

**EVALUATION  
OF BLUE EARTH COUNTY  
FAMILY DEPENDENCY TREATMENT COURT  
AND  
FAIRMONT, MARTIN & JACKSON MULTI-COUNTY FAMILY  
DEPENDENCY TREATMENT COURT**

Completed for Minnesota's Fifth Judicial District

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An acknowledgement:

Doing this work has opened my eyes to the courage and effort of the Family Dependency Drug Court participants in working to build wholesome and healthy lives for themselves and their children. The fact that they fight out of the traps that have held them down is a testament to these good people. Most of us have no idea how hard it is. I thank them for their work in building lives that will contribute to their communities and give their children the happy childhoods for which we all wished.

I thank the members of these two Family Dependency Treatment Court teams. You give us all hope in working against a real monster that threatens your participants, their children and, indeed, our communities. You do this work by using your multiple skills and knowledge, and, indeed, your tireless effort to band together as a team to assist your participants in their real life struggles. What you do works because of your skill and effort for sure, but as one participant said in an interview; "What works for me is when they treat me as a decent human being." That you do; I salute you.

Thank you

Bill

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## EXECUTIVE SUMMARY

The outcomes that are most important to this evaluation have to do with the child welfare outcomes, the treatment outcomes and the public safety outcomes. In addition, an assessment is made of the effectiveness of the FDTC teams and the degree to which the courts comply with the ten key components that set the foundation for the drug court model. Lastly, the cost-benefit of these courts is considered.

The findings in this report are based on six months of observation, data collection, survey analysis, face-to-face interviews with team members and participants in the BEC FDTC and the FMJ FDTC. Outcomes from a sample of comparable CHIPS cases from a county without an FDTC are contrasted with outcomes for these courts. Findings in the research literature on the effectiveness of FDTCs and issues related to substance abuse are applied in assessing the quality of the work produced by these courts.

### GOAL 1. TO REUNITE CHILDREN WITH PARENTS IN A HOME THAT IS SAFE AND PERMANENT.

About 60% of cases in the BEC FDTC and the FMJ FDTC resulted in reunification compared with 30% of the comparables.

About 60% of cases in the BEC FDTC and the FMJ FDTC resulted in reunification.

Graduation from either of these courts resulted in reunification 100% of the time. Reunification occurred in about 37% of terminated cases in BEC FDTC and for 22.2% of the terminated cases in FMJ FDTC.

Termination for non-compliance with FDTC policies and procedures, for criminal behavior and for substance abuse almost always resulted in no reunification.

### GOAL 2. ENHANCE PUBLIC SAFETY BY LOWERING CRIMINAL RECIDIVISM.

Almost 70% of FMJ and BEC participants had no charged offenses after graduating or being terminated.

Sixty-seven percent of FMJ FDTC participants, whether they graduated or were terminated, had no criminal charge after their experience with the court. Only 30% of the comparable cases were without a criminal charge after the close of their CHIPS case. Sixty-nine percent of BEC FDTC participants, whether they graduated or were terminated, had no criminal charge after their experience with the court. Only 30% of the comparable cases were without a criminal charge after the close of their CHIPS case.

The median for the number of criminal charges before participants entered the BEC FDTC was 20 criminal charges. The median for the number of criminal charges after entering the BEC FDTC is 0.

The median for the number of criminal charges before entering FMJ FDTC was 4 criminal charges. The median for the number of criminal charges after entering the FMJ FDTC is 0.

Of those participants who have no criminal charge since discharge, whether by graduation or termination, 100% have gone one year without a criminal charge, 53.3% have gone two years without a criminal charge, and 33.3% have gone three years or longer without a criminal charge.

**GOAL 3. REDUCE THE DAYS OF OUT-OF-HOME PLACEMENT FOR CHILDREN OF PARTICIPANTS.**

BEC FDTC cases that resulted in a return of children to the parents averaged 41.93 days of out-of-home placement compared with an average of 159.33 days for the comparables.

BEC FDTC cases that did not result in a return of children to the parents averaged 212.29 days of out-of-home placement compared with an average of 330.50 days for the comparables.

Compared with “business-as-usual, BEC FDTC cases that resulted in reunification had an average of 117.4 fewer days of out-of-home placement.

**GOAL 4. IDENTIFY POSSIBLE ISSUES TO ENHANCE FDTC TEAM FUNCTIONING.**

Responses to the team survey for the BEC FDTC were positive in that none of the 55 items were rated above 3 (1 positive; 5 negative) on a 5 point scale. The average rating for all items was 2.04. Items with the highest (less positive) ratings included a concern for participants’ due process rights, sensitivity to diversity, participants’ limited literacy, AOD testing procedures, use of evaluation/monitoring data, rapport of mental

Average rating for team perception of team functioning was 2.04 (5 point scale, 1 is positive) for BEC FDTC and 1.91 for FMJ FDTC.

health treatment providers, prosecuting attorney and law enforcement with participants, defense attorney’s full participation, incorporating training information into policy, and coordinator assuring communication between team members.

Responses to the team survey for the FMJ FDTC were positive in that only one out of 55 items was rated above 3 (1 positive; 5 negative) on a 5 point scale. The average rating for all items was 1.91. Items with the highest (less positive) ratings included a concern for accommodations for child care, services for women and other special populations, accommodations for limited literacy, appropriateness of sanctions and incentives, evaluation and monitoring data for program modifications, screening process and acceptance of participants, rapport of

prosecuting attorney with participants, incorporation of training information into policy, length of judge/participant interaction in court.

**GOAL 5. GIVE TEAM MEMBERS A VOICE IN ASSESSING THE COURT FUNCTIONING AND RECOMMEND POSSIBLE ENHANCEMENTS.**

***BEC FDTC INTERVIEWS***

“Everyone is better served.”

**How the team helps:**

The respect that team members have for one another and the benefits that emerge from the work of the FDTC is reflected in interview responses. “I have a better understanding...” “...it means less time dealing with cases for me...” “Everyone is better served. I have more people to talk to that know and care...”

Turf Issues and underground politics.

**It’s not all roses: Evidence of intra-team tension:**

Some team members sense tension on the team due to “personalities” and “turf” issues and indicate a concern that all members do not feel that they are valued by others. “I am in favor of the program, and it works, but turf issues...with other treatment providers...and underground politics can get in the way. Strong personalities (maybe even mine) can limit the kind of suggestions and approaches in dealing with cases.”

**The tone of the team:**

Team members spoke of gaining the trust of participants. “If you’re out there jump-starting a participant’s car at minus 10 below that may not be case management, but it gives them a little

“It takes time, patience and developing trust, and we do

more trust in me so that I can help them.” “It takes time, patience and developing trust, and we do that.”

**What’s the difference between FDTC and “business-as-usual?”**

“The court is the accountability arm of this deal. These people show up for treatment.”  
“Mental health and substance abuse treatment are tightly related...I can talk to the mental health counselor and get insights.”

**Working on the FDTC team means I serve the community better.**

“Before (FDTC) they worked them as regular CHIPS cases, but that’s why it was so frustrating they don’t have the ability to test these people and to supervise them as tightly as we do; we have a whole team... the police help us and

“...collaboration...”

everyone on the team helps to keep them clean.” “...collaboration...” “I treat some of my non-FDTC clients with the knowledge I get from this model.” “I spend about the same amount of time with these cases, but it makes me more effective. Gets me in touch with the different resources available and gives me knowledge of different approaches. I know so much more that is helpful because of the FDTC.”

### **Cost in time and money?**

“... more efficient.” “It does not cost more. Some on the team say it saves them time...” “... melds into my regular work...” “...makes our agency more likely to meet our goals.” “I relieve them (PO’s) of a lot of work...”

### **Success Comparisons...**

Team members opened up the complex issue of the “success” of the FDTC with reflections on the ambiguity in what might be taken as success and a myriad of “successes” that go unrecorded . “They get to think in another way...” “Gives them some hope that they did not have.” “They see criminal justice professionals as human beings.”

“Gives them some hope that they did not have.”

### **Aspects of the FDTC that team members would like to see changed.**

#### **Related to basic philosophy and mission.**

“Dedicate time to talk about the philosophy that drives us, drives the court. Enhance mindfulness.” “Have a conversation about whether everyone is doing their job. Discuss whether or not we cause extra, needless stress.” “Biggest thing is to remember, relapse is part of recovery.”

#### **Focus on Children**

“...training on the CHIPS process.”

“Focus on children... not enough. Most of the team lacks knowledge of CHIPS cases and CHIPS processes ... training on the CHIPS process.”

#### **Care and Feeding of Team**

“Where do I pipe in? A team retreat to do some relationship building; to find a shared vision.” ‘...*case manager and child protection worker*...need two of them...don’t get enough credit.”

“Have to thank them”

‘Team members need more recognition.’ “I wonder if team members get enough respect, positive feedback...” “Everyone does a good job... we act as if it is so routine.” “Have to thank them to build strong relationships.”

## Incentives and Sanctions

“...take jail off the table as a sanction.” “We could use a little scared straight.”

“... a committee to come up with ideas on therapeutic sanctions.” “... more sanctions...” “Therapeutic sanctions.” “... take jail off the table as a sanction.” “Consequences need to be more serious and more immediate.” “Biggest beef is they don’t hold people

accountable...just give a slap on the wrist. They should sit in jail and think.” “We could use a little scared straight.”

## More Training

“Something that is missing... a discussing of the philosophy... talk about mindfulness... what might be interfering with smooth running team. Some on the team don’t even know about the 10 key components of drug courts. That training would stir up talk on philosophy.” “Need training.”

“Training... lawyers and judges need more on how to talk with them (participants).”

“Some on the team don’t even know about the 10 key components of drug courts.”

## Team interactions

“...everyone attend (staffings) more regularly.” “...we feel rushed by the judge...sometimes we don’t take enough time on them.” “...stronger relationships...” “...meetings could be more focused... don’t need to know all the details...know the big picture.”

