

need to **Know**

Research Update on Family Drug Courts

By **Douglas B. Marlowe, J.D., Ph.D.** and **Shannon M. Carey, Ph.D.**

May 2012

Between 60% and 80% of substantiated child abuse and neglect cases involve substance abuse by a custodial parent or guardian (Young et al., 2007). Continued substance abuse by a custodial parent is associated with longer out-of-home placements for dependent children and higher rates of child revictimization and terminations of parental rights (TPR) (Brook & McDonald, 2009; Connell et al., 2007; Smith et al., 2007). Parents who complete substance abuse treatment are significantly more likely to be reunified with their children, and their children spend considerably fewer days in out-of-home foster care (Green et al., 2007; Smith, 2003). Unfortunately, more than 60% of parents in dependency cases do not comply adequately with substance abuse treatment conditions and more than 80% fail to complete treatment (Oliveros & Kaufman, 2011; Rittner & Dozier, 2000; U.S. Government Accountability Office, 1998).

Family Drug Courts (FDCs)¹ were created to address the poor outcomes derived from traditional family reunification programs for substance-abusing parents. The first FDC was established in 1995 in Reno, Nevada; now well over 300 programs operate throughout the United States (Huddleston & Marlowe, 2011). These specialized civil dockets were adapted from the adult criminal Drug Court model (adult Drug Courts) (Wheeler & Fox, 2006). As in adult Drug Courts, substance abuse

treatment and case management services form the core of the intervention; however, FDCs emphasize coordinating these functions with those of child protective services. In addition, participants must attend frequent status hearings in court during which the judge reviews their progress and may administer gradually escalating sanctions for infractions and rewards for accomplishments. Unlike adult Drug Courts, where the ultimate incentive for the participant

¹ These programs are variously referred to as Family Drug Treatment Courts, Family Treatment Drug Courts, Family Dependency Treatment Courts, and Family Treatment Courts.

might be the avoidance of a criminal record or incarceration, in FDC the principal incentive for the participant is family reunification, and a potential consequence of failure may be TPR or long-term foster care for the dependent children.²

Continued substance abuse by a custodial parent is associated with longer out-of-home placements for dependent children and higher rates of child revictimization and terminations of parental rights.

The child welfare system also reaps benefits from FDCs. Dependency courts are required by statute to make reasonable efforts towards family reunification and to reach permanency decisions within a specified time period of approximately twelve to eighteen months.³ By allowing for more efficient case processing and providing a wider range of needed treatment services, FDCs assist the courts to meet these statutory obligations.

FDC is among the most effective programs for improving substance abuse treatment initiation and completion in child welfare populations.

Effectiveness

A number of methodologically sound impact evaluations have been completed within the past several years, revealing significantly better outcomes in FDC as compared to traditional family reunification services (Green et al., 2009; Marlowe, 2011). A recent review of the research literature concluded that FDC is among the most effective programs for improving substance abuse treatment initiation and completion in child welfare populations (Oliveros & Kaufman, 2011).

Table 1 (see end of article) summarizes outcome evaluations that had acceptable methodological rigor. Where multiple studies were conducted on the same program, the most recent or comprehensive evaluation is presented. These evaluations included comparison samples of parents or guardians in dependency proceedings who were identified as having a substance abuse problem and who would have been eligible for FDC but did not participate. The participants for the contemporary comparison samples were recruited during the same time period as for the FDC and were typically drawn from adjacent counties or had been placed on a wait list because of insufficient slots in the FDC program. Participants for the historical comparison samples were recruited from the same jurisdictions as the FDC participants during an earlier period before the FDC was established. In most of the evaluations, the researchers matched the FDC and comparison groups on variables, such as parental substance abuse history and child welfare history, that were significantly correlated with outcomes or statistically controlled for differences on these variables in the outcome analyses (See Table 1).

Treatment completion rates were 20 to 30 percentage points higher for the FDC participants than for the comparison participants.

The parents or guardians in FDC programs were more likely than the comparison participants to complete substance abuse treatment in all but one of the evaluations and these differences were statistically significant in all but two of the evaluations. In most instances, treatment completion rates were 20 to 30 percentage points higher for the FDC participants than for the comparison participants. Although not reported in the table, parents in the FDCs were also significantly more likely to enroll in substance abuse

² Some FDCs apply a hybrid model that consolidates criminal and civil dependency cases for individuals charged with a drug offense who also have children in the dependency system.

