



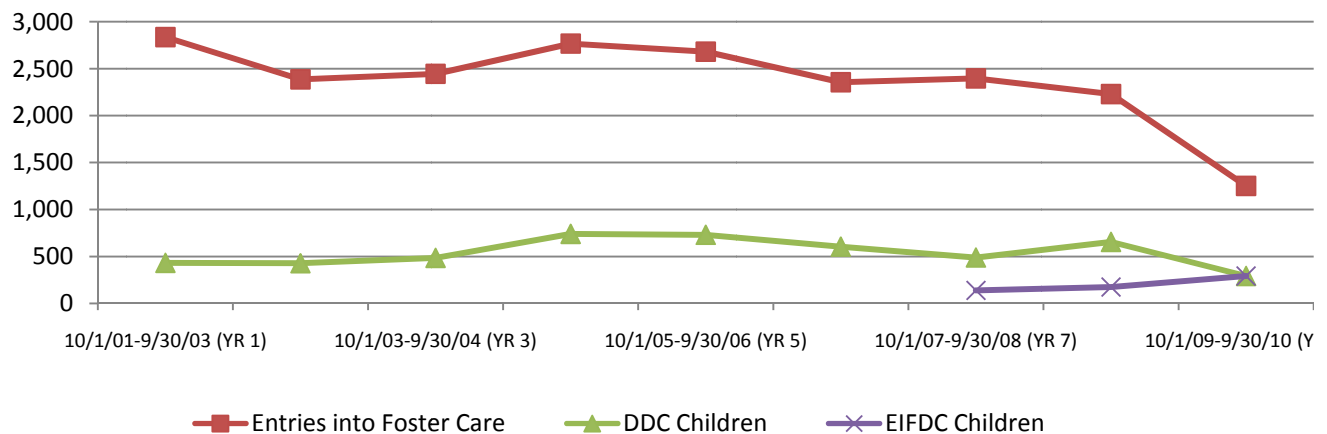
Sacramento County Family Related Drug Court Programs Informational Sheet April 2012



In December 1998, the Presiding Judge of the Sacramento County Juvenile Court convened a meeting with representatives from multiple agencies to explore the feasibility of establishing a drug court for the dependency system. This priority was based upon the high percentage of court cases in which parental substance abuse was a driving factor in the child abuse/neglect allegations leading to court action. Sacramento County’s efforts leading to the implementation of its first family drug court evolved over several years and can be broadly grouped into four primary efforts: (1) improved worker training; (2) system of care implementation; (3) early intervention services; and, (4) intensive recovery management services. The first family court initiated from these efforts was the Dependency Drug Court (DDC) in 2001. In 2007, Sacramento County initiated a preventive program, called the Early Intervention Family Drug Court (EIFDC) which serves families affected by prenatal substance use but where the child is still in the custody of the parents.

From October 1st, 2001 to September 30, 2010, there were 6,049 substantiated reports of child maltreatment with 2,372 of those children entering foster care in Sacramento. Consistent with national trends, the rates of substantiations and entries into foster care have dropped since 2001. Figure 1 presents trends in entries into foster care and number of children in the Sacramento DDC and EIFDC programs since 2001.

