify client racial and gender demographics.
13. Due to the high percentage of cases that do not complete the program, the FDC should consider conducting brief exit surveys with non-completers to identify the causes and circumstances that result in participant dropout and/or termination.

Self-Evaluation

14. In order to determine program effectiveness and improve program practices, the FDC should conduct follow-up on graduates, and for comparative purposes, dropouts. Follow-up information should include criminal histories, new child protective services cases, and client satisfaction surveys.
15. For comparative information, follow-up should be conducted on potential and eligible clients who chose not to participate in the FDC program. Information should be maintained on their criminal history, new child protective services cases, and time to reunification.
16. Post-testing should be administered consistently to all willing program graduates and as many non-graduates as possible.
17. The FDC client spreadsheet should denote when clients complete each phase of the treatment process.
18. Columns in the spreadsheet on the FDC clients that contain more than one measure should be separated into different columns. This would reduce errors in each of the specific data fields.
19. There are many instances in which data is entered as free text. This results in different spellings of the same characteristic being captured. When this data is imported into a statistical/data management software format for analysis purposes, the result is a significant amount of required cleaning of the data to produce consistency in the values of several measures. This could be avoided by either developing a codebook that indicates numerical values that should be associated with character categories, having a standardized protocol for specific words or phrases that are entered into the spreadsheet, or developing drop down menus in Excel that would have all possible values available that could be selected.
20. The information from pre- and post-test instruments administered to FDC clients should be entered into a spreadsheet for future analyses. A simple spreadsheet could be developed for the input of these data and would expedite any future analyses of these data.

Strategic Planning & Sustainability

21. To address program sustainability, continuous quality improvement and to create a means for self-evaluation, the FDC should consider developing a strategic plan. The strategic planning

process should be led by the Advisory Committee, and be informed by administrative program data, client success rates, client surveys and surveys from court personnel and community treatment providers.

22. As part of the strategic planning process, the FDC should develop annual outcome and cost savings reports for dissemination to advisory committee members, county administrators, court administrators and other local government agencies.
23. To ensure consistency of program implementation among various stakeholders, the FDC should consider developing a formal training program that details the purposes, policies and functions of the FDC for new service providers, advisory committee members, court personnel and other interested parties.
24. The FDC should consider recruiting representatives from outside of the FDC program, such as members of the general public and former clients to serve on the advisory committee.

Appendix A: References

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Appendix B: Interview Instrument

Background Information

Position –

Length of Employment –

Role with the Family Drug Court –

Length of Involvement with the Court –

Primary Interview Questions

1. Tell us about your job duties – what do you do here?
2. What is the mission, purpose and goals of the PBFDC?
3. What kind of training did you receive on the court? On your job?
4. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” rate the training you received about the court’s and operations?
5. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” rate the training you received relating to your specific job duties?
6. What is done to facilitate communication and collaboration among the court team?
7. What is done to facilitate communication and collaboration with community partners and stakeholders?
8. Do you feel that the range of services provided through community provider partnerships is sufficient in meeting the needs of the clients referred to the court?
 - a. In what way do they/do they not?
9. What are the common reasons why all potential clients are not assessed?
 - a. How could this be reduced?
10. What are the common reasons assessed clients are not referred for treatment?
 - a. How could this be reduced?
11. What are the common reasons clients receiving treatment do not complete?
 - a. How could this be reduced?
12. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” how well is the court serving the needs of the greater community?
13. How has the community at large benefited from the court program?
14. How well do the court’s procedures facilitate the smooth operations of the court?
15. Do you have the resources needed to accomplish your job duties?

- a. What additional resources are needed?
16. Does the court need additional resources to accomplish its goals?
17. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” how would you rate the quality of services provided to –
 - a. Parental clients
 - b. Child clients
18. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” how well do you understand the purpose of the court?
19. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” how would you rate the effectiveness are court rewards?
20. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” how would you rate the effectiveness are court sanctions?
21. Are there other sanctions or rewards that should be available to the judge to encourage client compliance in the program?
22. Are there other major needs of the clients that are not being met?
23. If you could change anything about the court what would it be?
24. Do you have recommendations on how to improve services for clients?
25. Do you have recommendations for how to improve court practices or processes?
26. Do you have recommendations for how to sustain the court program in the future?

Additional Interview Questions for Community Service Providers

1. What is your case load? Has that changed over time? Do you have enough time for case planning?
2. On a scale from **1 – 5** with **5** being “excellent” and **1** being “poor” how well do you feel that the client’s understand the court’s expectations?
3. Describe how well electronic information sharing occurs with referrals? Is it timely?
4. How much do treatment services compete with other client priorities (i.e. school-work)
5. What barriers exist that inhibit clients from participating in services (i.e. transportation, money)?
6. What evidence based treatment programs do you use?
7. How has your organization benefited from the court program?



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