

**EVALUATION REPORT
BUTLER COUNTY'S FAMILY DRUG COURT PROGRAM**

SUBSTANCE ABUSE RESOURCES AND DISABILITY ISSUES
A PROGRAM WITHIN THE
CENTER FOR INTERVENTIONS, TREATMENT AND ADDICTIONS RESEARCH
WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE
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EXECUTIVE SUMMARY

Based upon client service and billing records, key informant, staff and client interviews, it appears that the Butler County Family Drug Court Program positively impacts the behavior of its clients related to substance abuse, domestic violence, parenting needs, and compliance with court or Children's Services stipulations. The program demonstrates several strengths, and the evaluation also suggests that specific program changes can further enhance its effectiveness.

Program Strengths:

- Client, staff, and key informants most frequently reported that the program is effective in addressing problems associated with its primary responsibilities (e.g., substance use reduction and improvement of parenting skills/behaviors).
- The modal duration of treatment for clients in this program is only 41 days, and the most commonly utilized modality is intensive outpatient. One indication of the substance use disorder severity of this client population is the fact that 29% of clients were referred for extended residential treatment.
- Over the past three years, the program is estimated to have served approximately 260 individual clients, the majority Caucasian women. (An additional 273 persons are recorded as receiving "outreach" services, as well.) Clinical staff ratings indicated the majority of clients experienced reduced relapse risk over the treatment duration and only 22% of clients had positive toxicology results while in treatment.
- The collaborative nature of this program, involving several court officials, multiple Sojourner staff, Children's Services, and other treatment providers, was seen as a very positive attribute of the program. This may be further supported by over 6% of billable service units categorized as "Community Outreach".
- Reports of personal progress by clients and staff closely match the primary treatment goals originally established by Sojourner staff.
- The role of court officials in extending treatment program effectiveness is universally viewed as critical for program success, although court involvement with clients was also seen as sometimes inflexible or overly stigmatizing by the clients.

Program Challenges:

- A lack of transportation and other community resources for clients were identified as problematic by clients and staff alike.
- The treatment schedules and other requirements made compliance difficult for employed clients, who constitute approximately one third of the client population. No appreciable changes in employment status were observed at treatment discharge. However, since the program has begun serving male clients, there are reported to be greater increases in positive employment status.
- Clients expressed an interest in access to job opportunities and vocational training as a component of the program.
- A lack of communication between professionals and agencies was sometimes perceived as a barrier to success by staff members.
- Although clients rated Sojourner staff as caring and professional, they expressed concerns about the nature and extent of information provided in treatment that was subsequently shared with Children’s Services or the court. The potential for dual role conflicts for Sojourner staff are significant.

EVALUATION REPORT

Butler County's Family Drug Court Program:

Introduction

Background. Given passage of Ohio HB167 (July, 1998), the Butler County Children's Services Board (CSB), in collaboration with the Butler County Juvenile Court, Sojourner Women's Recovery Services (SWRS), and the Alcohol and Drug Addiction Services Board (ADAS) of Butler County, initiated the Family Drug Court Program. That Program was established, at least in part, to address the provision in the new law requiring that parents with active CSB charges, who are substance dependent, must become sober and/or abstinent in one year or they could lose custody of their children on a permanent basis. The Program's stated goals were to be---

- (1) "To expedite reunification of children with their parent(s) in abuse, neglect, and dependent cases where upon parent(s) have identified drug and/or alcohol dependency problems and have complied with court orders or to expedite permanency in the children's cases whereupon the parent(s) refuse to comply with court orders." (i., p.1).
- (2) "To reduce the number of full hearings required to monitor cases by bringing the parent(s) into compliance with court orders facilitating reunification and/or permanent placement in a more expeditious manner." (i, p.1).

In concert with these goals are the following Program objectives:

- (1) To intensively monitor and provide regular oversight to identify drug/alcohol dependent families and/or cases wherein compliance with case order plans, as adapted after adjudication of dependency, neglect and abuse, has been problematic;
- (2) To act as a facilitator in a collaborative relationship between the Butler County Juvenile Court, the butler County Children Services Board (CSB), the Sojourner Women's Recovery Services (SWRS), and the Alcohol and Drug Addiction Services Board (ADAS) of Butler County agencies ensuring a timely, comprehensive approach to assisting parent(s) of abuse, neglect and dependent cases to maintain compliance with court orders;

- (3) To provide emotional support and encouragement to those parent(s) of abused, neglected and dependent children who are following court ordered treatment plans, acting as an advocate for effectuating the goals of the case plan; and/or
- (4) To bring forth those cases of parent(s) refusing to comply with court order therefore in contempt of court, before the Juvenile Court Judge for hearing and sentencing.”
(i.,p.1).

The Family Drug Court program targets “Butler County residents involved in issues of abuse, neglect or dependency with alcohol and/or drug addiction or abuse identified as a primary contributing factor” (i., p.1). Initially the Program focused upon mothers (single female parents) who could be served via Sojourner Women’s Recovery Services. Over the last year or so, however, the Program has been expanded to include married couples and fathers (single male parents).

Initially, the Program focused on case management, but has evolved considerably since then (e.g., the inclusion of men as noted above). Generally, the Program involves cases taken from the Juvenile Court or CSB direct referrals. Upon entry into the Program, the parent(s)/ adult(s) are assessed for substance dependency; assigned to an existing substance treatment program (e.g., residential or intensive outpatient); and provided (along with the families when appropriate) with a number of different supportive services. Typically, these supportive services include case management, bi-monthly visits to court for case review, counseling regarding the issues surrounding domestic violence, and parenting classes. The program is largely run and staffed by Sojourner Recovery Services, although other service providers may be involved (e.g., Horizon Services).