Figure 1: Sacramento County Child Welfare and Family Related Drug Court Trends

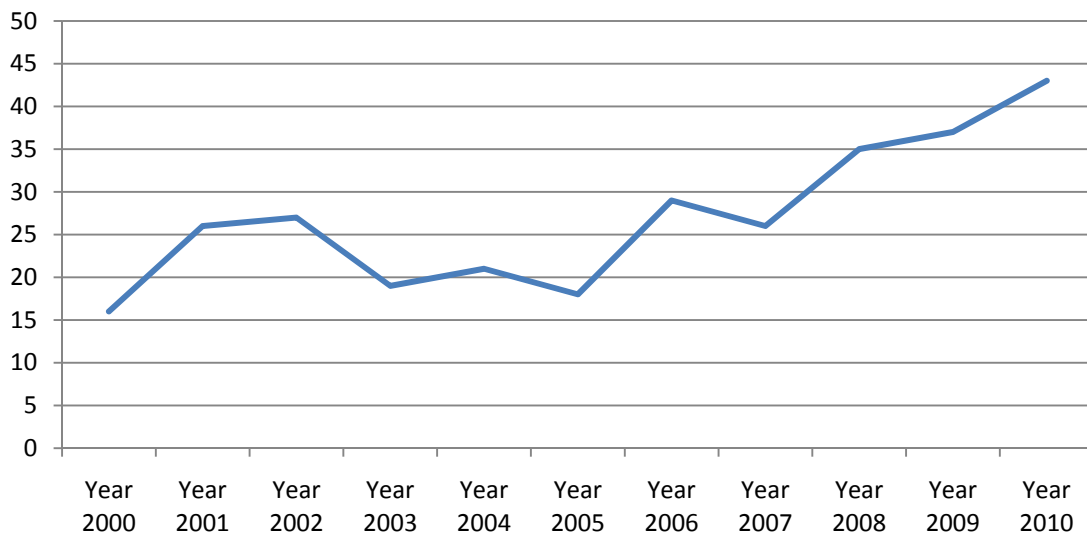


Sacramento County has one of the highest rates of children born substance-exposed to alcohol and drugs in the State of California (see Table 1). In addition, Sacramento County has seen an increase in the rates of substance exposed infants over the past decade (see Figure 2). These data represent only infants who were diagnosed at birth with neonatal withdraw symptoms and do not include those infants who were positive at birth for illicit drugs or were exposed to substances earlier in the pregnancy. These rates also do not include children who were prenatally exposed to maternal alcohol use. Thus, the rates presented are likely undercounts of the true rates of children born prenatally exposed to alcohol, illicit and prescription drugs in Sacramento County and the State.

Table: 1 Rates of Substance-Exposed Infants by California’s Largest Counties¹

County	Total Births in 2010	Diagnosed in 2010	Diagnosis per 1,000 births
Alameda	19,302	37	1.92
Contra Costa	12,352	27	2.19
Fresno	16,281	16	0.98
Los Angeles	133,160	83	0.62
Orange	38,327	45	1.18
Riverside	30,659	41	1.34
Sacramento	20,055	43	2.14
San Bernardino	31,367	30	0.96
San Diego	44,838	58	1.29
Santa Clara	22,936	9	0.39
Statewide	509,979	695	1.36

Figure 2: Number of Infants Diagnosed with Neonatal Withdraw Symptoms in Sacramento County²



COURT PROGRAM DESCRIPTIONS

Sacramento County has two programs serving substance abusing families in the child welfare system: the Dependency Drug Court (DDC) and the Early Intervention Family Drug Court (EIFDC). Both programs seek to blend the goals of child safety, permanency (whether reunification, adoption or permanent guardianship) and recovery from substance abuse. The focus of the DDC is in children who have been placed in out-of-home care while the EIFDC focuses on children who are still in the custody of their parents. The DDC and EIFDC program work closely with the Specialized Treatment and Recovery Services (STARS) program, a local non-profit community-based organization that provides case management services designed to assist parents in entering and completing treatment and court requirements. Each parent is matched to a STARS worker referred to as a Recovery Specialist. The primary duty of the Recovery Specialist, who is often in recovery themselves, is to

^{1/2}Data from Office of Statewide Health Planning and Developed and the Sacramento Bee.

maintain a supportive relationship with the parent(s), with an emphasis on engagement and retention in treatment, while providing recovery and compliance monitoring for the Child Protection Service (CPS) Division and the Dependency Court. The Recovery Specialist monitors urine testing, substance abuse treatment and self-help group compliance. Urine testing is administered on a random basis and is always an observed collection. Compliance reports are sent to CPS, legal counsel and the Court two times each month. Families from court programs also can participate in Celebrating Families (CF) during their time in the court. CF is an evidence-based 16-week curriculum that addresses the needs of children and parents in families that have serious problems with alcohol and other drugs. Early evidence suggests that this program is significantly improving child well-being.