## Requirements and interaction with participants

“Sponsor thing has to be more important and required.” “... jail is not the answer... more positive response...would make a difference. Relationships are the key... more compliments

“Relationships are the key...”

about specific aspects of their lives.” “Not everyone on the team knows all the participants and they don’t know all of us or what we do.” “Opening meeting for

new participants is a great idea...” “Participant can call for a meeting.” “Have the team prepare information for the judge by which he can engage the participants. I care and I will be watching.” “...Judge should use the team. Please use the team.” “...take that podium away...”

## FMJ FDTC INTERVIEWS

### Latent Benefits of FMJ FDTC Team Membership

If one were to plan a training curriculum to enhance agency collaboration, foster interdisciplinary understanding and create functional community networks, it would be difficult

“Connections and relationships.”  
“Makes me more effective ...”

to find a more efficient and effective approach than has emerged as a result of the team approach applied in the Faribault, Martin and Jackson Multi-County Family Dependency Treatment Court. Team members “teach” each other about his/her area of expertise through an open give-and-take staffing process in which participant issues are discussed.

“I benefit from their expertise....” “...lends itself to better relationships with agencies,” “I have a better understanding of the legal process they are going through.” “... better connections and relationships with agencies...” “Connections and relationships.” “Makes me more effective ...” “More insights into addiction... I get a chance to listen to experts....”

### **Team “Motivation” and “Humanization”**

There is evidence that the FDTC functions as a “motivator”, giving team members a more positive sense of the efficacy of their work in the juvenile justice system. Some call this the “Humanizing Function” of drug courts.

“...it makes me a positive force.”

“It has given me more hope.” “It changes from us vs. them to we are all on same side. It gives me a better feeling about my work; it makes me a positive force.” “I am a bit more optimistic and realistic so. I am

a bit of a cynic; this has brightened my perception of treatment and the possibilities for the entire criminal justice system. I am a bit more positive.” “Watch them become upstanding citizens. Law Enforcement gets pretty cynical, but this has given me the sense that it is not all doom and gloom. For me, hope and talk and we saved money.” “... moved from thinking you have to go out and kick butt to a more effective way to protect the community...” “Honestly it has given me more hope.” “Before I came up here (became a member of the FDTC team) I thought they were a bunch of bleeding-heart liberals allowing criminals off easy, but after being here I am sold on it. It has changed how I look at the participants and I see how they are held accountable. It changes my relationships with them on the street; I used to get an angry look and maybe a ‘hand gesture’, now it is completely different. We can greet each other and talk about how things are going. It is much better. I wish they would rotate all the officers through this team; they would get a different idea about drug courts.”

“... moved from thinking you have to go out and kick butt to a more effective way to protect the community....”

### **Evidence of “Success”**

There is a clear understanding that moving away from “business-as-usual” may be a success in itself.

“We know that the regular child protection does not work” “We have had some spectacular successes and some spectacular failures.” “...despite all the social work training and education and the training for our law enforcement, we still are not making progress... that’s why we are trying this approach.” “When you consider real lives it makes sense to redefine what a successful outcome is. The Federal guidelines are (saving kids) as a the time and people who we we will not deal likely...to complete treatment.” “... community is much better off with the court; healthier for children and for parents.” “Having the program is a must, we need it. I just finished a quarterly report; we had 14 children who entered care because of child protection issues, 11 of the 14 because of chemical dependency. The quarter before that we had 14 of 16 entering care because of chemical dependency issues ... for children it worked well.” “I can think of people (past participants) who are employed, taking care of their children, doing what they should be doing, they are off the human service and welfare rolls and contributing to the community.” “Participants are better served because we consistently focus on lifestyle changes. Not just stopping the addiction but getting a GED, a job, a sober support group....” “... if not for FDTC it would never happen.” “I see children living more healthy lives, being more relaxed and enjoying their parents.”

**“We have had some spectacular successes and some spectacular failures.”**

**“... if not for FDTC it would never happen. I see children living more healthy lives, being more relaxed and enjoying their parents.”**

**More Services, Accountability, More Efficient, and Trust**

The evaluation of process is directed by the Ten Key Components of Drug Courts. The

**“If they go through the traditional CHIPS track they get a lot of what happens in FDTC...on paper, in the plan, but there is no recovery specialist ...no knock N chats, no visit with the judge every week, not as much random drug testing, everyone not at the table.”**

components spell out the “best practices” that provide criteria to determine program compatibility with the intent and spirit of drug courts.

“The interdisciplinary approach is a welcome perspective, believe me, it is not hard to come to team for their important insights in these difficult cases.”

“If we did not have FDTC they would get far fewer services. There would not be the synergy of the team approach talking about the case” “The way you handle cases through FDTC does it make your

work more effective? “Court-ordered helps; they have to do what the treatment process demands or else, that’s helpful. Participants take the position that ‘I will do whatever it takes to get my kids back’.” “If they go through the traditional CHIPS track they get a lot of what happens in FDTC...on paper, in the plan, but there is no recovery specialist ...no knock N chats, no visit with the judge every week, not as much random drug testing, everyone not at the table. They lack the mix; treatment, parenting meetings, not as much accountability or interaction between professionals.”

## Concerns

Team members pointed to a number of problematic issues that have worked against reaching the FDTC’s full potential. These issues have become topics of discussion in the current process of restructuring the FMJ FDTC. These concerns are recognized by the team and are in the process of being addressed by the current restructuring.

## Case Selection

The referral and screening process is seen as a significant problem that has contributed to diminished success.

“...more active recruiting”

“We need more active recruiting.” “I tell potential participants, ‘You will get the benefit of a lot of really talented people who will be taking a personal interest in you and will be working together to find solutions to your life problems, not just your controlled substance problems that are clearly the reason for you being here, but your parenting problems, your budgeting problems.’” “We get the worst of the worst of the worst. We should have gotten them earlier... better than traditional way. They start with the intention of getting kids back, but as they go through the program some become interested in getting a job, and education and, really, a different life.”

## Team Buy-in

“I don’t know if I have ever really understood what the purpose of the FDTC really is, and that may be part of the problem...”

While the majority of team members are fully committed to the FDTC effort, there are indications that the commitment is not universal among team members. One of the important benchmarks for compliance to the Ten Key Components of drug courts is that all stakeholders buy-in on planning and that the mission, goals, operating procedures, performance measures are collaboratively developed, reviewed, and agreed upon. It is obvious that there is work to be done in this area.



“I don’t know if I have ever really understood what the purpose of the FDTC really is, and that may be part of the problem, that I am not sure that FDTC knows what its purpose is.”

“The lack of training for FDTC has left some with a kind of naive passion for the work but no clear idea of the necessary process. Don’t know if I have had any training.”

“I did not get specific FDTC training; I just jumped in and learned.” “Turf and politics play a part in the lack of full commitment.” “Frankly, I don’t understand the reluctance of only a few to make the commitment to this approach ... to dealing with the difficult lives that have not been helped

by any other means. With all the positive force I see in this effort there is no room for negativity. It takes effort and, frankly, courage to embrace this innovation. I think it was Einstein who said it’s crazy to keep doing the same thing time and time again and expect anything different to happen or something like that. It is our obligation to do something different and this is our chance.” “The lack of buy-in points to a need for more training”.

“With all the positive force I see in this effort there is no room for negativity. It takes effort and, frankly, courage to embrace this innovation. “

**Three counties, different issues, linked. The inclusion of more than just a summary indicates the seriousness and importance of this issue.**

The necessity of having a large enough target population called on the FDTC planners to tie the three counties, Faribault, Martin and Jackson, together in a single court. The judges in these

“The judges in these three counties have developed a healthy and trusting relationship...”

three counties have developed a healthy and trusting relationship, but there are factors of geography and long-standing service provider relationships that present challenges. There is a difference of opinion on the issue of

transportation for participants. The loss of a case manager position in the FDTC is perceived as having a negative impact on one county’s reliance of the FDTC to the point that there is a feeling by team members from the county that they can offer the same services offered by the FDTC without having participants spending time traveling. There is some talk about what changes would have to take place in a single county if they handled CHIPS cases in a manner similar to the FDTC, but just for their county. “We deal with the “three counties” problem. Other two judges give me a lot of leeway on these cases for which I am grateful. Integrating law enforcement and human services for the three counties is more difficult because they have different ways of doing things. Need enough participants to make the court viable. It is clear that everyone should have an equal opportunity to have these services. If we did not combine the three counties, citizens from these counties would not have the opportunity under equal

protection principles. We should have the ability to offer these services not based on where you live, rural or urban. Transportation is an issue we have made allowances for. Our clients with lower income... treatment demands driving... we give gas cards if they need it, buses are available with passes we provide.” “It is not a question of the capabilities of the three counties. Martin and Faribault are tied together for services.... Jackson is tied to the west and north. Our health provider is different than the other two counties that are tied to Rochester, Mayo. Our providers are in the other direction...we go north or west.... The court system ties the three of us together; services are not tied together.”

“Transportation is a problem. It is the time it takes to make the trips necessary for the

“Transportation is a problem.”  
“Transportation as a barrier is a pseudo issue.”

FDTC...the more time we suck up; the harder it is to develop the parenting. Losing 1 to 1.5 hours is huge... it makes no sense if parenting services are going to be accessible. Keep them local, in the home.”

“Things got much more difficult for us when the position was lost (case manager or recovery specialist)... the position made it beneficial for human services (in our county), now that human services has to manage the cases they lose that advantage. Now, if there is an FDTC case from this county human services has to coordinate services with providers they don’t know rather than work with people and agencies they know here. For different counties the FDTC is a different deal. It is a hard sell here. We had successes early on but now it seems more difficult. There are positive indications, but we need more (successes) to make it easier to make a case for assigning cases over there.”

“When it started it was very different... reorganized and it is lots and lots different. It gets closer to our regular CHIPS... social worker, attorney and service providers. With the resources cut back the three counties are all different. In this county too much paring back and then it will be the same as regular CHIPS. There was a step up in service at first, a service package... then with the cut back our social worker began doing primary case management. With the shift the FDTC monitors rather than manages the cases. That shift lost a lot for FDTC...used to have two people now we have one. Successes have dropped dramatically. The last one referred last fall... we could do the same thing the FDTC did.”