³ Adoption and Safe Families Act of 1997, PL. 105-89.

RESEARCH UPDATE ON FAMILY DRUG COURTS

treatment, entered treatment sooner, and remained in treatment longer than the comparison parents in most of the evaluations. As was noted earlier, dependency courts are required to make reasonable efforts towards family reunification and achieve permanency within a specified time. Increasing parental entry into and engagement with treatment directly furthers these statutory goals.

Family reunification rates were higher for the FDCs in all but one of the evaluations and were significantly higher in all but three of the evaluations. In most instances, family reunification rates were approximately 20 to 40 percentage points higher for the FDC programs than for the comparison groups. The relatively few instances in which the differences were not statistically significant were typically attributable to insufficient sample sizes.

Family reunification rates were approximately 20 to 40 percentage points higher for the FDC programs than for the comparison groups.

The children of the FDC participants also spent significantly less time in out-of-home placements in the majority of the evaluations, typically averaging fewer months in foster care. Approximately half of the evaluations examined new dependency petitions or reentries to the child welfare system following family reunification; however, those that did typically tracked the samples for only a relatively brief period of twelve months post-reunification. Because returns to child protective services usually occur after a few years, new dependency petitions during the first twelve months were infrequent in most conditions and did not differ appreciably between the FDC and comparison groups. One noteworthy exception is the evaluation of the Sacramento Dependency Drug Court, which examined child welfare outcomes after sixty months. That study reported a lower rate of new substantiated allegations of child maltreatment for the FDC participants (17% vs. 23%); however, differences in reentry rates to foster care were small (21% vs. 24%) (Boles & Young, 2011).

The children of the FDC participants also spent significantly less time in out-of-home placements in the majority of the evaluations, typically averaging fewer months in foster care.

Two evaluations (Carey et al., 2010a, 2010b) also tracked and examined new criminal arrests. Both studies reported substantially lower arrest rates for the FDC participants as compared to the comparison groups (40% vs. 63% and 54% vs. 67%, respectively). These findings are important because although FDC proceedings are civil in nature, participants frequently have concurrent involvement with the criminal justice system. Reducing criminal recidivism might, therefore, be an important value-added benefit of FDC programs.

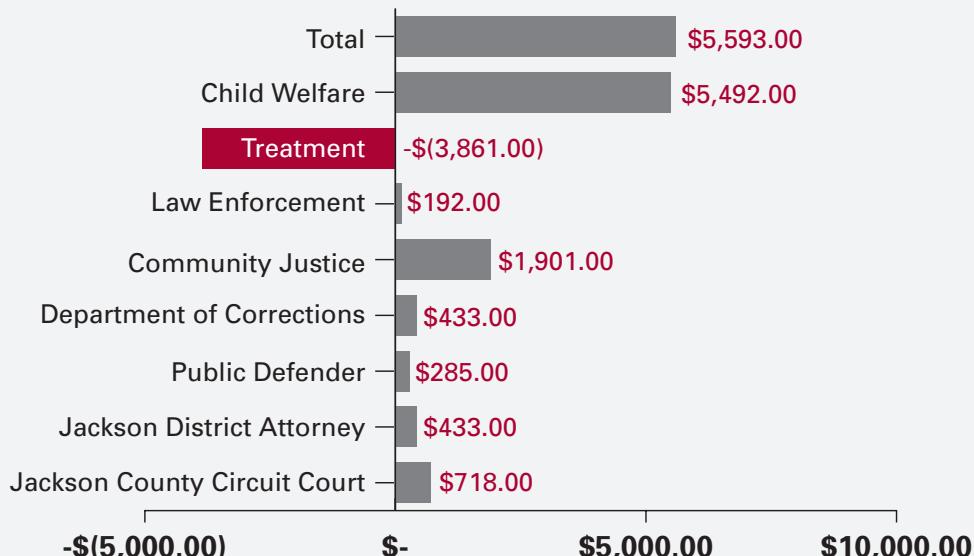
Cost-Effectiveness

Several evaluations reported cost savings for FDC resulting from a reduced reliance on out-of-home child placements. Estimated savings from the reduced use of foster care were approximately \$10,000 per child in Maine (Zeller et al., 2007), \$15,000 in Montana (Roche, 2005), \$13,000 in Oregon (Carey et al., 2010b), and £4,000 (\$6,420) in London (Harwin et al., 2011).

Several evaluations reported cost savings for FDC resulting from a reduced reliance on out-of-home child placements.