Both court programs use both incentives and sanctions to encourage the client to take responsibility for his or her actions. If the parent is compliant with the court orders, the bench officer encourages further compliance and administers appropriate incentives. The positive incentives valued most highly by participants seems to be the handshake and words of encouragement of the judge, recovery stones with words of encouragement and the accolades of the other participants. Sanctions for non-compliance vary depending upon the client's progress in the program and can range from court reprimands to dismissal from the program. Non-compliance includes: Failure to timely enroll in AOD treatment programs; positive urine test or admission of use; unexcused missed urine test (administrative positive) or refusal to test; failure to participate in required AOD treatment program activities and treatment plan; use/possession of controlled substance without valid prescription; failure to comply with rules of the AOD treatment programs and dependency drug court; use of alcohol when ordered to abstain; failure to appear for a compliance hearing; and failure to cooperate with substance treatment program staff or STARS recovery specialist. Until April 2009, the Sacramento County DDC utilized jail as a sanction. From the onset of the DDC through March 30, 2009, parents in Level I or II could receive up to four days in jail as a sanction. Any parent who agreed to enter residential treatment could receive a "stay" on the jail time once they completed the residential treatment. If they failed to complete residential treatment, the parents were ordered serve the jail time. On March 30, 2009, the Supreme Court of California ruled that "the juvenile court may not use its contempt power to incarcerate a parent solely for the failure to satisfy aspects of a voluntary reunification case plan" (In re Nolan W, March 30, 2009). As a result of this ruling, the Sacramento DDC immediately ceased using jail as a sanction for noncompliance. If a client in the voluntary EIFDC does not comply, there is a possibility depending on the client's child welfare case that they could be referred to the DDC.

The following is a brief description of the goals of each program, the number of parents and children served to date and selective outcomes of each program.

SACRAMENTO DRUG DEPENDENCY COURT (DDC)

The Sacramento DDC is a court-mandated program, which began in 2001, for parents with a child welfare case where parental substance use has been identified as contributing factor to the child maltreatment. Compliance reviews and management of the recovery aspects of the case are heard by the DDC bench officer throughout the life of the parents' participation in the DDC. Parents begin DDC services promptly at their first court hearing to increase compliance of court orders and engagement in substance abuse treatment. The DDC is a collaboration of the Juvenile Court, , Alcohol and Drug Services Division, CPS, Parents' Defense Attorneys, Children's Law Center of Sacramento, County Counsel, , and Bridges, Inc (STARS).

The DDC goals are:

- ❖ To increase successful family permanency rates;
- ❖ To increase clients' alcohol and other drug treatment compliance rates;
- ❖ To decrease the average length of stay of children in out-of-home care;
- ❖ To decrease related out-of-home costs;
- ❖ To increase the number of children placed with a permanent plan within statutory timeliness;
- ❖ To increase the number of parents with substance involvement are screened, assessed, and timely placed in the most appropriate treatment modality; and,
- ❖ To increase collaboration between the Court, CPS, and substance abuse treatment agencies.

To graduate from the Sacramento Dependency Drug Court, a parent must complete the following for 180 consecutive days:

- ❖ Drug test negative 2-3 times weekly (random tests are employed);
- ❖ Attend all treatment groups or individual sessions required;
- ❖ Attend all scheduled meetings with their STARS Recovery Specialists;
- ❖ Attend three or more support group or 12-step meetings weekly;
- ❖ Attend all required DCC appearances; and,
- ❖ Complete all requirements of the Court.