Purpose. The purpose of the independent, third party evaluation effort described herein is to describe and assess the nature and relative effectiveness of the Family Drug Court Program outlined above. The time period covered by the evaluation is the period from July 1, 1998 when the program formally started until June 1, 2001.

Limitations. In developing the overall plan for the evaluation, several critical assumptions were made. Those assumptions serve to limit the results and, therefore, the “claims” that can be made regarding the viability and potential impacts of the Program on participating clients. Included among the assumptions alluded to are the following:

1. Since the evaluation was conducted near the end of the third year of the Program's operation, it was not possible to design or initiate new data collection measures or procedures - most information used in the evaluation needed to be culled from existing sources and instruments rather than from new instruments or measurements.
2. A primary interest of Butler County officials is to better understand the merits and drawbacks of the Program and its design. This interest was seen as addressed best by approaches that elaborate on program effectiveness using qualitative data collection activities, such as focus groups, key informant interviews, and other sources of personal perspective data.
3. The evaluation needs to be completed by July 31, 2001 in order to have its greatest utility for the Butler County ADAS Board and others involved in the Program, a fact that reinforces the need to use existing data rather than create new variables or measurements.
4. Although the Program has served a respectable number of clients since July, 1998, the existence of a comparable "control" group with characteristics matching those served by the Family Drug Court Program was not available for comparison purposes. This void made extensive reliance on traditional statistical (group) comparison techniques less relevant.

Audiences. As presently envisioned, there are four key audiences or groups of stakeholders who may find this report to be of direct value/interest. Those audiences are as follows:

- Program personnel in the ADAS Board of Butler County, who provided support for the Family Drug Court Program.
- Staff of Sojourner Recovery Services, who have been directly involved in the design and day-to-day implementation of the Program
- Personnel from the Butler County Juvenile Court and Children's Service Board, who are directly or indirectly impacted, if not actually involved in delivery of the Program and its outcomes
- Other outside agencies/organizations that may be interested in implementing similar programs in settings outside Butler County

Overview of Report Contents. This document is made up of five major parts. The first is this **Introduction** or overview. The next section, **Focus of the Evaluation**, provides a summary description of the Family Drug Court Program and related evaluation objectives. That section is followed by a brief description of the **Evaluation Approach/Procedures** that serves to operationally define the approach used to actually conduct the evaluation. Next is the **Presentation of Evaluation Results** wherein the findings observed for each of the specified objectives of the evaluation are summarily described. The final section, **Conclusion and Recommendations**, presents specific judgments regarding strengths and weaknesses raised relative to the Program along with suggestions for improving perceived concerns. The appendices contain copies of the evaluation instruments and a summary of the data collected from a sample of Program clients as part of the focus groups (one involving female and a second involving male clients).

Focus of the Evaluation

As indicated earlier, the purpose of this evaluation was to describe and assess the relative effectiveness of Butler County's Family Drug Court Program. A brief overview of that Program (e.g., its goals, objectives, and a description of its target population), the evaluation object, was provided in the **Introduction**. The specific objectives and associated questions used to help guide the evaluation were as follows:

- (1) To describe the general “process” underlying delivery of the Program (e.g., the types and “dosages” of different services provided, characteristics of clients served, staff involved, and the facilities in which services are provided).**
 - a) How is the Family Drug Court Program organized and what services are involved in its implementation?
 - b) Who are the key staff responsible for implementation of the Program and what are their roles?
 - c) Who are the Family Drug Court clients, e.g., what are their background/demographic characteristics?
 - d) What kinds of services do the Program clients receive and in what “dosages”?
 - e) What services did clients report they received and what services would they have liked to receive, but did not?

- f) What did clients feel were their most positive and negative experiences with the Family Drug Court Program?
 - g) From the clients' perspectives, how understanding are Program staff and do the clients feel comfortable working with them?
 - h) What changes do clients feel should be made in the Program and why?
 - i) What do key informants and staff think are the major reasons why the Program has been successful/unsuccessful?
 - j) Is the opinion of the key informants and staff, what client needs are being addressed best by the Family Drug Court Program or would not have been addressed at all if the Program had not existed?
 - k) What barriers do the key informants and staff feel need to be overcome of the Program is to be more effective?
 - l) Where do people (i.e., key informants and staff) feel the Program is "headed" and will be 4 or 5 years in the future?
- (2) To describe specific outcomes the clients experience associated with their involvement in the Family Drug Court Program (e.g., status of monthly toxicological screens, substance treatment progress/outcomes, hospitalization-related episodes, employment status, education received, arrests, relapses, and attainment of intermediate goals).**
- a) How helpful do clients feel the Family Drug Court Program has been to them personally and would they refer others to the Program for treatment?
 - b) Overall, how successful do key informants and staff feel the Program has been in addressing clients' (and subsequently families') needs?
 - c) Based upon data contained in the Program's formal records, how is program participation related to such outcomes as---(1) client employment? (2) arrests? (3) hospitalizations? (4) attainment of treatment goals? (5) drug/alcohol relapses? (6) changes in primary source and size of monthly income?