Three evaluations included cost-effectiveness analyses that took into account a wider range of up-front expenditures and financial benefits of the programs and yielded estimates of the average net cost savings per family (Burrus et al., 2008; Carey et al., 2010a, 2010b). These studies employed a cost-to-taxpayer approach that treated participants' interactions with publicly funded agencies as transactions in which public resources were consumed and societal costs incurred. Program costs were those associated with providing services to participants. For example, when parents or guardians appear in court for status hearings or are tested for drugs, resources such as judge time, defense attorney time, court facilities,

Figure 1. Average Cost Savings Per Participant Realized by each Agency in the Jackson County Community Family Court. Adapted with permission from Carey and colleagues. (2010a).



and urine test cups are consumed. *Outcome costs* were those associated with participants' subsequent interactions with outside agencies, such as the child welfare system and criminal justice system. *Cost savings* were determined by calculating the program and outcome costs for the FDC and contrasting those figures with comparison group costs.

Program costs for the FDCs ranged from approximately \$7,000 to \$14,000 per family.

The program costs for the FDCs ranged from approximately \$7,000 to \$14,000 per family, depending on the range and intensity of services that were offered. The majority of the program costs were attributable to substance abuse treatment. Not surprisingly, programs that provided services for both the dependent children and their parents had the highest treatment costs.

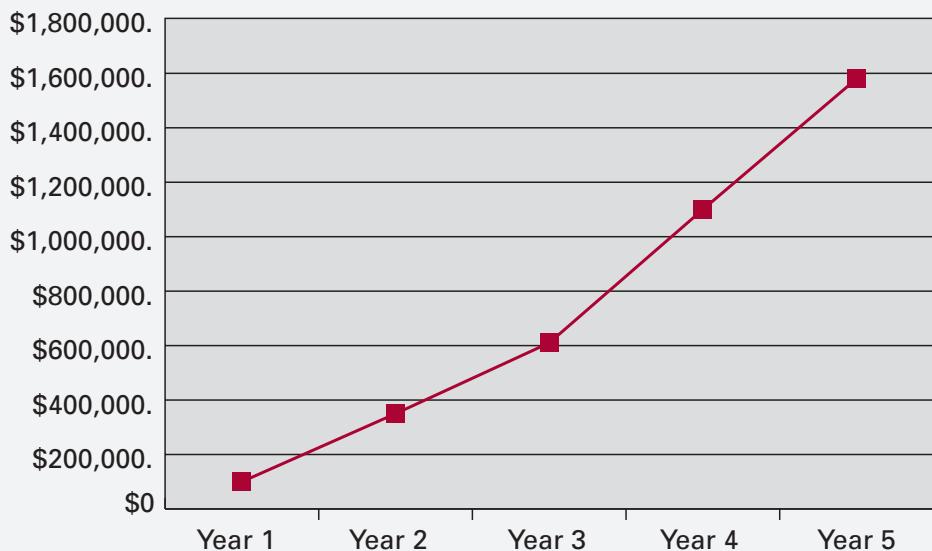
Outcome costs were substantially lower in all three studies for the FDC participants than for the comparison groups. This was primarily due to the decreased use of child welfare resources by the children (e.g., less time in foster care) and decreased use of criminal justice resources by the parents (e.g., fewer rearrests and less time in jail or on probation). Taking into account both the investment costs of the programs and the value of the outcomes that were produced, the average net cost savings from the FDCs ranged from approximately \$5,000 to \$13,000 per family.

The average net cost savings from the FDCs ranged from approximately \$5,000 to \$13,000 per family.

Figure 1 presents detailed cost information from one of the evaluations performed in Jackson County, Oregon. Nearly every agency involved in the FDC realized some cost savings, although the magnitude of the savings varied considerably.

RESEARCH UPDATE ON FAMILY DRUG COURTS

Figure 2. Total Cost Savings Over Five Years for the Marion County Fostering Attachment Treatment Court. Adapted with permission from Carey and colleagues. (2010b).



The child welfare system realized the largest cost savings as a result of reduced use of foster care. Community corrections followed in cost savings as a result of parents spending less time on probation or in jail. Notably, the treatment program was the only agency that did not reap net dollar benefits. This was because the parents in the FDC program participated significantly more in treatment than did the non-FDC participants. As was intended, the FDC significantly increased parents' use of substance abuse treatment services and as a result decreased their use of other publicly funded services, such as those of child welfare, community corrections, and the courts.