“Things got much more difficult for us when the position was lost.”

“It worked well when we had more resources...the adult court is working well, I don’t want to be a defeatist here, I want the program to work, but it takes more money to make it work, work well. It may be a local thing and it does not work well when you combine three counties. Typical CHIPS.... usually a Children’s Justice Initiative; everyone at table... can ask for providers’ meetings periodically ... having defense and prosecutor in the room ...would help for CHIPS to come in every month. What do we lose if we lose FDTC... from our point of view not much. Not true for Adult Court. If I were in Martin or Faribault County I would think we would lose a lot. Cooperation with Law Enforcement is now ‘hit and miss’ for us; if we can enhance the level of cooperation to do checks, we will be in much better shape here. Might make more sense to develop those relationships than work to make FDTC work for our county.” “Now for Martin and Faribault, Human Services are tied together, FDTC makes great sense and if I were in those Counties I would desperately work to make sure FDTC is available. Now I have to look pragmatically and ask does it make sense that Jackson is part of this and do we stay part of it, stay active and contribute still in the case that we have that rare case that fits well, that we have that resource available... right now myself and a law enforcement officer goes over there for the Adult Court so we invest a fair amount for the Adult Court and so it is not that much more for FDTC.” “So we maintain that resource, still work on the project so there is a resource? I think we stay with it. We don’t dump it. But it will have to be a unique case in order for me to refer a case and it will have to include transport. And an unemployed person is a better fit, but the issue is that we want them to be employed.”

“So we maintain that resource, still work on the project so there is a resource? I think we stay with it. We don’t dump it.”

### **Balance: What they need to do and what they can do**

Team members expressed concern about the balance between the structure and time demanded of participants and the level of participants’ ability to handle the pressure under which the FDTC puts them. At what point has the FDTC provided enough support to get a participant back on track and at what point do the demands of the FDTC create more problems and stress? There is a question about when a participant “peaks” in the program.

“It overwhelms some of them.”

“It overwhelms some of them. Life was not structured, but some time a little too much” “...they may be set up to fail...with too much.” “Sometimes we give up too quickly?” “In a case of a voluntary termination... it got to be too much...” “Depends on when they peak.” “Want to make sure you are not taking someone who has a problem that is helped by some service, but hurt by putting them through too much.”

## Other issues

Information emerged out of the interviews; not often, but worthy of notice and discussion in the process of restructuring the FDTC.

“A month ago I learned that during the knock N chats participants were not being tested. They were checking on them to see if they are home. How often are they tested? I don’t know and I should. Tuesday at court and Thursday tested at treatment (not observed). Randomly tested... how often? Present problems have a lot to do with the past history.” “We have to know they are being tested... It’s hard to bring up problems in the staffings.”

“How often are they tested? I don’t know and I should.”

## What one thing would you change?

“...resources.”

The list of “what one thing would you change about the court is revealing; both, because it offers suggestions that might lead to improvements and because it underscores differences in assumptions, values and philosophy.

“I wish we could be a little more positive and less negative.” “Kind of dreaming here, but... resources.” “Increase the face time with the Judge.” “Not to get frustrated and down on them when they make mistakes. Too punishing, we could be more understanding.” “Need more sanctions.” “We should have more opportunity for clients to meet with the whole team rather than spending a short time in court.” “During the referral add something on the front end... have all the information they need.” “Cultural sensitivity, we are not there. “...positive praise means so much; withholding praise is devastating... if they worked really hard and did almost everything well but messed up on one thing... judge withholds praise...that can be devastating... they work really hard to please someone; most they want to please the judge.” “We have to make the community know what we are doing. If the public understood we would get more support.” “Get more buy-in from participants. Make them part of the team.” “Clients come into the staffing and present their week... more invested in their own recovery. “

“We have to make the community know what we are doing. If the public understood we would get more support.”

## GOAL 6. GIVE PARTICIPANTS A VOICE IN EVALUATING THE FDTC AND IN SUGGESTING RECOMMENDATIONS.

## ***PARTICIPANT RESPONSES TO “PARTICIPANT PERCEPTIONS SURVEY”***

“...strongly positive perceptions...”

Current participants of FMJ and BEC FDTC indicated strongly positive perceptions of the FDTC team (average rating of 4.8 on a 5 point scale). Participants’ perception of the judge had an average rating of 4.4, of their feelings about the FDTC a rating of 4.2, and their feelings about their own situation received a rating of 4.0.

“I know it saves lives; I know it saved mine.”

### **The Voice of Participants**

“I know it saves lives; I know it saved mine...”

“I will never go back to smoking meth. I think they can see how my behavior has changed and see that I know what it feels like to live sober. It feels good when I wake up in the morning...or maybe later in the day, but...”

### **What Works?**

Face-to-face interviews with current participants revealed a majority of positive comments. Over all participants praised the demand for structure as the most important aspect of their experience.

**Structure!**

When asked, “What works for you in in the FDTC?” the response consistently given was “structure”. “Before drug court, I never thought about planning anything, I just did what came up.” “The structure keeps me from drifting along like I used to” “Structure versus random. Having a schedule, 9 – 5.” “Advice to the team... it kind of all worked for me. I think it is a good program for me. It kind of runs my life until I can get the hang of it.”

### **Other comments about what works**

“I like it when the judge tells me I’m doing well. When I think they know how hard I worked just to stay clean and they say something about it.” “When they treat me like I’m a decent human being, that’s what works for me.” “That’s where I get my help and my sponsor.” “It changed how I see the system. Yes, I give them all a lot of respect. I could be in a real tough spot right now. I could have gone to prison. Yes, that’s what works for me; they gave me a chance, a second chance, knowing that is what works for me in this court. And I don’t care if my friends think it’s dorky.” “Treatment, meetings, groups. That’s what works for me.” “New van, kids, apartment, a job.” “Understanding and compassion, they gave me a lot of

“When they treat me like I’m a decent human being, that’s what works for me.”

chances to turn my life around.”

### **Participants were asked if they trust the team**

There were no outright negative responses to this question. Most respondents indicated that they did trust the team; however, individuals did offer the following: “...somewhat...” “It takes time for me to trust anybody. It’s not them.” “Not for a long time, but now, yes.”

### **Specific comments were made about team members**

Most often the Judge was mentioned as a person they liked and learned to understand.

“I never believed a judge cared for any of us; Judge does care. It’s nice.” “My relationship with the judge? I give him a lot of respect. He tells me I am doing good, I like that.” “Judge was kind to me.”

“Judge was kind to me.”

### **Participants singled out the coordinators of both courts and other team members**

“...is the nicest, most understanding person I have dealt with in this whole mess.” “CHIPS

“ I even got to like her.”

worker...she’s friendly, but tough on me sometimes.” “ I even got to like her.” “... if I would get in real trouble she is the one I would call. She’s like a friend you don’t want to disappoint.” “And the cops (doing the knock N chats) do treat me with respect....” “he sat there for about 25 minutes, talking and whatever, it’s nice to get to know these people....”

### **Comments about treatment: Mental Health and Substance Abuse**

“I love her...” “I like the treatment people too, they are awesome.” “I am not into mental health, I don’t trust mental health. I don’t know what to expect ether.”

### **What about the Court should be changed?**

Most participants responded with “nothing” when asked what should be changed.

“The first two phases you are always busy, you can’t even breath. Get somebody to work with your frustration in the early stages. Drug courts cheerleaders. Someone to tell you how to get through the court. A person who tells the team where you are at.”

### **What helped you?**

“Giving out... taking money off fines a great incentive...drawing for gift card or money is a great incentive... drawing to get snacks... is insulting as all get out... don’t give me dots... even a dollar off fine is much better. I’m 33; don’t give me candy for staying clean.” “Writing in the journal

helpful...most people are just scribbling just before court. I don't think the judge read my journal."

### Negative comments

"Now it is only every other Tuesday... that other week I don't come in... I could use without showing positive."

"I could say I have a sponsor and not go to her just to look good... There are some who say they have a sponsor when they don't."

"I could use without showing positive."

### Participants who have been terminated

"I am a little sour toward the whole program." "I wish I was never in the court. Quickest way to get your son back; that's what they told me" "...the parenting assessment...he intimidates

"It was too much; I could not keep up with all the meetings, with all the requirements. It was driving me crazy. "

me...I don't know why." "All of this (being terminated from FDTC) is my fault. Every time I would get up I'd get knocked down. The good part was treatment and mental health counselor without them I would have done myself in." "What was it that kept you from graduating? "It was too much; I

could not keep up with all the meetings, with all the requirements. It was driving me crazy.

...but, it did help me, things are better for me now." "I didn't have any idea what else I could

do. I thought this is the quickest way to get my kids back. That's all I needed, I signed. Did not

know the options." "They are supposed to help you. The FDTC is just there to scare the crap out of you and give you UAs and throw you in jail when you make a mistake..."

### GOAL 7. DETERMINE LEVEL OF PARTICIPANT ENGAGEMENT IN ORDER TO MAKE RECOMMENDATIONS.

#### ENGAGING PARTICIPANTS

The emphasis on creating an environment in which the relationship between the participant and the judge can be fostered is important. In the BEC FDTC the interaction between the judge and participants averages 2'39". In the FMJ FDTC the average is 1'51". Team members could help increase the length of time and the quality of the interaction with strategic insights about participants that the judge could use to engage them.

"...with strategic insights about participants..."

#### THE TONE OF THE STATUS HEARINGS

"...the tone ... will send a message..."

Four variations on the opening of a status hearing are presented as models for the team to critique and use to

discuss the merits of different approaches. The method employed in setting the tone for the status hearing will send a message about the team and the judge and will impact the level of success for the FDTC.

***RATIO OF INCENTIVES TO SANCTIONS***

The FMJ FDTC provided data on incentives and sanctions that indicated a 2 to 1 ratio. However, the data collection process did not count the most often used incentive administered by the court. The praise, congratulations, encouragement and appreciation by the judge was not recorded. Observation of the status hearings in the FMJ FDTC revealed a consistent pattern of these incentives. In participant interviews the judge’s recognition of “good work” was noted by a number of participants.