In order to address these objectives and associated questions a multi-faceted evaluation methodology was employed. That methodology involved collection of both quantitative and qualitative data and completion of associated analyses. The data were taken from existing intake

records; legal, medical and psychiatric histories; program staffing records; discharge/closure data; structured interviews with Program staff and key informants; and two focus groups (i.e., selected consumers differentiated according to gender). The sources of information used for the process evaluation included Program and other agency clinical or service records, interviews with Staff connected with the Program, focus group results and feedback from clients. The interviews of key informants and staff were one-on-one in nature, while the focus groups each involved 4 to 6 clients. Observations from the evaluation staff are also included, e.g., notes taken during meetings with the ADAS Board and Program staff.

Data on key outcome variables were collected from program records as a first choice and then augmented via interviews with program staff where data did not exist in archival form. This same approach has been used successfully before in evaluating aspects of the Dartmouth-New Hampshire Programs. Several specific sources of different outcome data were - police/court records, client intake information, ADAS client data, case management logs, client self-report instruments, short professional report forms, and billing forms. Particular reliance has been placed on the ADAS intake and closure files submitted by staff to ADAS since the Program's inception.

Evaluation Approach/Procedures

Operationally, the evaluation effort has been defined by seven major tasks. Those tasks and the related activities that have been completed are as follows:

- 1.1 Complete requisite design activities - Several members of the evaluation team communicated and/or met with the Program director and several ADAS Board members to discuss the specific types of information needed (e.g., process and outcome variables noted in preceding materials), their availability, and where they are located. During ensuing sessions, the review of current clients' folders was initiated and a summary listing of common data elements developed.
- 1.2 Develop needed instrumentation/forms, along with associated procedural guidelines and materials. Based on the information gleaned via Task 1.1, three key forms were developed to help secure the requisite evaluation data. These forms were labeled (a) the Family Drug Court Evaluative Data Summary, which served as a vehicle for collecting common data (e.g., demographic, background, and outcome data) from current Program

clients' folders, was based directly upon the instruments and variables found in clients' folders during the earlier review; (b) the Staff/Key Informant Interview Form, which served as a means for collecting a "standardized" set of data from the different interviewees; and (c) the Focus Group Interview Protocol, which was used to guide focus group questioning and related discussions. (Copies of these various forms are provided in Appendix A.) The cited instruments and related consent forms were developed and submitted to the Institutional Review Board (IRB) at Wright State University for approval prior to their actually being employed as part of the evaluation effort.

- 1.3 Schedule/Implement required data collection activities (e.g., reviews of existing client files, conduct of focus groups, and initiation of interviews). Once a formal contract was in place and IRB approval was secured for the different evaluation instruments noted, SARDI personnel initiated the collection of data from client folders. This occurred during May. Subsequently the key informant/staff interviews were scheduled and arrangements for the client focus groups completed. These two data collection activities occurred in the latter part of June. The ADAS Board's client data, which were used to estimate Program-related "dosage" estimates for billed services for Program clients and assess different Program outcomes, were secured in early June.
- 1.4 Complete, process, and analyze the resulting data (both qualitative and quantitative). Once the different sets of data were collected they were reviewed and readied for analysis. Follow-up activities related to the data obtained from client folders were initiated in mid July to try and "fill in gaps" in that data set. Subsequently, the data were compiled and analyzed (e.g., summary counts of qualitative information completed, descriptive statistics generated, and statistical tests, where appropriate, undertaken).
- 1.5 Develop an initial "discussion" draft of the final report for this component, which summarizes both the "process" and "outcome" related findings regarding the County's model "family drug court" program. The current draft report, which summarizes the results of the analyses alluded to above, was prepared as part of this activity. It is to be submitted near the end of July to ADAS Board personnel for review and comment.
- 1.6 Secure feedback from the sponsor (key stakeholders) regarding the draft report. As indicated in Task 1.5, it is assumed the desired feedback will be secured during the meeting alluded to above.

- 1.7 Finalize and submit the Final Report for the Family Drug Court Evaluation The feedback and related suggestions received from the sponsor will be reviewed and integrated into the final draft of the evaluation report for the project. That report will be ready for formal submission on or about August 3, 2001.

Results of the Evaluation

Listed earlier were the two objectives and associated sets of questions to be addressed by this component of the evaluation. In the materials that follow the information/data secured or observed in relation to those objectives are summarized and presented on a question-by-question basis.

Objective 1 - To describe the general “process” underlying delivery of the model

Program (e.g., the types and “dosages” of different services provided, the characteristics of the clients served, staff involved, and the facilities in which services are provided).

Question 1a - How is the Family Drug Court Program organized and what agencies are involved in its implementation?