The child welfare system realized the largest cost savings as a result of reduced use of foster care.

Importantly, the total cost savings that may accrue to a community from a FDC accumulate as participants maintain improvements over time and more participants enter the program. Figure 2 depicts the total cost savings

that accrued from a FDC in Marion County, OR, over a five-year period (Carey et al. 2010b). The total taxpayer cost savings increased approximately ten fold over the five years.

The total taxpayer cost savings increased approximately ten fold over the five years.

Target Population

In the criminal context, adult Drug Courts have been found to be equivalently effective for participants regardless of their primary drug of choice, associated mental health problems, or criminal history (Carey et al., 2012; Zweig et al., 2012). In fact, evidence suggests adult Drug Courts are more effective for participants who are high risk and seriously addicted to drugs or alcohol (Marlowe, 2009). Similar findings are emerging for FDC programs. A four-site national study of FDCs (Worcel et al., 2007) found that few participant characteristics predicted better outcomes, suggesting the programs

tended to be equally effective for a wide range of participants. In fact, marginally better outcomes ($p = .08$) were reported for mothers with co-occurring mental health problems and other demographic risk factors, such as being unemployed or having less than a high school education. Other studies similarly found that parents with extensive criminal histories, inadequate housing, and a greater risk for domestic violence were more likely to complete FDC than those without these risk factors (Carey et al., 2010a, 2010b). Treatment success rates in FDCs also do not appear to be influenced by parents' primary drug of abuse, including methamphetamine, crack cocaine, or alcohol (Boles & Young, 2011). This suggests that, as with adult Drug Courts, the effects of FDC appear to be equivalent or greater for individuals presenting with more serious histories.

Parents with extensive criminal histories, inadequate housing, and a greater risk for domestic violence were more likely to complete FDC than those without these risk factors

Best Practices

In the criminal court context, a good deal of research has identified the best practices within adult Drug Courts that are associated with better outcomes (Carey et al., 2012; Zweig et al., 2012). Although research in FDCs is just beginning to catch up to this level of sophistication, comparable findings are beginning to emerge suggesting that many lessons learned about best practices in adult Drug Courts are also applicable to FDCs.

Time to Treatment Entry. The sooner parents or guardians entered substance abuse treatment, the less time their children spent in foster care and the more likely they were to be reunified with their families (Green et al., 2007).

Many lessons learned about best practices in adult Drug Courts are also applicable to FDCs.

Frequency of Counseling Sessions. Participants who met more frequently with their counselors (typically weekly for at least the first phase of the program) remained in treatment significantly longer and were more likely to complete treatment (Worcel et al., 2007).

The sooner parents or guardians entered substance abuse treatment, the less time their children spent in foster care and the more likely they were to be reunified with their families.

Length of Time in Treatment. The more days parents or guardians attended substance abuse treatment, the more likely they were to be reunified with their children (Green et al., 2007). One evaluation in Montana reported that, particularly for parents who were abusing methamphetamine, attending at least fifteen months of substance abuse treatment increased the likelihood of success by 63% (Roche, 2005).

Completion of Treatment. A consistent finding across multiple sites is that completion of substance abuse treatment is associated with significantly fewer days in foster care for dependent children and a greater likelihood of family reunification (Green et al., 2007; Worcel et al., 2007). A statewide study in Maine found that parents who completed substance abuse treatment were five times more likely to be reunified with their children (Zeller et al., 2007).

The more days parents or guardians attended substance abuse treatment, the more likely they were to be reunified with their children.

RESEARCH UPDATE ON FAMILY DRUG COURTS

Family Treatment Model. Contrary to many beliefs, most family-based treatments are *not* evidence-based. The only family interventions that have shown consistent evidence of success are those that (a) provide outreach to participants in their homes or community, (b) teach parents or guardians to be more consistent and effective supervisors of their children, and (c) enhance positive communication skills among family members (Child Welfare Information Gateway, 2012; Fixsen et al., 2010; Liddle, 2004). Examples of counseling packages that incorporate these principles include multisystemic therapy and multidimensional family therapy. Both of these treatments, with some modifications, have been shown in controlled experiments to significantly improve outcomes in FDC (Dakof et al., 2009; Dakof et al., 2010), Juvenile Drug Court (Henggeler et al., 2006; Schaeffer et al., 2010), and the child welfare system (Oliveros & Kaufman, 2011; Swenson et al., 2009). These studies demonstrate that FDCs should apply manualized, structured, evidence-based family treatments and offer outreach services, where needed, in participants' homes or communities of origin.