***LENGTH OF TIME BETWEEN CD ASSESSMENT AND FIRST TREATMENT SESSION***

Forty-one percent of FMJ FDTC participants were in their first CD treatment session within one day of being assessed. Over 50% waited 5 days or less and 75% waited no longer than two weeks.

**GOAL 8. DETERMINE THE COST BENEFIT OF THE BEC AND FMJ FDTCs.**

**Three Part Argument on the Cost Benefit of the FMJ FDTC and the BEC FDTC**

**Part I: Can it be demonstrated with more traditional approaches that the FDTCs have a positive cost benefit to their communities?**

“...a positive remainder of \$2,530.85 per participant BEC and \$2,134.03 per participant FMJ.”

Compared to the costs of employing a “business-as-usual” approach to CHIPS cases, the estimated cost savings per participant for these two courts is \$11,377.85 for BEC FDTC and \$10,277.91 for FMJ FDTC for determined costs. The estimated cost per participant for the operation of these two courts is \$8,847.00 for the BEC FDTC and \$8,143.88 for the FMJ FDTC. The cost benefit of per participant savings minus the cost per participant of the operation of these courts leaves a positive remainder of \$2,530.85 per participant for the BEC FDTC and \$2,134.03 per participant for the FMJ FDTC.

**Part II: What does the research data on the economic cost of substance abuse to local communities tell us about these costs in the counties in which the FMJ and BEC FDTCs operate?**

Nicola Singleton, former Director of Policy & Research at the UK Drug Policy Commission points to data on the economic burden of untreated substance abuse. "Any addicted person



not in treatment commits crime costing on average \$39,000 a year. Effective response to addiction prevents 4.9 million crimes annually in Great Britain.” In her explanation of the costs associated with substance abuse, Ms. Singleton moves from fiscal costs to the incalculable loss of life of sons and daughters to drug addiction.

“Shoveling Up II” tells us of the costs associated with substance abuse and the short-sighted nature of allocation of tax dollars that is directed at “shoveling up” the destruction left in the path of substance abuse while using “fiscal accountability” as an excuse for denying resources to programs, like drug courts and family dependency treatment courts, with proven efficacy.

The National Center on Addiction and Substance Abuse at Columbia University prepared a report based on extensive research into the economic impact of substance abuse on federal, state and local budgets. The study is the first to calculate abuse-related spending by all three levels of government. The message resonating from this report, “Shoveling Up II”, tells us of the costs associated with substance abuse and the short-sighted nature of allocation of tax dollars that is directed at “shoveling up” the destruction left in the path of substance abuse while using “fiscal accountability” as an excuse for denying resources to programs, like drug courts and family dependency treatment courts, with proven efficacy.

Over the last three years a total of about \$250,000 has been spent on maintaining the BEC FDTC and almost all of that money came from grants secured by the Drug Court Manager with the help of the FDTC coordinators

and the drug court judges in the 5<sup>th</sup> Judicial District. Through the BEC FDTC, Blue Earth County has received the benefit of savings associated with assisting addicts in giving up their addiction and finding sobriety along with the savings realized when children’s’ homes are transformed from unfit environments for children to healthy homes. The financial costs to Blue Earth County has been minimal, the savings significant. The Multi-County, Faribault, Martin, Jackson FDTC has likewise been responsible for substantial savings in the three-County region from the work of the FDTC team in transforming broken lives into more healthy patterns of behavior. Over the last three years this court has been maintained, for the most part, with grant money secured through the effort of the 5<sup>th</sup> Judicial District Drug Court Manager, the drug court coordinators and the drug court judges. A total of about \$145,000 was brought into the region through the grants and these resources contributed to real cost savings for these communities.

**Part III: Can the analysis of the cost-benefit associated with “days sober” allow for a more helpful assessment of what is gained from FDTCs?**

The National Committee on Vital and Health Statistics has produced a report on classifying and reporting functional status. Functional status (closely related to GAF Global Assessment of Functioning) is a concept that allows a classification of individuals on the basis of their level of impairment. It is applied in the health care and disability fields to measure effectiveness of medical treatment and to determine the level of impairment associated with various physical conditions, but there is an obvious application of this concept to levels of impairment associated with substance abuse and addiction. Information on functional status is becoming increasingly essential for fostering healthy people and a healthy population. The costs associated with low levels of functional status have not been empirically verified, but the tacit understanding of the considerable costs associated with people’s inability to do basic activities and participate in life situations, their functional status should drive budget allocations.

Communities and families reap the benefits when local budgets are directed to enhancing basic physical and cognitive activities and life situations such as school or play for children and, for adults, work outside the home or maintaining a household. Functional limitations occur when a person’s capacity to carry out such activities, or performance of such activities, is compromised by physical, developmental, behavioral, emotional, social and environmental conditions. Although there is growing recognition of the importance of functional status information, assessment, measurement and interpretation still involve many challenges. As one considers the levels of functional status from 100 (no impairment) to 10 (complete lack of control) the cost implications cannot be denied.

The mean number of “sober days” reported is 300.53 for FMJ FDTC and 203.14 for BEC FDTC with a total number of “sober days” of 4,508 and 4,469 respectively. The number of sober days is important in considering the lower probability of costly experiences for the individual, the family and to the community. While there is speculation on what this “lower probability” might mean in terms of cost savings, the math is far too “speculative” to rely on these estimates. However, there is no doubt that sobriety saves resources.

**Total number of  
“sober days”:**

**4,508 BEC  
4,469 FMJ**

**The number of sober days is important in considering the lower probability of costly experiences for the individual, the family and to the community.**

**GOAL 9. ASSESS COMPLIANCE WITH THE 10 KEY COMPONENTS THAT DEFINE THE DRUG COURT MODEL FOR FMJ AND BEC FDTC .**

**Compliance with the Ten Key Components of the Drug Court Model**

The Ten Key Components have performance benchmarks that allow direction in planning for drug courts and provide a measuring rod to assess the degree to which courts are adhering to the process guidelines. Each benchmark is rated with a “yes” the court has met the benchmark,

“needs improvement” the court has partially met the benchmark and needs to enhance the effort to completely satisfy the requirements of the benchmark, and “no” the court does not meet the benchmark. The vast majority of benchmarks are rated “yes” indicating that these courts are fulfilling the requirements of the Ten Key Components.

**GOAL 10. PROVIDE RECOMMENDATIONS ON HOW TO MAKE THE FDTCS MORE HELPFUL TO PARTICIPANTS AND THEIR CHILDREN, TO TEAM MEMBERS, TO COOPERATING AGENCIES AND TO THE COMMUNITY.**

The final section of the evaluation includes a description of 40 recommendations that have arisen out of this investigation. Some of the suggestions have already been realized in the FMJ FDTC as part of an exciting restructuring of the court.

1. Become a smooth running team first
2. Team buy-in, 100%
3. Strategic plan
4. Data collection
5. Need to Know Evaluation Questions
6. Form a nonprofit
7. Buy-in
8. The tone of your court
9. Ritualistic applause for sobriety
10. Add some humor
11. Referral process
12. An introductory DVD
13. UAs have to be done right
14. Random testing
15. On participant engagement
16. Focus on the children.
17. Need training on the impact of foster care on children
18. When to graduate?
19. Know why they don't graduate
20. The “no-nonsense” plan
21. Therapeutic Sanctions
22. Participant committee on sanctions
23. Therapeutic Graduation
24. Focus on sponsors
25. Babysitting/child care
26. Don't let transportation be a problem
27. Prepare the participant
28. The “little fish” bowl
29. Thank you cards as incentive
30. Acknowledge how hard it is
31. Give the cops more voice
32. Training curriculum
33. More training
34. Care and feeding of the team
35. Brag about each other
36. The FDTC Speaker's Bureau
37. Peer review from other courts
38. Relapse Prevention; Alumni organization
39. Six Month Checkup
40. Experiment

**VALUATION OF BLUE EARTH COUNTY AND FARIBAULT, MARTIN, AND JACKSON MULTI-COUNTY FAMILY  
DEPENDENCY TREATMENT COURT**

PREFACE

“This Court saved my life.”

*An FDTC Participant*

“I just want my children back.”  
“Be patient and together we will get there”.

*Interaction between a participant and the judge in a FDTC*

“It’s not about trusting them; I have to show them that they can trust me.”

*A FDTC Case Manager*

The application of traditional evaluation research methods leaves much to be desired when one becomes intimate with the complexity, the gravity and the potential of Family Dependency Treatment Courts. No one can deny the great service rigorous empirical evaluation has made in providing a foundation for the credibility of drug courts. These methods are employed in this evaluation and are useful, but a sense of the degree to which these courts are successful arises out of observation of a myriad of “case studies,” sometimes small events that arise in the interaction between team members, between participants and team members and between the judge and participants in court status hearings. The evaluation tools handed to us in graduate school focus on the measurable aspects of our processes and outcomes. These tools are meant for larger samples, and the quantification and simplification of complex benefits or disadvantages emerging out of programs. There are tacit understandings that are often ignored while being no less real than those supported by a positive correlation. In situations like ours, when the numbers are not large enough to employ, with any reliability or validity, more “rigorous” methods, we go through the menu of suggested approaches only to conclude that we don’t have the numbers to say a difference is significant past the .05 level and we place less credence in the findings.

#### SEEING IS BELIEVING

After months of observation in the courts, in the staffings and in the hallways there are undeniable factors that emerge which say more than our numbers are capable of saying. To reject or discount findings of this kind is a serious mistake for rural courts that will never have large enough numbers to satisfy the assumptions of statistical analysis. I am sympathetic with the effort of individuals like Dr. Douglas Marlowe, Chief of Science, Law and Policy for the National Association of Drug Court Professionals, who has employed scientifically rigorous methods to document the effectiveness of the drug court model in an ever expanding number of applications including Family Dependency Treatment Courts, Veterans Courts, Mental Health Courts, and now, Reentry Courts. The work he and other researchers have completed gives us confidence that the drug court model, when appropriately applied, is our best hope in dealing with the struggles drug-involved individuals face and the struggle faced by our criminal justice and social service systems in mitigating the harm drug-involved individuals can cause in our communities. The benefits of engaging drug-involved individuals in these courts, according to Marlowe, are overwhelming and obvious.