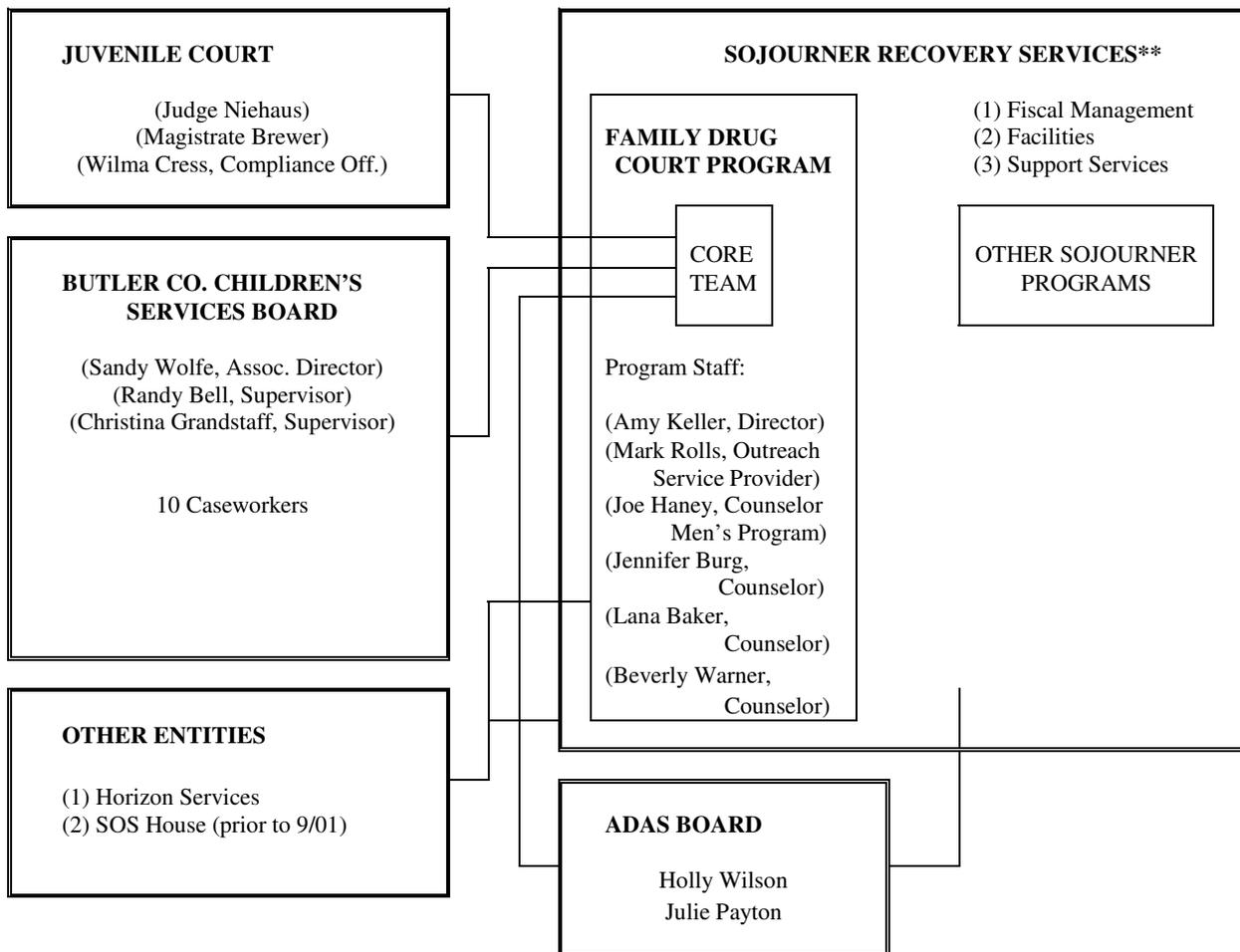
Although operation of the Family Drug Court Program is handled principally through Sojourner Recovery Services, one of its salient strengths is its collaborative nature - a characteristic that underlies its inception and operation. The call for this collaboration is directly stated in the second of the Program’s key objectives as was noted in the **Introduction**---namely, “to act as a facilitator in a collaborative relationship between the Butler County Juvenile Court, Butler County Children’s Services Board(CSB), the Sojourner Women’s Recovery Services (SWRS), and the Alcohol and Drug Addiction Services (ADAS) Board of Butler County...”(I, p.1). A graphic overview showing the different key agencies and associated staff involved in the Program and its delivery is provided in Exhibit 1. As stated in the **Introduction**, the Family Drug Court program involves the provision of an array of services to participants, e.g., case management, substance abuse treatment in both intensive outpatient and residential formats, group counseling, parenting, and domestic violence prevention.

Question 1b - Who are the key staff responsible for implementation of the program and what are their roles?

As shown in Exhibit 1, there are basically 6 staff within Sojourner

Recovery Services who are responsible for the day-to-day operations of the Family Drug Court Program and the delivery of services to most clients. They are the Program Director, Outreach Service Provider, Counselor for the Men’s Program (which formally started about a year ago), and the Program Counselors. Of course, given the collaborative nature of the Program, these staff would not be able to do their jobs as well if not supported directly by personnel from the cooperating organizations/agencies, e.g., the Juvenile Court, ADAS Board, and Butler County Children’s Services Board.

**EXHIBIT 1
Overview of Key Agencies/Organizations Involved in Delivery of the Family Drug Court Program***



* The individuals noted in parentheses are the key informants and staff interviewed during the evaluation

** Name recently changed from “Sojourner Women’s Recovery Services”.

Question 1c - Who are the Family Drug Court Clients? As part of the evaluation two distinct data sets were secured that could be used to help address this question. The first involved 193 individuals who entered the Program during the period from 7/1/98 through 9/30/2000. This data set was provided in electronic form by the ADAS Board for inclusion in the analyses to be completed as part of the evaluation. The second data set contained records for the 19 clients who were active in the Program near the end of May, 2001. This set of data was secured by evaluation staff as part of its review of current case files.

Given these two non-overlapping data sets it was possible to estimate the approximate number of clients served by the Program during its first three years of operation. More specifically, the available data suggest that roughly 7.1 people entered the Program each month. Thus, over 36 months it would be estimated that a total of roughly 255 to 260 people entered the Program, but some of these individuals were actually repeat attendees. In addition, Amy Keller indicates that over 270 cases not qualifying for treatment have been served by “outreach” workers.