Parents who completed substance abuse treatment were five times more likely to be reunified with their children.

Relationship with Counselor. Participants who reported a more positive therapeutic relationship with their counselors were more likely to complete treatment (Worcel et al., 2007).

FDCs should apply manualized, structured, evidence-based family treatments and offer outreach services, where needed, in participants' homes or communities of origin.

Relationship with Judge. Participants in FDC focus groups indicate they perceived their interactions with the judge to be especially critical to their success in the program. Specifically, being treated with respect by the judge and

being empowered by the judge to engage actively in their own recovery were believed to produce greater achievements (Somervell et al. 2005; Worcel et al., 2007). More research is needed to establish whether these perceptions are, in fact, associated with better outcomes in FDC; however, comparable studies in adult Drug Courts confirmed that a participant's positive perceptions of the judge were a predictor of significantly greater reductions in substance abuse and crime (Zweig et al., 2012). It seems reasonable to anticipate that similar findings may emerge in FDC as well.

Participants in FDC focus groups indicate they perceived their interactions with the judge to be especially critical to their success.

Drug Testing. Participants who were subjected to more frequent urine drug screens remained in treatment longer and were more likely to complete treatment (Worcel et al., 2007).

Parenting Classes. Adult Drug Courts that provided parenting classes had 65% greater reductions in criminal recidivism and 52% greater cost savings than Drug Courts that did not provide parenting classes (Carey et al., 2012). Although these analyses were conducted in the criminal court system as opposed to in FDCs, they often included parents who were involved in collateral dependency proceedings.

At least a dozen methodologically defensible evaluations conducted in eight U.S. states and London by independent scientific teams offer convincing evidence that FDCs produce clinically meaningful benefits and better outcomes than traditional family reunification services for substance-abusing parents.

(Continued on page 10)

Table 1. Summary of Methodologically Acceptable Evaluations of Family Drug Courts

Citation	Location(s)	Research Design	Sample Sizes (N's) ^a	Follow-Up Interval	Guardian Treatment Completion
Ashford (2004)	Pima County, AZ	Contemporary non-matched comparison	FDTC: 33; Comparison: 45	12 mos. post-entry	48% vs. 31%
Boles & Young (2011)	Sacramento, CA	Historical non-matched comparison	FDTC: 4,858; Comparison: 173	12 to 60 mos. post-entry	66% vs. 57%* ^b
Bruns et al. (2011)	King County, WA	Contemporary matched comparison	FDTC: 76; Comparison: 182	12 to 42 mos. post-entry	62% vs. 29%**
Burrus et al. (2008)	Baltimore, MD	Historical matched comparison	FDTC: 200; Comparison: 200	16 mos. post-petition	64% vs. 36%**
Carey et al. (2010a)	Jackson County, OR	Contemporary and historical matched comparison	FDTC: 329; Comparison: 340	12 to 48 mos. post-entry	73% vs. 44%***
Carey et al. (2010b)	Marion County, OR	Contemporary and historical matched comparison	FDTC: 39; Comparison: 49	12 to 24 mos. post-entry	59% vs. 33%*
Harwin et al. (2011)	London, England	Contemporary non-matched comparison	FDTC: 55; Comparison: 31	6 to 12 mos. post-entry	N.R.
Worcel et al. (2007)	Santa Clara, CA	Contemporary matched comparison	FDTC: 100; Comparison: 370	24 mos. post-entry	69% vs. 32%***
"	Suffolk, NY	Contemporary matched comparison	FDTC: 117; Comparison: 239	24 mos. post-entry	61% vs. 32%***
"	Washeoe, NV	Contemporary matched comparison	FDTC: 84; Comparison: 127	24 mos. post-entry	62% vs. 37%**
"	San Diego, CA	Contemporary matched comparison	FDTC: 438 ^d ; Comparison: 388	24 mos. post-entry	31% vs. 40%
Zeller et al. (2007)	Belfast, Augusta & Lewiston, ME	Contemporary and historical non-matched comparisons	FDTC: 49; Comparisons: 38 & 55	12 mos. post-exit	55% vs. 23%* & 34%

*p < .05; **p < .01; ***p < .001; †p-value not reported. TPR = Termination of parental rights. CPS = Child protective services. N.R. = not reported.

^aN's may reflect multiple children per family and in some instances multiple guardians per family. N's may be smaller in some comparisons due to missing or incomplete data.