#### TIME TO GET SERIOUS ABOUT SUBSTANCE ABUSE

It is time that we get serious about confronting the issues related to drug-involved individuals. “Getting serious” demands that we consider the research findings that tell us to move away from approaches that cost too much and give us far too little benefit for our communities. To accept, “business-as-usual” rather than to focus on an ever improving process of employing the best practices available to us is to ignore the evidence. In this assessment we found voice for the theme of replacing processes that have become ritualized and are not effective with the promise and positive experience encased in the methods of the Family Dependency Treatment Court.

The discourse with which these courts are discussed gives credence to how they differ from “business-as-usual” in the criminal justice and social service systems. At the NADCP 19<sup>th</sup> Annual Training Conference in Washington, DC, the pioneering effort of this work was emphasized. “It’s an exploration of a new way of thinking. It’s important to understand that pioneering is not only what you do. It’s how you think. It’s a state of mind more than action”

(Bertrand Piccard). The argument presented in this evaluation is “pioneering” as well. The sense of what the people in these courts accomplish cannot be fully understood by considering change rates, graduation rates, relapse episodes, the number of UAs and “Knock N Chats”, the number of sober days, mental health and substance abuse sessions or the number of minutes a judge spends interaction with participants in court hearings. We consider these numbers, but it is the assessment of what is going on under these numbers that gives this evaluation a credibility that is valid and reliable.

Evaluating the work of these teams has to take into account what they are trying to do and with what they are working. Graduation rates are far too crude a measure for what is to be taken as a success and what is a failure. Judges talk convincingly of drug court models as the exemplars of the future in the criminal justice system and indicate concern for the various levels of commitment to these new models. They speak of resistance to the change in philosophy within and outside the various systems that have to come together to make it work. Drug treatment relies on enticing addicts to change; the justice system has used the threat and the imposition of punishment as the tool for change.

To add complexity, these “systems” have conducted their business under the assumption that mental health issues are confounding factors that make success more elusive but cannot effectively be taken into account. A drug court judge put it bluntly, “there are three kinds of people I deal with in drug court, people I can help, people who are criminals that this court can’t help and then there are people with mental health issues; I don’t have any idea what to do with them.”

Add human services and the protection of children and you begin to understand the extent of the change the FDTC is bringing about in the way team members operate and in the way they think about dealing with deviance. Almost nothing is familiar or “business-as-usual” for the operation of these courts, for the teams or for the individuals locked in addiction and chaotic lives. These teams, these judges, and yes, the participants give themselves to a different way of doing things, to a system with a record of success; maybe not a perfect system, but maybe for the first time a system with a promise of success for the teams that dedicate

their lives to this work and for the participants who are looking for a path to a decent quality of life for themselves and their children.

#### TO UNDERSTAND SUCCESS

To understand the success of these two courts one has to observe the daily struggle of these teams. Reading evaluation reports that have been completed for many family dependency courts does not reveal the complexity and the difficulty that surrounds successes that are often not counted in standard evaluations. As will be discussed later, some participants who are terminated and may relapse are included in conversations with team members as successes when considering the quality of life they and their children have now compared to what they had before association with the FDTC. The numbers do show that these two courts are more successful in reuniting families than “business-as-usual” approaches. Also, the conformity to the Ten Key Components that define and guide drug courts is in evidence for both courts. Probably the most important finding is that these courts are focused on a constant process of revising and renewing processes to enhance their effectiveness.

Over six months of observation, data collection, survey analysis, face-to-face interviews with team members and participants, comparing “business-as-usual” processes and outcomes, the success of these courts is documented. The promise in these courts far exceeds any competing attempt to foster enhanced quality of life for individuals and their children trapped in the cycle of substance abuse.

This evaluation examines about 45 FDTC cases and 14 comparison cases. Seventeen of the cases were associated with the Faribault, Martin and Jackson Multi-County FDTC with 28 participants from the Blue Earth County FDTC. The comparison cases are all CHIPS cases from a rural county in southern Minnesota with similar demographic characteristics that does not have an FDTC. In terms of population size the comparison county stands between Blue Earth and the three southern counties.

#### FOR THE WELFARE OF CHILDREN

The outcomes that are most important to this evaluation have to do with the child welfare outcome, the treatment outcome and the public safety outcome. Another focus is the

effectiveness of the FDTC teams and the FDTC process. Are the courts in compliance with the ten key components that set the foundation for the drug court model? Lastly, the cost-benefit of these courts is considered.

## **METHODOLOGY**

### **DATA SOURCES AND SAMPLES**

Data for this evaluation were gathered from a number of sources made available by the two courts being assessed, the Blue Earth County Family Dependency Court (BEC FDTC) and the Multi-County Family Dependency Treatment Court of Faribault, Martin and Jackson Counties (FMJ FDTC). A total of 28 BEC FDTC participants, 17 FMJ FDTC and ten comparable cases were analyzed for this evaluation. The FDTC cases represented all participants for which data were available. Data relating to graduation, termination, days sober, days in the court, reason for termination, number of UAs, number of Knock N Chats, number of incentives and sanctions were drawn from FDTC records. Some data had to be hand counted from the weekly progress reports. The “N” for used for analysis of variables varies due to data limitations.

An on-line survey was used to assess perceptions on the functioning of the FDTC teams. The responses to survey items are compared with other responses to the same survey items by members of other specialty courts and to average ratings on a statewide evaluation of drug courts.

A 20 to 30 minute face-to-face, audio recorded, interview was conducted with members of both teams. The interviews were guided by an interview schedule with pre-defined questions and an open-ended item to invite unanticipated input on the operation of the courts or allow comments of special concern to team members. A total of 14 team members from the BEC FDTC and 13 members of the FMJ FDTC were interviewed.

Participants from both courts were interviewed and completed a paper and pencil survey on their perceptions of various elements of the FDTCs. These interviews followed a set series of questions and set time for open-ended reflections on the function of the courts.



Over a six month period, observations were made on a weekly basis of the staffings and the status hearings. In addition numerous informal conversations informed the evaluation. Observations of other courts, drug courts, were used for comparative purposes.

#### THE "COMPARABLES."

The "comparables" were derived from a county in southern Minnesota in which social service personnel cooperated with providing comparable cases (the single most important determinant). The "comparable" county shares characteristics with the four counties, Blue Earth County, and the Multi-County area of Faribault, Martin and Jackson, but do not have an FDTC. The comparable cases were selected by a human service administrator with instructions to select CHIPS cases that would be likely cases for an FDTC if one were available in that county. Criteria for the selection of participants for the BEC FDTC and FMJ FDTC were included by way of a data grid that included the relevant variables for this analysis.

The offense history of participants was obtained by going to the Minnesota courts website and then to the court case record finder. This database is a public access, public information database where anyone can look up court records for anyone who was charged/convicted/processed in the State of Minnesota. On this page a search under the "Criminal/Traffic/Petty Case Records" option, after entering the individuals name and birth date, it brings up any and all public convictions/charges/processing that the individual has gone through in the state. A count of how many total charges the person had received since the date of their graduation/termination was made along with the number of days from graduation/termination to the first charge. Some records were not found due to their 1. not being in the system. 2. having a private case records for some reason or 3. their name/birthdate or all of the above were wrong.

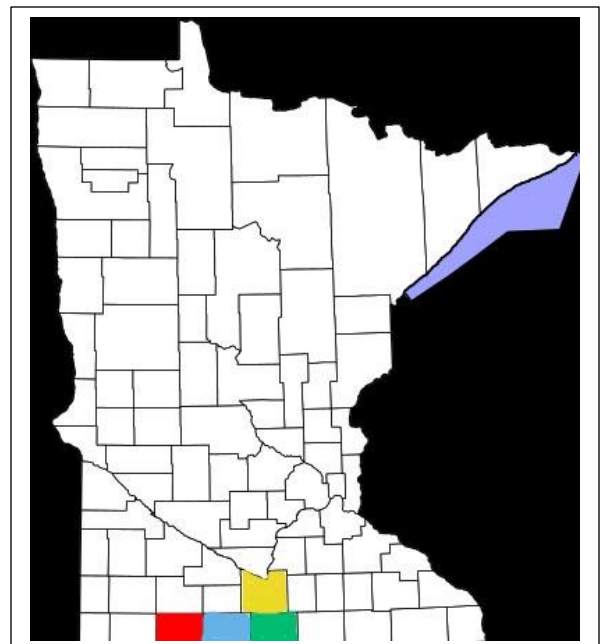
All quantifiable data were entered into an SPSS file and were analyzed using this software. Face-to-face interviews were audio recorded and transcribed for accuracy. Observation notes were kept for each staffing and status hearing.

### THREE MODELS FOR COST BENEFIT ANALYSIS

The methodology for the cost-benefit analysis proved to be the most challenging. What started out as a rather matter of adding and subtracting quickly devolved into a complex set of immeasurable considerations. Consideration of factors that have not been part of cost benefit analysis models emerged as obvious variables in determining what these courts mean to local budgets. The short-term economic considerations were found to be elusive, but to find solid dollar figures for the long-term cost benefits (probably more important) proved to be more than problematic. The method employed here rests on a process of deduction, using data from research on the impact of substance abuse on local budgets to estimate economic bearing on the budgets of Blue Earth County and Faribault, Martin and Jackson counties. A second approach rests on assessing what it means financially for a community when individuals radically increase their functional status by embracing and maintaining sobriety. Here an assessment of the economic impact of “days sober” is developed. The third cost benefit model employed conforms as closely as possible to the conventional models suggested by FDTC researchers. The application of this type of analysis opens up an understanding of the difficulty of the approach. The use of this approach calls for a fair amount of estimation and inference.