These two (mutually exclusive or non-overlapping) groups of clients exhibited the background and demographic characteristics summarized in columns “A” and “B,” respectively, of Table 1. Generally, a review of those background/demographic data suggest that the two client groups are similar and, therefore, the most appropriate estimates of “Who the Family Drug Court Program clients are” should probably be taken from the “COMBINED SAMPLE” column shown in Table 1. In general, those data suggest that the modal Program client is twice as likely to be female as male, is about 33 years old, has an 83% chance of being Caucasian (or 15% chance of being African American), is likely to have never been married, has less than a high school education, is unemployed, has 2 children, and with an average income of less than \$600/month.

In addition to the basic demographic/background information presented in Table 1, further analyses of the intake data for the 193 clients for whom electronic data records were available (column “A” in Table 1) suggest the following:

- Over 92% of the Program clients reported that their primary drug of choice was one of three substances - either alcohol (42.4%), Marijuana (28.0%), or Crack/Cocaine (22.0%)

- 36.2% of the clients reported using their primary substance of choice “at least once a day”, 31.1% used it “several times a week”, and the remainder (32.1%) used it “one time or less per week”

The review of the current clients’ files indicated that the three most frequently cited goals the clients hoped to attain during the course of the Program were:

- 1) to eliminate further drug/alcohol problems and remain substance free;
- 2) to improve their parenting and related skills; and
- 3) to address the issue of domestic violence and related discord in their lives.

Question 1d - What kinds of services do the Program clients receive and in what

“dosages”? An idea of the types of services and approximate “dosages” of those services being provided to Family Drug Court clients is provided in Table 2. When reviewing the information in that table, it is important to remember that the estimates shown are only rough estimates limited by the fact that they are based on data provided by those responsible for Program-related accounting for the period from 7/1/99 through 6/4/01, not the entire evaluation period. Despite this limitation, those estimates do provide a rough idea of the types and related intensities of the different kinds of services being provided to Program clients. For example, the data suggest that a modal client spends about 41 days in the Program.

Question 1e - What services did clients report they received and what services would they have liked to receive, but did not? During the focus groups clients reported that they received the following types of services as part of the Family Drug Court Program: individual counseling, group counseling, drug screens and breathalyzer tests, childcare for their children who are 6 yrs. old or younger while in treatment group, meetings with the Compliance Officer, court hearings, education sessions related to AOD issues, parenting classes, daily living skills classes, home visits from CASA, and AA/NA meetings. Generally, the services noted are reflective of those listed in Table 2, with assessment and case management being the only two services listed that were not explicitly identified during the focus groups.

The focus group members also pointed out that they felt the Program would do a better job of dealing “with the whole family and look at all the problems, not just focus on the parents’

Table 1

Selected Client Demographic/Background Characteristics*

CHARACTERISTICS	RELATED CHARACTERISTICS/STATISTICS	CLIENT GROUPS:		COMBINED SAMPLE (A + B) (n=212)
		(A) Entered 7/1/98 to 9/30/00 (n=193)	(B) Current as of 5/31/01 (n=19)	
Gender	Male	30%	42%	31%
	Female	70%	58%	69%
Age	Average	33.0 years	33.9 years	33.0 years
Race/Ethnicity	Caucasian	84%	74%	83%
	African American	14%	21%	15%
	Other	2%	5%	2%
Marital Status	Married (Living as Married)	28%	42%	30%
	Divorced	18%	16%	17%
	Never Married	38%	26%	46%
	Other	6%	16%	7%
Education Level	(Average)	10.6 yrs.	11.4 yrs.	10.7 yrs.
	% Dropouts	53.6%	42.1%	52.6%
Employment Status at Entry	Employed-Full Time	26%	16%	25%
	Employed- Part Time	9%	0%	9%
	Unemployed	51%	84%	54%
	Inmate of Institution	6%	0%	6%
	Disabled	4%	0%	3%
	Other	4%	0%	3%
Family Size - # of Children	(Average)	1.80	2.8	1.9
Monthly Income	(Average)	597.54	609.56	598.85

** some data may be missing due to changes in databases over the course of the project period*

problems” if they provided assistance across the following areas: childcare (children over 6 but not old enough to be left alone), transportation, psychological and psychiatric treatment for the children, and family counseling. Of these suggested additional services, childcare and transportation were the two most frequently mentioned.

**Table 2
Summary of “Billable” Services Provided Family Drug Court Clients***

TYPE OF SERVICE	BILLABLE UNITS	APPROXIMATE UNITS PER CLIENT (n=174)
Assessment	346.0 (3.4%)	2 units
Individual Counseling	164.5 (1.6%)	1 units
Group Counseling	1,375.5 (13.6%)	8 units
Case Management	164.3 (1.6%)	1 units
Screening/Urinalyses	340.0 (3.4%)	2 units
Intensive Outpatient	4,185.0 (41.4%)	24 units
Long Term Residential	2,889.0 (28.6%)	17 units
Community Outreach	645.9 (6.4%)	4 units
TOTAL	10,110.2	59 units

* During the period from 7/1/99 through 6/4/01, only, taken from ADAS records.

** The numbers shown are the averages (rounded to the nearest whole unit) for service types, which assumes each client received roughly the same amount of each service.

Question 1f - What did clients feel were their most positive and negative experiences with the Family Drug Court Program? The general trend of the focus group participants’ response to the Family Drug Court Program was positive, particularly in relation to their involvement in the Sojourner chemical dependency treatment component. As one participant noted, “The program helped me get abstinent and stay that way.”