^bIncludes participants who left treatment before completion but made satisfactory progress.

^cReflects new substantiated allegations of child maltreatment but not necessarily new petition or reentry to foster care.

^dIncludes 334 participants who received court-ordered case management and recovery support services outside of the traditional FDTC context.

RESEARCH UPDATE ON FAMILY DRUG COURTS

Child Time in Out-of-Home Ccare	Family Reunification	TPR	New CPS Petition After Reunification	Guardian Criminal Arrests	Avg. Cost Savings Per Family
N.R.	52% vs. 30%	N.R.	N.R.	N.R.	N.R.
352 vs. 369 days	45% vs. 27%***	N.R.	17% vs. 23%† ^c	N.R.	N.R.
481 vs. 689 days***	41% vs. 24%***	N.R.	N.R.	N.R.	N.R.
252 vs. 346 days**	70% vs. 45%**	N.R.	N.R.	N.R.	\$5,022
307 vs. 407 days*	51% vs. 45%*	13% vs. 20%*	N.R.	40% vs. 63%**	\$5,593
211 vs. 383 days**	80% vs. 40%**	8% vs. 35%**	N.R.	54% vs. 67%†	\$13,104
153 vs. 348 days†	39% vs. 21%†	N.R.	N.R.	N.R.	N.R.
437 vs. 504 days**	76% vs. 44%***	11% vs. 34%	2% vs. 6%	N.R.	N.R.
312 vs. 310 days	57% vs. 55%	8% vs. 11%	5% vs. 0%*	N.R.	N.R.
301 vs. 466 days***	91% vs. 45%***	3% vs. 34%**	2% vs. 2%	N.R.	N.R.
477 vs. 477 days	56% vs. 45%*	24% vs. 28%	7% vs. 9%	N.R.	N.R.
589 vs. 688 & 647 days	21% vs. 25% & 28%	27% vs. 29% & 31%	7% vs. 7% & 9%	N.R.	N.R.

(Continued from page 7)

Clearly, more research is needed to identify other best practices and evidence-based practices that can optimize their effectiveness and cost-effectiveness in FDCs.⁴ If the history of adult Drug Courts is any indication, research on FDCs is likely to pick up pace as the programs increase in numbers across the country and scientists take notice of the promising results.

Conclusion

In the short span of approximately seven years, FDC has emerged as one of the most promising models for improving treatment retention and family reunification rates in the child welfare system (*cf.* Green et al., 2009; Oliveros & Kaufman, 2011). At least a dozen methodologically defensible evaluations conducted in eight U.S. states and London by independent scientific teams offer convincing evidence that FDCs produce clinically meaningful benefits and better outcomes than traditional family reunification services for substance-abusing parents. These positive benefits do not appear to be limited to low-severity or uncomplicated cases and indeed may be larger for parents presenting with more serious clinical histories and other negative risk factors for failure in standard treatment programs. Finally, evaluators are beginning to uncover the specific practices within FDCs that can optimize their outcomes and cost-benefits for taxpayers.

These promising findings clearly justify additional efforts to expand and enhance FDC programs. Ignoring the positive results and continuing to invest public dollars in programs that have not been tested or that have been discredited is unjustifiable. Research is clear that FDC programs outperform the traditional child welfare and dependency court systems in terms of protecting vulnerable children and rehabilitating and reuniting dysfunctional families. The most rational and humane course of action to protect dependent children is to build upon the firm foundation of success that is emerging from FDC.

⁴ Evidence-based practices that have been identified in substance abuse treatment programs and child welfare settings other than FDC can be found at <http://www.oasas.ny.gov/prevention/nrepp.cfm> and <http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/>.