The BEC FDTC is located in Mankato, Minnesota. Blue Earth County has a population of 64,013 as to the 2010 census. With a population density of 74 people per square mile; Blue Earth County falls below the Census Bureau designation of 1,000 people per square mile for an urban area. The Mankato-North Mankato Metropolitan Statistical Area has a population exceeding 50,000 residents. (See Blue Earth County in yellow on Minnesota map below)

The FMJ FDTC is located in Fairmont, Minnesota in Martin County. Martin County is one of the three Counties in the Multi-County FDTC. Martin County is the center of the three county region that lies on the southern border on Minnesota. It is a rural area that has a population of 20,840 as of the 2010 census and has a population density of 31 people per square mile.



(See Martin County in blue on Minnesota map above)

Jackson County Minnesota lies to the west of Martin County and has a population of 10,266. This rural county has a population density of 16 people per square mile. The inclusion of this county with Faribault and Martin County created an area with a large enough population to justify Federal grant support to fund the initiation of a FDTC. (See Jackson County shaded red) Faribault is the third county in the Multi-County FDTC. It sits on the southern border of Minnesota to the east of Martin County. Faribault County has a population of 14,553 as of the 2010 census with a population density of 23 per square mile. With Faribault County's population, the three county area served by the FMJ FDTC has a combined population of 45,659. (See Faribault County shaded green).

## **DATA ANALYSIS**

### **REUNITING FAMILIES**

The central research question in this evaluation is whether or not the FDTCs are more effective in reuniting families under a CHIPS petition than "business-as-usual." Chart 1 presents data on the percent of cases in which the result was the reunification of families. The three samples are made up of participants from the FMJ FDTC, the BEC FDTC and "comparables" drawn from another county's social service files on CHIPS cases with substance abuse issues. The difference in the rate of success for these three samples is striking. While the assumptions of significance testing cannot be met because of the small numbers and the lack of probability sampling, the rule of thumb is that a 10% difference points to significance. These data reflect about a 100% difference in successful outcomes for the two FDTCs when compared to "business-as-usual." If one were to take "no" and "yes" plus "probably yes" (trial home visits), the two FDTCs would show two times the success rate found in cases employing "business-as-usual".

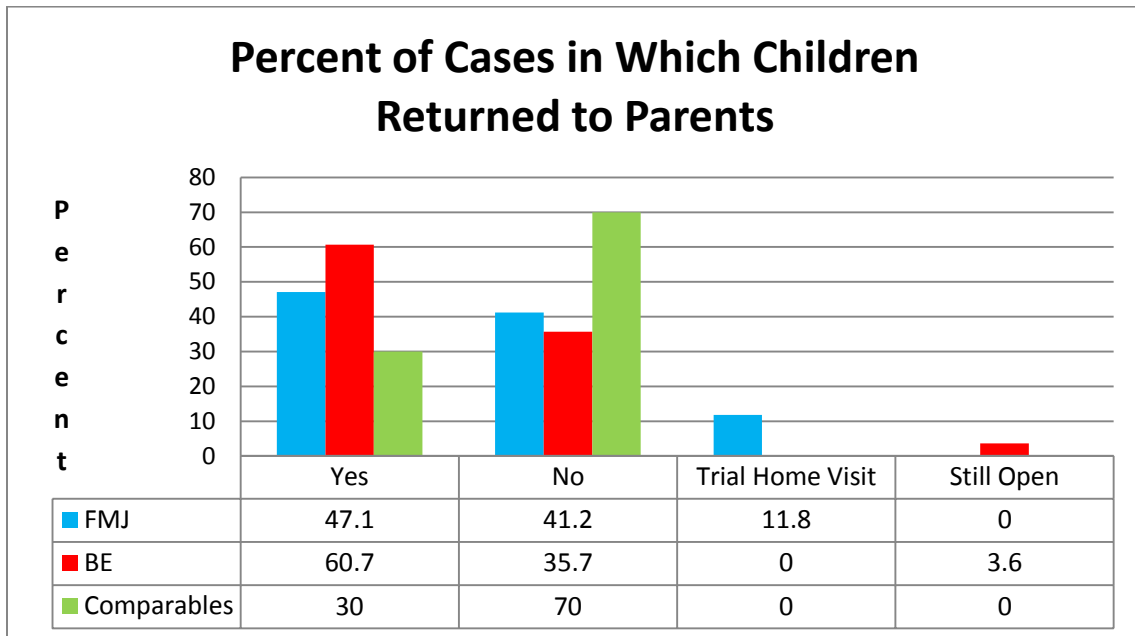


Table 1 lays out the number of cases in each category for the three samples. Again, the numbers are small, but in our rural areas and smaller cities FDTC has a very similar proportional impact on our communities as found for larger sized courts in more populous areas.

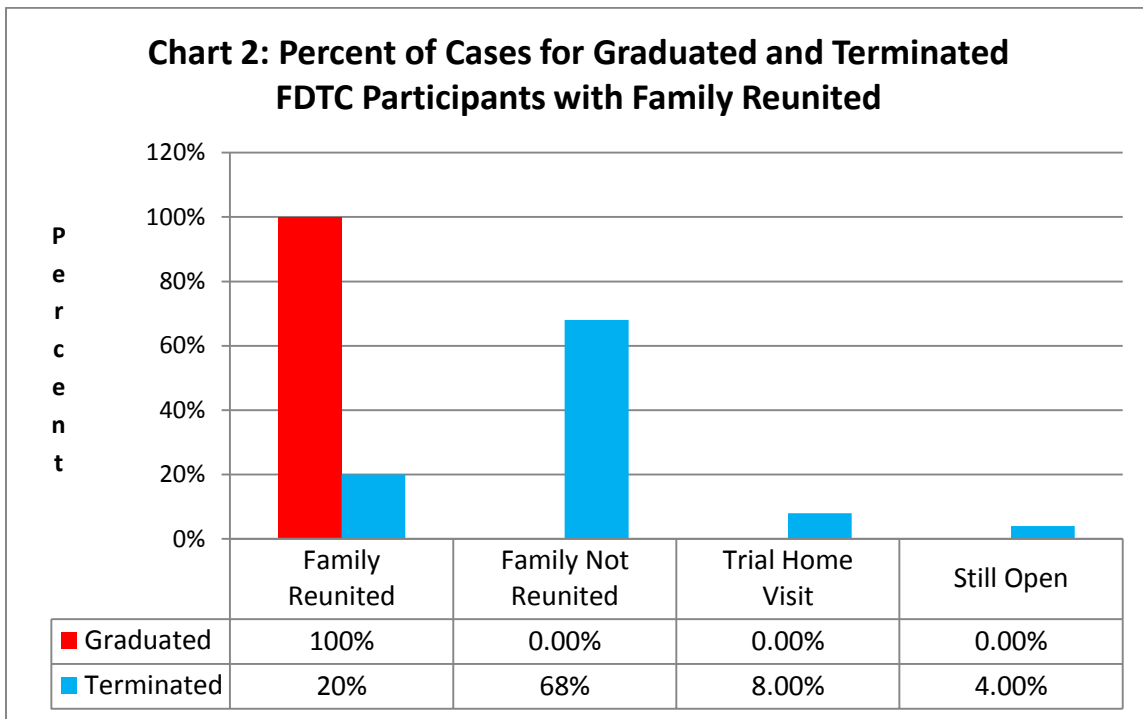
**Table 1: Cases in Which Children Returned to Parents by FDTC and “Business as Usual” CHIPS**

Children Returned to Parents	FDTC Cases and “BaU” CHIPS			Total
	FMJ	BE	Comparables	
Yes	8	17	3	28
	47.1%	60.7%	30.0%	50.9%
No	7	10	7	24
	41.2%	35.7%	70.0%	43.6%
Trial Home Visit	2	0	0	2
	11.8%	.0%	.0%	3.6%
Still Open	0	1	0	1
	.0%	3.6%	.0%	1.8%
Total	17	28	10	55
	100.0%	100.0%	100.0%	100.0%

Small numbers do not equate to less success. These numbers should encourage counties and agencies to develop processes to direct CHIPS cases to the FDTCs. The success of these courts

in reuniting families or assuring that children have stable placements, whether or not it is with their biological parents, gives reason for encouraging more referrals to the courts.

Chart 2 below sets out the percent of cases in which individuals who are discharged from FDTC by graduation or termination realize the goal of a reunited family. Graduation from FDTC is a sufficient factor in reunification of families but it is not necessary. There were cases in which individuals were terminated and still enjoyed family reunification; however, these data show a 100% link between graduating from FDTC and family reunification. Table 2 includes the number of cases involved in the chart. The FDTC graduates were four times more likely to have a successful outcome in bringing their families together than were individuals who faced termination from the courts (see Table 2).



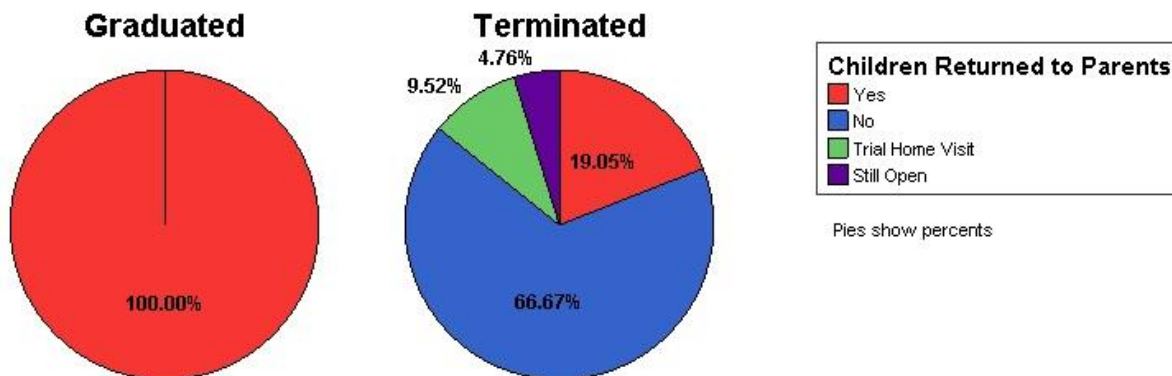
**Table 2: Cases in which Children Were or Were Not Returned to Parents by Discharge Status for FDTC Participants**

Children Returned to Parents	Discharge Status			Total
	Graduated	Terminated	Active in FDTC	
Yes	20	5	0	25
	100.0%	20.0%	.0%	53.2%
No	0	17	0	17
	.0%	68.0%	.0%	36.2%
Trial Home Visit	0	2	2	4
	.0%	8.0%	100.0%	8.5%
Still Open	0	1	0	1
	.0%	4.0%	.0%	2.1%
Total	20	25	2	47
	100.0%	100.0%	100.0%	100.0%

Table 3 shows the relationship between discharge status and family reunification for each of the two FDTCs. Here we see that both courts can assure that graduation from their court means the family will be brought back together.