On the negative side, several female participants took exception to being classified as “addicts”, particularly when they only used alcohol. A second negative issue concerned transportation - the difficulty getting rides to treatment groups and other required appointments with Children’s Services, the County, and the compliance officer. According to one participant, “Sometimes they get you involved in so many services that its overwhelming, especially with no transportation.” Frequently this issue is exacerbated by the lack of adequate/appropriate childcare. Another negative issue stemmed from what seemed to be uncertainty about confidentiality policies and a certain lack of trust regarding how the information shared with therapists may be used, e.g., how or if it would be reported to the case worker and affect the

status of their children. Finally, the issue of medications and illnesses and how they affect one's status/participation in the Program was also raised as a concern.

Question 1g - From the clients' perspectives, how understanding are Program staff and do the clients feel comfortable working with them? The basic consensus of the focus group participants was that the professional staff involved with the Family Drug Court Program have treated them with respect and a general understanding of their situations. With regard to Sojourner staff, a number of the respondents agreed that they have a caring attitude and "go beyond their jobs to help." Most felt comfortable talking with and sharing their feelings with Sojourner staff, especially after participating in the Program for a period of time. With regard to talking with and sharing feelings with professional staff from other cooperating agencies, the focus group members were not as positive. In this regard it was noted that Children's Services has "over-stepped their bounds", keeps them from their children for too long a period of time, and are not held accountable. Another focus group member stated "the courthouse here thinks if you go in the doors, you're a criminal," which a number of the other members found frustrating as well.

Question 1h -What changes do clients feel should be made in the Program and why? A majority of the focus group participants expressed the sentiment that the two areas mentioned earlier, transportation and childcare, were areas where they would like to receive more Program assistance. Several more specific suggestions provided were---

- provision of vocational training and support.
- greater flexibility in the treatment schedule so participants could work and/or did not have to miss so much work
- have an orientation session for new group members prior to mixing them with the ongoing group
- utilize different guest speakers during group and education times in order to reduce redundancy
- increase the balance between positive and negative feedback received from the court, so more of the clients' "successes" are noted during the meetings.

Question 1i - What do key informants and staff think are the major reasons why the Program has been successful/unsuccessful? Overall, the 15 key informants and staff interviewed were positive about the Family Drug Court Program and what it is trying to

accomplish. Several of the interviewees pointed out that one of the reasons why the Program has worked is due to the skill and commitment of the Compliance Officer. They and others, however, go on to note that cooperation among the treatment providers, the enthusiasm of Children’s Services staff, and the collaborative/supportive nature of the Program where-in “multiple sets of eyes” are helping to monitor each client’s progress are also strong contributors. In addition, many felt the “stick”, i.e., possible consequences that could be levied by the court, was also a pervasive factor in making the Program work.

Question 1j - In the opinion of the key informants and staff, what client needs are being addressed best by the Family Drug Court program or could not have been addressed at all if the Program had not existed? The key informant and staff interviewees indicated that the following three client needs were being addressed very well by the Family Drug Court Program:

- alcohol and drug counseling, intervention, and treatment
- reductions in domestic violence and parenting needs/issues
- provision of an explicit structure and accountability system for clients.

In the respondents’ opinion the close working relationship that has emerged between the **Courts →Children’s Services→Treatment Service Providers** could not have occurred without the formalization of the Family Drug Court Program. That formalization has yielded a workable, supportive structure for clients that could not have existed otherwise, along with a specific treatment program targeted toward their specific needs.

Question 1k - What barriers do key informants and staff feel need to be overcome if the Program is to be more effective? The two most prevalent barriers noted by the 15 key informants and staff were as follows:

- too few resources (e.g., need for better technology based links among key personnel, especially among collaborating agencies, and transportation)
- need for better communication among collaborating agencies (e.g., monthly progress reports shared across agencies, every agency sending a counselor (pivotal staff member) to compliance meetings, having combined staff meetings)

Although the role of the court in the process is seen as an issue, the respondents appear to be divided in regard to how that role is a “barrier.” Several people expressed the opinion that the court needed to act more quickly and decisively, while others felt they needed to be more

flexible. Given this variance, it would seem that there is a need to explicate the court's role in the Program and trace through its implications regarding Program operations and expectations (both clients' and staffs').

Question 11 - Where do people (i.e., key respondents and staff) feel the Program is “headed” and will be 4 to 5 years in the future? Basically, the key informants and staff who were interviewed felt the future of the Family Drug Court Program will be positive in that the Program will be expanded - some felt it would retain its current focus on substance abuse and simply grow in numbers, while a number of other respondents felt it would expand beyond substance abuse to include other serious issues that interfered with the family. Several interviewees suggested the Program's continuity and growth would be facilitated by seeing that it becomes more streamlined, concrete, and organized/structured. It was also suggested that the Program might offer different levels or tiers of services to different clients and in some instances that might include much closer monitoring and “faster consequences” if problems are observed.

Objective 2- To describe specific outcomes the clients experienced associated with involvement in the Family Drug Court Program (e.g., status of monthly toxicological screens, substance treatment progress/outcomes, hospitalization-related episodes, employment status, education received, arrests, relapses, and attainment of intermediate goals).

Question 2a - How helpful do clients feel the Family Drug Court Program was to them personally, and would they refer others to the Program for treatment?

The strong consensus of the focus group participants was that the Program has been helpful, especially the consistent assistance provided by program staff, the peer support/feedback, and the help received in keeping them abstinent. A majority of the group members indicated that they would refer family or friends to Sojourner for treatment services if they were experiencing substance abuse problems. The least helpful features of the Program cited were the use of the label “addict” when referring to clients, being threatened with expulsion if they missed treatment days, and “being treated like children and told that they can because we don't have control.”