References

- Boles, S., & Young, N.K. (2011, July). *Sacramento County Dependency Drug Court year eight outcome and process evaluation findings*. Irvine, CA: Children and Family Futures.
- Brook, J., & McDonald, T. (2009). The impact of parental substance abuse on the stability of family reunifications from foster care. *Children and Youth Services Review*, 31, 193–198.
- Burrus, S.W.M., Mackin, J.R., & Aborn, J.A. (Aug. 2008). *Baltimore City Family Recovery Program (FRC) independent evaluation: Outcome and cost report*. Portland, OR: NPC Research. Available at http://www.npcresearch.com/Files/Baltimore_City_FRC_Outcome_and_Cost_0808.pdf.
- Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. *Drug Court Review*.
- Carey, S.M., Sanders, M.B., Waller, M.S., Burrus, S.W.M., & Aborn, J.A. (2010a, June). *Jackson County Community Family Court process, outcome, and cost evaluation: Final Report*. Portland, OR: NPC Research. Available at http://www.npcresearch.com/Files/Jackson_Byrne_0610.pdf.
- Carey, S.M., Sanders, M.B., Waller, M.S., Burrus, S.W.M., & Aborn, J.A. (2010b, March). *Marion County Fostering Attachment Treatment Court – Process, outcome and cost evaluation: Final report*. Portland, OR: NPC Research. Available at http://www.npcresearch.com/Files/Marion_Byrne_Final_0610.pdf.
- Child Welfare Information Gateway. (2012). *Supporting reunification and preventing reentry into out-of-home care*. Available at http://www.childwelfare.gov/pubs/issue_briefs/srpr.cfm.
- Connell, C., Bergeron, N., Katz, K., Saunders, L., & Tebes, J. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect*, 31, 573–588.
- Dakof, G.A., Cohen, J.B., & Duarte, E. (2009). Increasing family reunification for substance-abusing mothers and their children: Comparing two Drug Court interventions in Miami. *Juvenile and Family Court Journal*, 60, 11–23.
- Dakof, G.A., Cohen, J.B., Henderson, C.E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for Family Drug Court. *Journal of Substance Abuse Treatment*, 38, 263–274.
- Fixsen, D.L., Blasé, K.A., Duda, M.A., Naom, S.F., & Van Dyke, M. (2010). Implementation of evidence-based treatments for children and adolescents: Research findings and their implications for the future. In J.R. Weisz & A.E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed.) (pp. 259–276). New York: Guilford Press.
- Green, B.L., Furrer, C.J., Worcel, S.D., Burrus, S.W.M., & Finigan, M.W. (2009). Building the evidence base for Family Drug Treatment Courts: Results from recent outcome studies. *Drug Court Review*, 6, 53–82.
- Green, B.L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460–473.
- Harwin, J., Ryan, M., Tunnard, J., Pokhrel, S., Alrouh, B., Matias, C., & Momenian-Shneider, S. (2011, May). *The Family Drug and Alcohol Court (FDAC) evaluation project final report*. London: Brunel University. Available at http://www.brunel.ac.uk/_data/assets/pdf_file/0017/91340/fdac_final_report.pdf.

(Continued on page 12)



About NADCP

It takes innovation, teamwork and strong judicial leadership to achieve success when addressing drug-using offenders in a community. That's why since 1994 the National Association of Drug Court Professionals (NADCP) has worked tirelessly at the national, state and local level to create and enhance Drug Courts, which use a combination of accountability and treatment to compel and support drug-using offenders to change their lives.

Now an international movement, Drug Courts are the shining example of what works in the justice system. Today, there are over 2,500 Drug Courts operating in the U.S., and another thirteen countries have implemented the model. Drug Courts are widely applied to adult criminal cases, juvenile delinquency and truancy cases, and family court cases involving parents at risk of losing custody of their children due to substance abuse.

Drug Court improves communities by successfully getting offenders clean and sober and stopping drug-related crime, reuniting broken families, intervening with juveniles before they embark on a debilitating life of addiction and crime, and reducing impaired driving.

In the 20 years since the first Drug Court was founded in Miami/Dade County, Florida, more research has been published on the effects of Drug Courts than on virtually all other criminal justice programs combined. The scientific community has put Drug Courts under a microscope and concluded that Drug Courts significantly reduce drug abuse and crime and do so at far less expense than any other justice strategy.

Such success has empowered NADCP to champion new generations of the Drug Court model. These include Veterans Treatment Courts, Reentry Courts, and Mental Health Courts, among others. Veterans Treatment Courts, for example, link critical services and provide the structure needed for veterans who are involved in the justice system due to substance abuse or mental illness to resume life after combat. Reentry Courts assist individuals leaving our nation's jails and prisons to succeed on probation or parole and avoid a recurrence of drug abuse and crime. And Mental Health Courts monitor those with mental illness who find their way into the justice system, many times only because of their illness.

Today, the award-winning NADCP is the premier national membership, training, and advocacy organization for the Drug Court model, representing over 27,000 multi-disciplinary justice professionals and community leaders. NADCP hosts the largest annual training conference on drugs and crime in the nation and provides 130 training and technical assistance events each year through its professional service branches, the **National Drug Court Institute**, the **National Center for DWI Courts** and **Justice for Vets: The National Veterans Treatment Court Clearinghouse**. NADCP publishes numerous scholastic and practitioner publications critical to the growth and fidelity of the Drug Court model and works tirelessly in the media, on Capitol Hill, and in state legislatures to improve the response of the American justice system to substance-abusing and mentally ill offenders through policy, legislation, and appropriations.