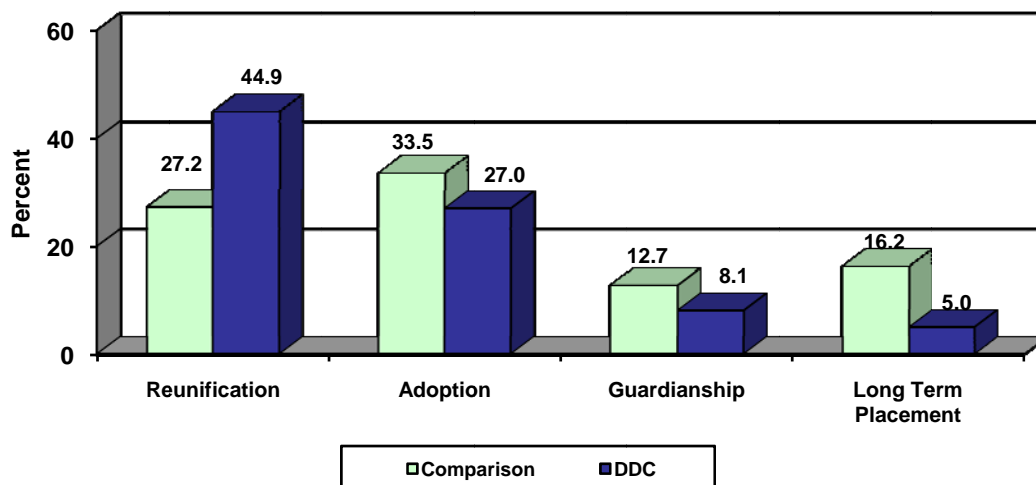
Characteristics of DDC Participants

DDC children have represented an increasingly larger percentage of children who entered foster care in Sacramento County over the past nine years. In 2001, DDC children comprised 15.2% of the entries into foster care in Sacramento County. This peaked at 29.4% in Year 2008 but dropped to only 23.3% in Year 2009. Since 2001, the DDC has served 5,142 children and 3,313 parents.

Child Permanency Outcomes

The primary goal of the DDC is a permanent placement that is in the best interest of the child. One of the longest prospective follow-up studies of a DDC population found that at 60 months-post DDC, Sacramento DDC children were significantly more likely to be reunified with their parents than an equivalent group of comparison children who did not receive DDC services. In contrast, comparison group children were more likely in permanent guardianship or long-term placement than DDC children. There were no significant differences in rates of finalized adoption at 60 months (see Figure 3).

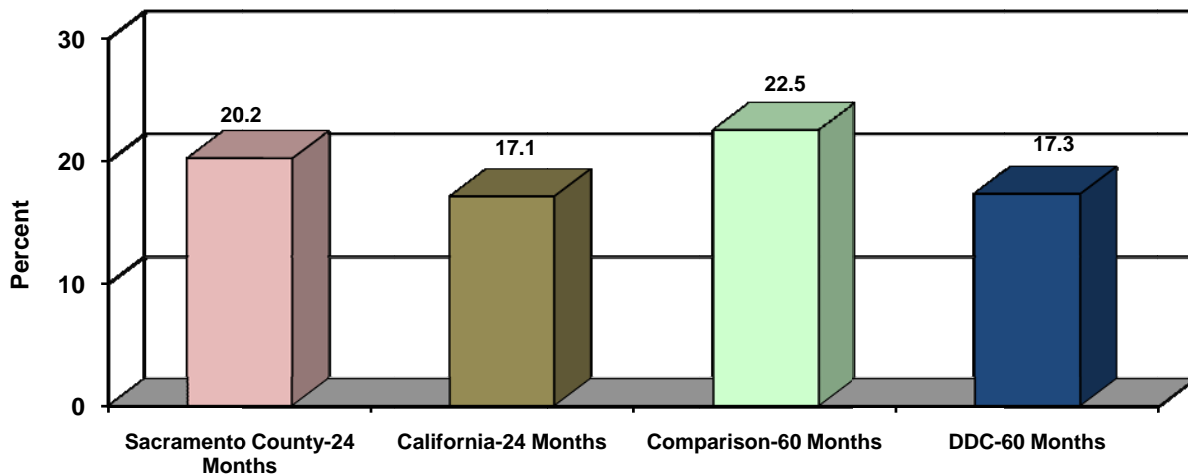
Figure 3: 60 Month Child Permanency Outcomes



Recurrence of Child Maltreatment

The DDC has shown long-term impacts on the reduction recurrence of child maltreatment. Out to 60 months post-DDC entry, DDC children were significantly less like to be the victim on another substantiated child maltreatment report than comparison children (17.3% vs. 22.5%). In addition, DDC children had less recurrence of maltreatment than the overall Sacramento County child welfare population and equivalent rates of a subsequent substantiated maltreatment report as the State child welfare population at 24 months (the farthest time period for which these data are collected), a three year shorter follow-up period (see Figure 4).

Figure 4: 60 Month Recurrence of Maltreatment Rates for DDC and Comparison Children Versus 24 Month Sacramento County and California Recurrence Rates



DDC Cost Analysis

The DDC program has produced substantial cost savings due to increased reunification rates. It is estimated that the DDC has saved \$38,960,524 in foster care costs alone, due to the higher 24 month reunification rate of DDC children relative to the comparison group.