Question 2b - Overall, how successful do key informants and staff feel the Program has been in addressing clients' (and subsequently families') needs? As

noted earlier (question 1i) the key informants and staff were very positive about the Program and its success. Approximately 80% felt the Program was “very” or “quite” successful in addressing clients' needs. In particular, the interviewees noted that the Program is helping participants get clean and sober, provides important programming targeted toward teaching them how to lead more productive and healthy lives, and helps reunify families that otherwise may not have been reunified. A number of respondents indicated that they felt the court's involvement and related provision of clear consequences if families don't follow through also contributed to the Program's overall success.

Question 2c - Based upon data contained in the Program's formal records, how is Program participation related to such outcomes as --- (1) client employment? (2) arrests (3) hospitalizations? (4) attainment of treatment (treatment) goals? (5) drug/alcohol relapses?(6) primary source of monthly income ? A summary description of the results

observed in relation to this question is provided in Table 3. When reviewing the information presented in that table, several issues need to be remembered. Those issues are:

- a) the data related to the first five variables considered only dealt with clients who entered treatment prior to 10/1/2000 and whose cases were closed out by Program staff. Thus, the Program's more recent clients were not part of the electronic database provided for the evaluation and were, therefore, not part of the reported analyses.
- b) likewise, the data related to the last three outcome variables involved only the 19 clients who were active on 5/30/01 and, therefore, the associated results may or may not adequately reflect those from earlier periods in the Program's implementation.
- c) the two preceding issues, along with the limitations noted in the **Introduction**, generally prohibit one from drawing causal-comparative conclusions from the outcome data available and used as part of the evaluation.

Given the constraints noted above, the outcome statistics presented in Table 3 indicate the following:

- (1) Slightly less than half of the clients were unemployed when they entered treatment and this figure did not decrease appreciably during treatment, with basically only 3 additional clients entering employment.
- (2) During treatment a relatively high percentage (88%) of the participants reported that they had been arrested, which was only 4.6% lower than the rate of arrests reported prior to Program entry. The nature of the drug court-related arrests may be different than prior to client enrollment in this program, due to “therapeutic” short-term incarcerations being levied against persons while enrolled in the drug court program. Data available to the evaluators could not confirm this, however.
- (3) A slightly higher percentage of clients reported “salary/wages” as their primary income source at closure than at entry, which supports in part the results related to employment status noted earlier.
- (4) Participating in the Program appears to be positively related, albeit to a limited extent, to clients’ utilization of the noted types of health care facilities. For each type of

**TABLE 3
Summary Description of Selected Outcome Data for Program Clients**

OUTCOME VARIABLE *	SUMMARY- RELATED DESCRIPTIVE STATISTICS				
Employment Status (A)	Percent:	Employed Full Time	Employed Part Time	Unemployed	Out of Labor Force
	(a) at Treatment. Entry	29.3%	8.2%	48.3%	14.3%
	(b) at Treatment. Closure	28.6%	10.9%	45.6%	15.0%
Reported Arrests (A)	(a) % arrested within 24 months of treatment entry				- 92.6%
	(b) % arrested while in treatment-				- 88.0% ^a
Primary Source of Income (A)	<u>Percent:</u>	<u>Salary/Wages</u>		<u>Other Sources</u>	
	a) at treatment entry	36.7%		63.3%	
	b) at treatment closure	38.1%		61.9%	
Health Care Utilization (A)	<u>Type Facility Visited:</u>	<u>Hospital</u>	<u>ER Room</u>	<u>Outpatient</u>	<u>Dr/Dentist</u>
	% visited within 12 mo. treatment entry	14.7%	12.5%	0.7%	36.0%
	% visited since treatment admission	16.2%	18.4%	2.2%	49.3%
Frequency of Primary Substance Use (A)	(a) % reporting use at least once per day at Treatment Entry				- 36.2%
	(b) % reporting use at least once per day at Treatment Closure				- 23.1%

Progress in Attaining Verified Treatment Goals (B) % treatment months during which progress reported - Average=41.6%;
Range 100% to 0%**

Drug/Alcohol Relapses (B) % with at least one + toxicological screen during treatment - 22.2%

Clinicians' Assessment of Relapse Potential (B)	RECORDED:	LAST TREATMENT MONTH			
		<u>High</u>	<u>Moderate</u>	<u>Low</u>	
	First	High	41%	18%	0.0%
	Treatment	Moderate	0%	29%	12%
	Month	Low	0%	0%	0%

*In this column the (A) refers to clients in the electronic database described in relation to Table 1 and (B) refers to clients who were currently enrolled in the Program (as of 5/30/01) as is also described in relation to Table 1

^a The nature of follow-up questions very likely make this figure inaccurate, as arrests prior to treatment also appear to be aggregated in this number. This was discussed with Amy Geller, and she could only recall a few individuals who were re-arrested while in treatment. The nature of this court program appears to support her concern about this figure.

** typically this outcome is observed for new clients, i.e., during their first month in the Program

facility noted utilization reportedly increased for participants while they were engaged in treatment.