**Table 3: Cases in Which Children Were or Were Not Returned to Parents by Discharge Status for BEC and FMJ FDTCs**

Children Returned to Parents	Discharge Status for FMJ FDTC		Discharge Status for BEC FDTC	
	Graduated	Terminated	Graduated	Terminated
Yes	8	0	12	5
	100.0%	.0%	100.0%	31.3%
No	0	7	0	10
	.0%	77.8%	.0%	62.5%
Trial Home Visit	0	2	0	1
	.0%	22.2%	.0%	6.3%
Total	8	9	12	16
	100.0%	100.0%	100.0%	100.0%



The pie charts above are visual descriptions about the importance and effect of graduation from FDTCS. On the basis of the data in the charts and tables above, we able to argue that the FDTCS in these communities are, indeed, more successful than is expected for cases handled by “business-as-usual” in resolving CHIPS cases by reuniting the family.

The data in Table 4 (next page) informs us of something that may be important in structuring programs for FDTC participants. A category of interest is “voluntary terminations” (see green shading). Four of the six voluntary terminations had positive outcomes concerning the reunification of families. Perceptions offered during face-to-face interviews of team members and participants may shed light on these data. There is a concern that sometimes the rigorous demands on participants can get to be too much. It was noted that after participants feel that they have “learned enough” or “get their lives together” the demands of the FDTC is too much and participants feel they can make it without participation in the court. Some speculate that the demands of the court may create unnecessary stress when participants see no benefit in using required services. The courts need to develop a more effective strategy to counter the major factors in blocking reunification, non-compliance, criminal behavior and substance use (see yellow shading).

Comparisons between “business as usual” CHIPS cases and those accepted for the FMJ FDTC provide insights into the real differences in how cases are handled. Four CHIPS cases were selected by Child Protection staff as “similar to those in the FMJ FDTC”. Given the

**Table 4: Percent of Cases in Which Children Are, or Are Not, Returned to Parents  
by Reason for Discharge from FDTC**

Children Returned to Parents	Reason for Discharge							Total
	Graduation	Non-Compliance	Criminal Behavior	Substance Use	Voluntary	Still Enrolled	Transferred /Moved	
Yes	20	1	0	0	2	0	2	25
	100.0%	9.1%	.0%	.0%	33.3%	.0%	100.0%	53.2%
No	0	9	4	2	2	0	0	17
	.0%	81.8%	100.0%	100.0%	33.3%	.0%	.0%	36.2%
Trial Home Visit	0	0	0	0	2	2	0	4
	.0%	.0%	.0%	.0%	33.3%	100.0%	.0%	8.5%
Still Open	0	1	0	0	0	0	0	1
	.0%	9.1%	.0%	.0%	.0%	.0%	.0%	2.1%
Total	20	11	4	2	6	2	2	47
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

uniqueness of CHIPS cases there is no assumption of one-to-one equivalence in these comparisons. That being said, there are resemblances in the cases that make the contrasts useful. They are all CHIPS cases with substance abuse issues. Requirements for all these clients include drug testing and following all chemical dependency assessment recommendations.

Performance measures for Minnesota’s public child welfare system indicate that Faribault/Martin and Jackson child welfare systems are meeting targets in terms of child safety, provision of services and fostering permanency for children.<sup>1</sup> The cases provided for comparison are not typical CHIPS cases. The cases that are referred to FMJ FDTC are more complex and difficult and are often referred to the court as a “last chance” effort. The comparison cases were chosen to reflect FDTC cases as close as possible.

Information drawn from case notes highlight how these cases are processed differently than those in the FDTC. The most obvious disparity is in the accountability of drug testing. “Business as usual” CHIPS cases in which substance abuse is an issue require drug testing, as do

<sup>1</sup> Minnesota Department of Human Services. Child Welfare Dashboard. [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_148137](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148137)



**Table 5: Comparison Cases Drawn From Faribault/Martin Human Services CHIPS Files**

Chips filing	Permanency	End date	Days to TOC	Cost out of home	Children
1. Jan. 2013	Still open				2
2 Nov. 2011	Permanent TOC	June2012	233	\$10,839.16	2
3. July 2012	Permanent TOC	July2013	345	\$24,011.78	3
4. Dec. 2011	Still open				2

FDTC cases, but as a child protection worker reported, “there is no accountability for a missed UA. We have the ability of taking the children away for good, but for a missed UA? I don’t think so; and they know it.” Compliance with drug testing is noted as a problem, for example, “required UAs not completed due to inability to locate client. ‘Random’ UAs on court dates”. A note on the requirement for treatment indicates, “...supposed to attend treatment, but never completed intake/admission.” In two of the four cases, permanent termination of custody was the result, one after almost a year of out-of-home placement in the other after eight months. In all four cases sobriety was not maintained and no reliable measure of ongoing sobriety was employed. The success in these cases is found in the possibility that one case will result in the children remaining in the home with sober parents after dealing with a recent relapse. Further success might be defined as the stability found for the children in the permanent termination of custody in two cases. It is difficult to find any measure of success in the fourth case.

When one contrasts the constant focus on the myriad struggles which characterize the lives of the participants in the FDTC with the less intrusive approach characteristic of “business as usual” CHIPS cases it is clear why the effort expended in the FDTC is reasonable. In the attempt to motivate individuals to change the FDTC is consistent in monitoring behavior, compliance, attitude, as well as the welfare of the children. When one is “required to provide UAs immediately upon request” in FDTC the UA is provided along with positive reinforcement for a clean UA and an appropriate sanction when the UA indicates substance use. Another

**Table 6: Requirements for “Business-as-Usual” CHIPS  
Comparison Cases with Description of “New Offenses”**

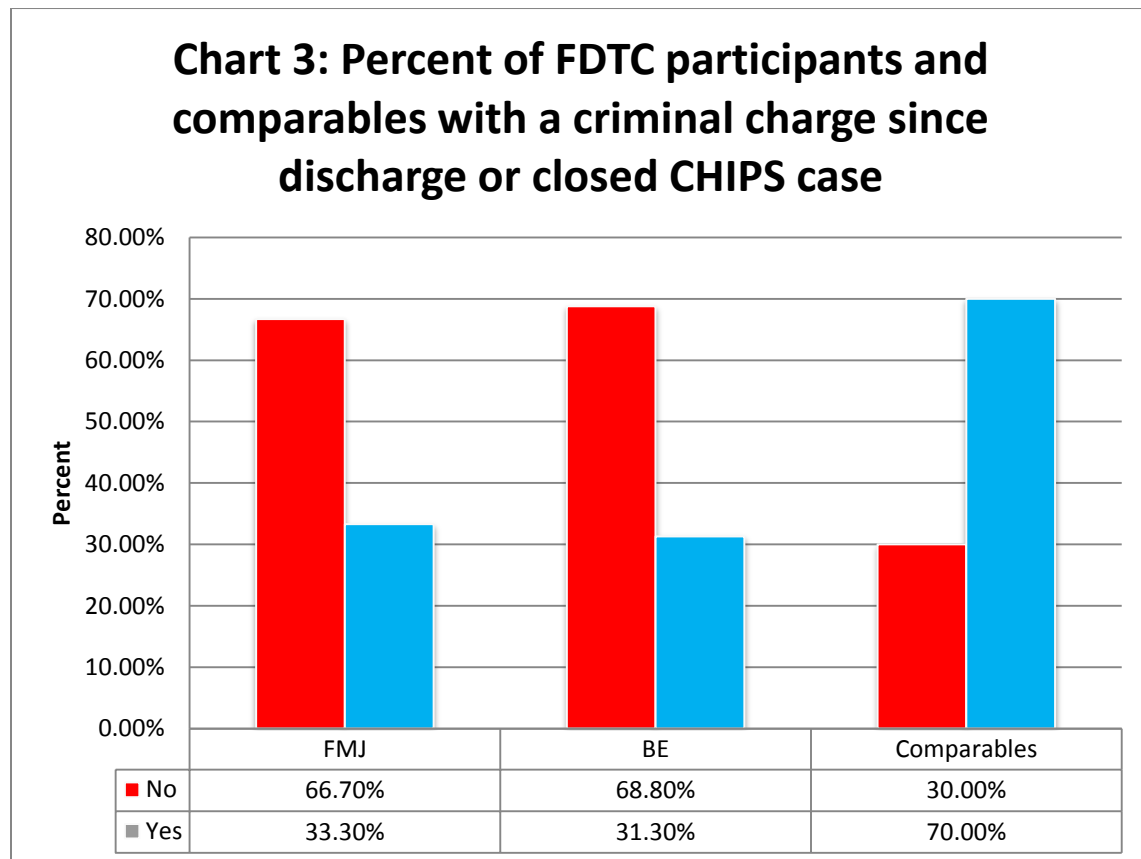
Case	Requirements			New Offense
	UAs	Other	Services	
<b>1</b>	Required to provide UAs immediately upon request.	GAL Social work case management.	Substance abuse treatment	Relapse 5/20/2013
<b>2</b>	Required to provide UAs immediately upon request	probation, CW-TCM home visits, GAL, CD assessment,	Treatment	DWI, violation of probation
<b>3</b>	Required to provide UAs immediately upon request	CW-TCM case management, CD assessment	Treatment Love and Logic parenting classes, Incarceration	Possession of substances and CSC for father.
<b>4</b>	Required to provide UAs immediately upon request	AA meetings and one year probation. Electric Home Monitoring Case management	in-patient treatment Half-Way House Love and Logic parenting class. Two days jail. Further inpatient CD treatment.	2 domestic offenses Intoxicated BAL .406. 2 Positive tests. Probation violation. Arrest for domestic and violating probation by alcohol intoxication. Three DWI’s since Nov. 2010.

obvious difference between the two sets of cases is found in the lack of follow-through with recommendations in “regular” CHIPS cases; the client, “...was supposed to attend treatment, but never completed intake/admission”. In FDTC follow-through is expected and enforced. The fact that the FMJ FDTC is guided by a philosophy and methodology that incorporates “best practices” in motivating substance abusing parents to a pro-social life speaks in favor of endorsing the approach and the constant effort at perfecting the local application of a research-supported model.