EARLY INTERVENTION FAMILY DRUG COURT (EIFDC)

While the success DDC has been well documented in serving families where the child was placed in out-of-home care due to parental substance use, there was a increasing need in Sacramento County for a more preventative program that not only kept children safe but also worked to keep families intact whenever possible. As a result, EIFDC, a voluntary program was implemented in 2007. Participation in EIFDC involves agreement by the parent to participate in Informal Child Welfare Supervision in lieu of filing a court petition for child maltreatment as long as the parent is in compliance with the treatment plan and the child is not placed at significant risk. Initially, this court was focused on infants born substance exposed to illicit drugs and alcohol but due to demand for preventive in-home services, was expanded to include all children ages 0-5 with prenatal or postnatal substance exposure. A central goal of EIFDC is to keep children safely in the home while providing their families the necessary substance abuse treatment and support services.

The EIFDC goals are:

- ❖ To increase the number of children at risk of removal, who remain in parent(s) custody;
- ❖ To decrease the recurrence of maltreatment;
- ❖ To increase the number of children receiving supportive or treatment services;
- ❖ To increase the number of infants receiving developmental assessments and interventions, as well as mental health treatment;
- ❖ To increase the capacity of service providers to offer substance abuse treatment services; To increase the number of parents in the Informal Supervision program who are screened and engaged in EIFDC;
- ❖ To increase the number of parents receiving and participating in substance abuse recovery case management and supportive services;
- ❖ To increase the number of parents participating in community-based parenting classes and support services;
- ❖ To increase the number of families participating in parent/child resiliency services;
- ❖ To increase the number of families receiving individualized supportive and recovery services through Family Resource Centers and faith-based organizations;
- ❖ To provide comprehensive assessments to families with substance-exposed infants and work collaboratively to link those families to necessary services;
- ❖ To develop and implement the necessary policies and procedures to improve collaboration among agency partners, resulting in improved services for families and children served through the EIFDC; and
- ❖ To modify existing evaluation of Informal Supervision families to include data collection and monitoring of outcomes related to parent's participation in the EIFDC.

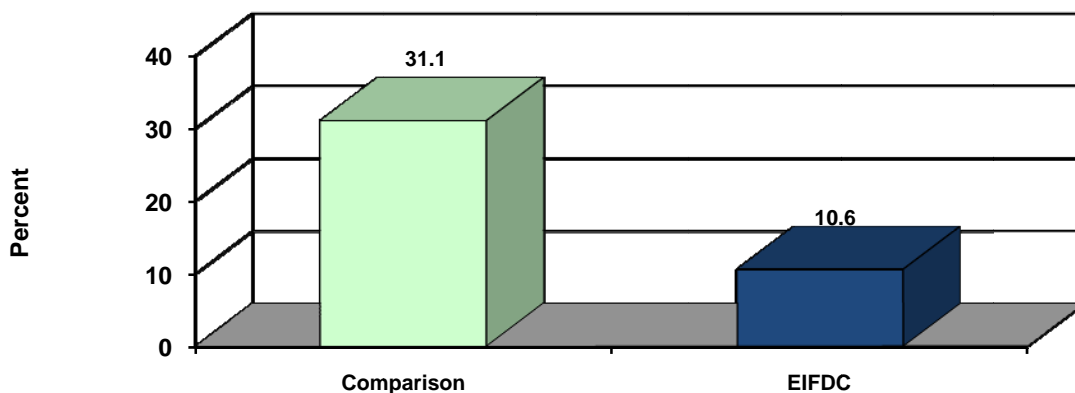
Characteristics of EIFDC Participants

EIFDC children have represented an increasingly larger percentage of Sacramento County children with substantiated allegations. In 2007, EIFDC children comprised 2.4% of all substantiated allegations within Sacramento County. This rose to 3.5% in 2008. Since 2007, the EIFDC has served 1,093 children and 633 parents.

Placement in Out-of-Home Care

Less than 11% of EIFDC children ended up having a child welfare petition filed and being placed in out-of-home care. Comparison children were three times more likely to have a child welfare petition file and be placed in out-of-home care than EIFDC children (see Figure 5).