- (5) The frequency of primary substance use (at least with regard to its daily use) appeared to decrease appreciably while clients were in treatment.
- (6) On average, it was reported that for about 42% of the months while clients were in treatment they made progress in attaining their established goals. This number would have been substantially higher except for the fact that many of the active clients who were included in the evaluation had only recently started their treatment programs - a time when relatively low levels of goal-related progress were typically noted.
- (7) Just over a fifth of the active clients were reported to have had positive toxicological screens during at least one month of their respective treatment episodes.
- (8) Generally, clinicians seemed to feel that the “relapse potential” of a number of the clients decreased as a consequence of their involvement in treatment.- overall, 30% of the clients were deemed to have made progress on this variable.

Conclusions and Recommendations

Overview. Based on a synthesis of the data/results gleaned from available sources, including client (both current and former) records/files, the set of key informants, major program staff, and focus group participants, a number of conclusions and recommendations are provided.

Over the past three years, the program has served approximately 260 individual clients (the actual number is somewhat lower due to an inexact number of persons entering treatment more than once). The population served is largely female, Caucasian, and predominantly within lower socioeconomic groups (mean reported income <\$600/month). The program appears to have been effective in addressing problems associated with its primary responsibilities: these included reductions in client substance use, reductions in recorded episodes of domestic violence, and increased compliance with recommendations as a consequence of client/court interactions. The modal duration of treatment for clients in this program is 41 days, and the most commonly utilized service was intensive outpatient. Approximately 29% of clients from this program were referred for extended residential treatment, indicating an inability to abstain from substance use during outpatient treatment or other factors suggesting a more intensive treatment was necessary.

Over 92% of the Program clients reported that their primary drug of choice was one of three substances - either alcohol (42.4%), Marijuana (28.0%), or Crack/Cocaine (22.0%). A total of 36.2% of the clients reported using their primary substance of choice “at least once a day”, 31.1% used it “several times a week”, and the remainder (32.1%) used it “one time or less per week”.

Clinical staff ratings indicated the majority of clients experienced reduced relapse risk over the treatment duration and only 22% of clients had positive toxicology results while in treatment. An average of two toxicology samples were taken during the treatment duration per client. Client records indicate that over 36% of clients self-report daily use prior to entry into treatment, whereas approximately 23% report daily use at treatment discharge. However, these figures may not represent some clients referred to residential treatment or those who were discharged from treatment as non-compliant or unsuccessful. Nor do these figures take into account the tendency to become more honest about use after undergoing treatment. It seems

most likely that the percentage of daily users is higher than the self-reports indicate for the “pre-treatment” figures.

The collaborative nature of this program, involving several court officials including the Compliance Officer, multiple Sojourner staff, Children’s Services, and other treatment providers, was seen as a very positive attribute of the program. This collaboration is further supported by records indicating over 6% of billable service units in Sojourner’s program being categorized as “Community Outreach”. Also noteworthy is the observation that progress as reported by clients and staff closely matches the primary treatment goals originally established for treatment.

The role of court officials in extending treatment program effectiveness is universally viewed as critical for program success, although court involvement with clients was understandably also seen as sometimes inflexible or overly stigmatizing.

Suggestions for Continued Improvement. Based on the results observed during the evaluation, several ideas or suggestions emerged for improving or building on the Family Drug Court Program. They include the following:

Although the treatment modality appears to be helpful for the majority of clients, having alternative therapy times and activities for working parents may ultimately be in everyone’s best interest. The conflicts of treatment and work, compounded by transportation difficulties for some persons, may constitute appreciable barriers to success. Clients also would benefit from a mechanism for receiving positive feedback from the court. Examples of how other drug courts work indicate that this is an important element for the success of the program. This also provides additional information to clients about what the court and the treatment settings see as important and laudable steps toward recovery (*for descriptions of drug court interactions along this line, see the final chapters and Appendices of Hooked, Lonny Shavelson, 2001*). Clients also indicated that they would appreciate availability to or assistance with vocational or job training or placement.

Several key informants indicated that communication between, and within, agencies could be improved for the sake of client services. A program such as a drug court works best when information, feedback, sanctions, and programming can be delivered in a timely way to staff and clients. Since this level and intensity of communication by agencies is not traditionally expected – and since caseloads are high and staff are busy – it is difficult to achieve this type of communication even when the parties understand its importance. It is therefore suggested that

periodic team meetings be held to discuss program progress (which we believe are already occurring), and one of the agenda items in this meeting should be a discussion of the communication mechanisms (administrative and clinical) and how they are working. Representatives of clinical staff should attend some of the administrative meetings in order to assist with this process.

Although clients rated Sojourner staff as caring and professional, they expressed concerns about the nature and extent of information provided in treatment that was subsequently shared with Children's Services or the court. The potential for dual role conflicts for Sojourner staff are significant. It is suggested that this issue be discussed (it likely already has been discussed at some point) with an appreciation for the concerns of clients. A written policy should be generated that articulates to clients what information is privileged and what may conceivably be shared with Children's Services or the court. If these steps have already been taken, then clinical staff need to be thoroughly briefed on this policy and what to say to clients.

Some consideration should be given to increased attention on data collection methods for the Family Drug Court in order for a more complete evaluation in the future. Specifically, program personnel should consider a database that includes a list of all community agencies involved with a case, prior treatment episodes reported by the primary client, a flow sheet charting case disposition monthly, date of each meeting with court officials, and clear indicators of which clients are repeaters in the program. Although this information is available in some form at this time, the volume of material in these documents makes location of some of this information difficult. The above variables might be placed on a check sheet at the front of a file for quick reference.

APPENDIX A
Copies of Evaluation Instruments

APPENDIX B

Summary of Information Secured in the Client Focus Group