(Continued from page 10)

- Henggeler, S.W., Halliday-Boykins, C.A., Cunningham, P.B., Randall, J., Shapiro, S.B., & Chapman, J.E. (2006). Juvenile Drug Court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting & Clinical Psychology*, 74, 42–54.
- Huddleston, W., & Marlowe, D.B. (2011, July). *Painting the current picture: A national report on Drug Courts and other Problem Solving Court programs in the United States*. Alexandria, VA: National Drug Court Institute. Available at <http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>.
- Liddle, H. (2004). Family-based therapies for adolescent alcohol and drug use: Research contributions and future research needs. *Addiction*, 99 (suppl. 2), 76–92.
- Marlowe, D.B. (2009). Evidence-based sentencing for drug offenders: An analysis of prognostic risks and criminogenic needs. *Chapman Journal of Criminal Justice*, 1, 167–201.
- Marlowe, D.B. (2011). The verdict on Drug Courts and other Problem-Solving Courts. *Chapman Journal of Criminal Justice*, 2, 53–92.
- Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare*, 90, 25–41.
- Rittner, B., & Dozier, C.D. (2000). Effects of court-ordered substance abuse treatment in child protective services cases. *Social Work*, 45, 131–140.
- Roche, B.K. (2005, June). *Yellowstone County Family Drug Treatment Court: Program evaluation report*. Montana: Arrowhead Psychological & Behavioral Sciences.
- Schaeffer, C.M., Henggeler, S.W., Chapman, J.E., Halliday-Boykins, C.A., Cunningham, P.B., Randall, J., & Shapiro, S.B. (2010). Mechanisms of effectiveness in juvenile drug court: Altering risk processes associated with delinquency and substance abuse. *Drug Court Review*, 7, 57–94.
- Smith, B.D. (2003). How parental drug use and drug treatment compliance are related to family reunification. *Child Welfare*, 82, 109–127.
- Smith, D., Johnson, A., Pears, K.C., Fisher, P., & DeGarmo, D. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment*, 12, 150–160.
- Somervell, A.M., Saylor, C., & Mao, C. (2005). Public health nurse interventions for women in a Dependency Drug Court. *Public Health Nursing*, 22, 59–64.
- Swenson, C., Schaeffer, C., Tuerk, E., Henggeler, S., Tutun, M., Panzarella, P., Lau, C., Remmle, L., Foley, T., Cannata, E., & Guillorn, A. (2009). Adapting multisystemic therapy for co-occurring child maltreatment and parental substance abuse: The Building Stronger Families Project. *Emotional & Behavioral Disorders in Youth*, 3–8.
- U.S. Government Accountability Office. (1998). *Foster care: Agencies face challenges securing stable homes for children of substance abusers*. Washington DC: Author. Available at <http://www.gao.gov/archive/1998/he98182.pdf>.
- Wheeler, M., & Fox, C. (2006, June). *Family Dependency Treatment Court: Applying the Drug Court model in child maltreatment cases* [Practitioner Fact Sheet Vol. V, No. 1]. Alexandria, VA: National Drug Court Institute.
- Worcel, S.D., Green, B.L., Furrer, C.J., Burrus, S.W.M., & Finigan, M.A. (2007, March). *Family Treatment Drug Court Evaluation: Final report*. Portland, OR: NPC Research. Available at http://www.npcresearch.com/Files/FTDC_Evaluation_Final_Report.pdf.
- Young, N., Boles, S., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12, 137–149.
- Zeller, D., Hornby, H., & Ferguson, A. (2007, Jan.). *Evaluation of Maine's Family Treatment Drug Courts: A preliminary analysis of short and long-term outcomes*. Portland, ME: Hornby Zeller Associates.
- Zweig, J.M., Lindquist, C., Downey, P.M., Roman, J., & Rossman, S.B. (2012). Drug court policies and practices: How program implementation affects offender substance use and criminal behavior outcomes. *Drug Court Review*.

For more information please visit us on the web:

www.AllRise.org



1029 N. Royal Street, Suite 201, Alexandria, VA 22314

Tel. 703-575-9400 Fax 703-575-9402