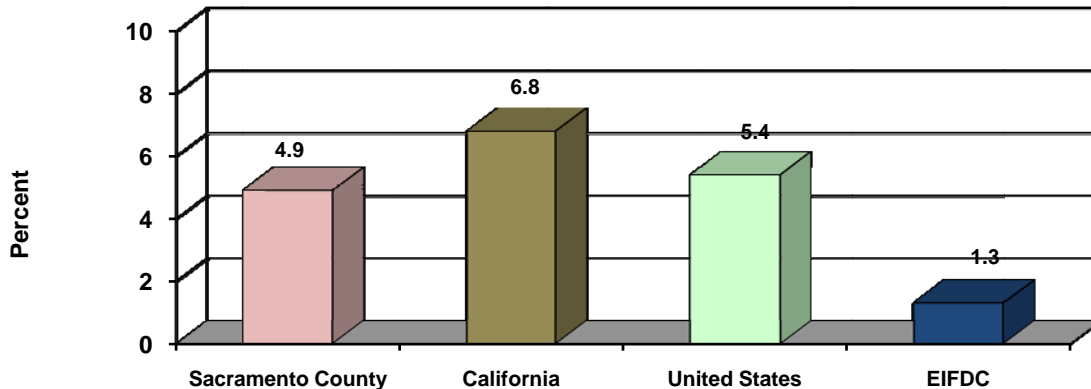
Figure 5: Percentage of EIFDC and Comparison Children Placed in Out-of-Home Care



Recurrence of Child Maltreatment

EIFDC children had significantly lower rates of recurrence of child maltreatment where the child experienced a subsequent substantiated maltreatment within six months of their parent’s enrollment into the EIFDC relative to Sacramento County, California and national averages (see Figure 6).

Table 6: Percentage of EIFDC Children who experienced a Recurrence of Maltreatment



EIFDC Cost Analysis

There have been nine children born to mothers participating in EIFDC. None of these children have been born substance exposed, resulting in an estimated savings to Sacramento County of \$21,642 per year² per child (\$194,778 per year total). Other areas of potential cost savings/avoidance include the cost offsets of children not being placed in out-of-home care.

CONCLUSION

- Sacramento County operates two successful, innovative, high capacity programs focused on serving substance abusing parents in the child welfare system whose children have been placed in-out-of home care or are at risk of removal.
- Findings from a decade long evaluation of the Sacramento Dependency Drug Court clearly indicate that Family Drug Courts help parents engage in and successfully complete treatment, leading to significantly higher rates of children achieving permanent placements, lower rates of future substantiated child maltreatment reports and cost savings associated with increased reunification rates
- The Sacramento Early Intervention Family Drug Court has been found to be successful in keeping safely at home while providing their families with much needed preventive and treatment services, reducing rates of future maltreatment and preventing future substance exposed births, all leading to significant cost savings.
- A combination of a comprehensive assessment of treatment need, immediate access to treatment, intensive monitoring and support along with specialized court oversight that includes both incentives and sanctions makes these programs more effective than other traditional approaches for serving substance abusing families in the child welfare system

² Stade, B., Ali, A., Bennett, D., Campbell, D., Johnston, M., Lens, C., Tran, S., et al. (2009). The burden of prenatal exposure to alcohol: revised measurement of cost. *The Canadian journal of clinical pharmacology*. 16(1), e91-102. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19168935>

PROJECT CONTACT INFORMATION

Sharon Boles, Ph.D.

Evaluation Director
Sacramento DDC Lead Evaluator
Children and Family Futures
4940 Irvine Blvd., Suite 202
Irvine, CA 92620
714-505-2525
sboles@cffutures.org

Holly Child, M.S.

Research Associate
Sacramento EIFDC Lead Evaluator
Children and Family Futures
4940 Irvine Blvd., Suite 202
Irvine, CA 92620
714-505-2525
hchild@cffutures.org

Sharon Di-Pirro-Beard, MFT, RD

Program Coordinator
Alcohol and Drug Services Division
Department of Health & Human Services
7001-A East Parkway, Suite 500
Sacramento, CA 95823
916-875-2038
DiPirro-BeardS@SacCounty.net