It is indeed significant that the FDTCs find the level of success suggested in the above analysis, but is there evidence that the Courts lower the level of criminal behavior for participants?

**PUBLIC SAFETY: REDUCING CRIMINAL BEHAVIOR**

Chart 3 reveals a comparison of the percent of cases in which there is a criminal charge after discharge from FDTC or after the close of a CHIPS case. The question asks whether or not the FDTCs contribute to public safety by reducing criminal behavior. Is there a significant difference between the percent of individuals who have a criminal charge after discharge from an FDTC or after their “business-as-usual” CHIPS case is closed? Here a simple “yes” or “no” is reported for the FDTC participants, whether or not they graduated from the program, and for the comparables. These data reflect a sizable percentage difference in the comparison of FDTC participants and the comparables. These differences represent success rates for the FDTCs that are more than twice that found for individuals involved in “business-as-usual” CHIPS cases.



To find that almost 70% of individuals discharged from FDTCs have no criminal charges after their experience with the program is an indication of success. The comparison data offers more validity to the argument that the work of the court is a major factor in this reduction in criminal

charges; the best measure of a reduction in criminal behavior. Table 7 below contains the number of individuals in the various categories included in the chart. Again, the numbers are small and it includes information on individuals for whom we could find offense data. These cautions should lead us to be careful about overstating our case, but this evaluator is confident that the difference that is reflected in the chart and table are defensible. To discount these data because of small and incomplete numbers would be giving up the best empirical indications we have about the association between crime reduction and the work of the BEC and FMJ FDTCs. The rule in evaluation research is to make the best argument you can with available data.

**Table 7: Criminal Charges Since Discharge form FDTC or Closed CHIPS**

Criminal Charge Since Discharge form FDTC or Closed CHIPS	FDTC			Total
	FMJ	BE	Comparables	
No	10	11	3	24
	66.7%	68.8%	30.0%	58.5%
Yes	5	5	7	17
	33.3%	31.3%	70.0%	41.5%
Total	15	16	10	41
	100.0%	100.0%	100.0%	100.0%

The argument that the BEC and FMJ FDTCs are, indeed, having an effect on lowering crime is made stronger by comparing the number and severity of offense charges for participants before they entered the courts and after they became involved with the courts. There are cautions in the interpretation of these data on criminal offenses that will be set out below. First, it is instructive to observe the rather extensive criminal histories of participants who have been accepted into the FDTCs and the significant shift in the number of criminal offenses since becoming involved in the courts.

Table 8 includes offense histories (the number of charged offenses) of participants in the two courts. The difference in the extensiveness of the offense histories for participants in these courts speaks to variations in the referral process and in the criteria used, whether formal or

informal, in selecting potential participants. Nevertheless the offense histories are significant. The BEC FDTC is clearly more willing to accept more participants with more extensive criminal experiences than is evident in these data for the FMJ FDTC. The median number of offenses for BEC participants is 20 offenses with a range of 1 to 55. The median number of offenses for those who participated in FMJ FDTC is four offenses with a range of 0 to 8. These data support the notion that the FDTCs do not lose their effectiveness when dealing with individuals who have more serious criminal histories.

**Table 8: Number and Percent of participants with given Number of Offenses before entering FDTC**

Number of Offenses	BEC FDTC			FMJ FDTC		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
0	0	0.0	0.0	1	9.1	9.1
1	1	6.7	6.7	0	0.0	9.1
2	1	6.7	13.3	0	0.0	9.1
4	0	0.0	13.3	1	9.1	18.2
5	0	0.0	13.3	<b>4*</b>	<b>36.4</b>	<b>54.5</b>
7	0	0.0	13.3	1	9.1	63.6
8	0	0.0	13.3	2	18.2	81.8
9	1	6.7	20.0	0	0.0	81.8
10	2	13.3	33.3	1	9.1	90.9
11	1	6.7	40.0	0	0.0	90.9
13	0	0.0	40.0	1	9.1	100.0
15	1	6.7	46.7	0	0.0	100.0
<b>20*</b>	<b>1</b>	<b>6.7</b>	<b>53.7</b>	0	0.0	100.0
21	1	6.7	60.0	0	0.0	100.0
22	1	6.7	66.7	0	0.0	100.0
27	1	6.7	73.3	0	0.0	100.0
28	1	6.7	80.0	0	0.0	100.0
29	1	6.7	86.7	0	0.0	100.0
40	1	6.7	93.3	0	0.0	100.0
55	1	6.7	100.0	0	0.0	100.0
Total	15	100.0		11	100.0	

- Median

While the table is instructive concerning differences in referral and acceptance processes, the table helps to set a bar against which to measure the likely effect of the courts on criminal behavior.

**Table 9: Number and Percent of Offenses for participants of BEC and FMJ FDTC since discharge, whether or not they graduated**

Number of Offenses Since Discharge	BE FDTC			FMJ FDTC		
	Frequency	Percent	Cumulative Percent	Frequency	Percent	Cumulative Percent
0*	10	66.7	66.7	7	63.6	63.6
1	1	6.7	73.3	2	18.2	81.8
2	1	6.7	80.0	0	0.0	81.8
3	2	13.3	93.3	0	0.0	81.8
5	0	0.0	93.3	1	9.1	90.9
8	0	0.0	93.3	1	9.1	100.0
9	1	6.7	100.0	0	0.0	
Total	15	100.0		11	100.0	

- Median

The two tables appear to come from totally different populations. There are a number of threats to the validity of the comparison, but to this evaluator none of those threats can explain the radically different distributions. If a criminologist were to be asked to set out an expectation pattern for future offenses from the distribution (Table 8) of offenses prior to association with the FDTCs, the pattern that emerges as revealed in Table 9 would be highly unlikely without effective intervening experiences. There are obvious cautions in interpreting a comparison of the number and seriousness of charged offenses for the period before participants entered FDTC and the period since discharge from the court. The period “before,” has a range of 1 to 17 years for these participants. The period “after” includes time frames from 10 to 70 months. These non-comparable time frames call for caution when trying to make too much of these data. However, the radical difference in the before and after data makes it difficult to account for the great reduction in charged offenses without crediting the one major intervention in these participants’ lives, the FDTC. Age, itself, may very well be a contributing factor, in that we know younger individuals are more often charged with criminal offenses, but,

again, explaining the variation in these data as attributable to some other, unknown, variable seems silly. Given the data we have we make the best argument possible; to reject these data and the entire context from which they emerge because they do not fit some arbitrary measure of verification is to accept ritualistic standards rather than useful data analysis.

Table 10 makes the argument stronger. By presenting a cross tabulation of the before and after offense data, it becomes clear that significant changes in criminal behavior (if, we assume that the number of charges offense is an indicator of criminal behavior) for these participants are evident.

**Table 10: Number and Percent of FMJ and BEC FDTC Participants in Given Offense Categories Prior to Participating in Court and After Discharge**

Number of Offenses After Entering FDTC	Number of Offenses Before Entering FDTC						Total
	0	1	2-3	4-10	11-15	16 +	
0	0	1	1	9	2	4	17
	.0%	5.9%	5.9%	52.9%	11.8%	23.5%	100.0%
1	1	0	0	1	0	1	3
	33.3%	.0%	.0%	33.3%	.0%	33.3%	100.0%
2-3	0	0	0	0	1	2	3
	.0%	.0%	.0%	.0%	33.3%	66.7%	100.0%
4-10	0	0	0	2	0	1	3
	.0%	.0%	.0%	66.7%	.0%	33.3%	100.0%
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>8</b>	<b>26</b>
	<b>3.8%</b>	<b>3.8%</b>	<b>3.8%</b>	<b>46.2%</b>	<b>11.5%</b>	<b>30.8%</b>	<b>100.0%</b>

By creating categories in which participants are placed on the basis of the number of offenses with which they have been charged, a cross tabulation is revealed which shows the shift by participants. The shaded area of Table 10 includes the number of participants who have fewer offenses after than before. The top row of the table tells us that four participants went from 16 or more offenses before to no offenses after, two went from 10-15 to zero, nine moved from 4-10 to zero and then 2-3 to 0 and one to zero. Of the 26 participants for which we have data, only one person reflects an increase in offenses from zero to one.

**Table 11: Number and Percent of Participants with DOA Offenses  
Before and After Participation in BEC and FMJ FDTC**

DOA Offense	BEC FDTC				FMJ FDTC			
	Frequency		Percent		Frequency		Percent	
	Before	After	Before	After	Before	After	Before	After
Yes	11	0	73.3	0.0	3	3	27.3	27.3
No	4	15	26.7	100.0	8	8	72.7	72.7
Total	15	15	100.0		11	100.0	11	100.0

Table 11 presents data that continues to support the effectiveness of the courts. The BEC FDTC data reveal a shift from 73% yes (had been charged with DOA offense) to 0.00% yes. It is hard to argue against these data even though they are not large numbers. Here we have 11 individuals with substance issues and not one charged offense for DOA, in these data, after discharge. For the FMJ court these data reinforces the interpretation that there is a difference in the referral and acceptance criterion for the two courts.

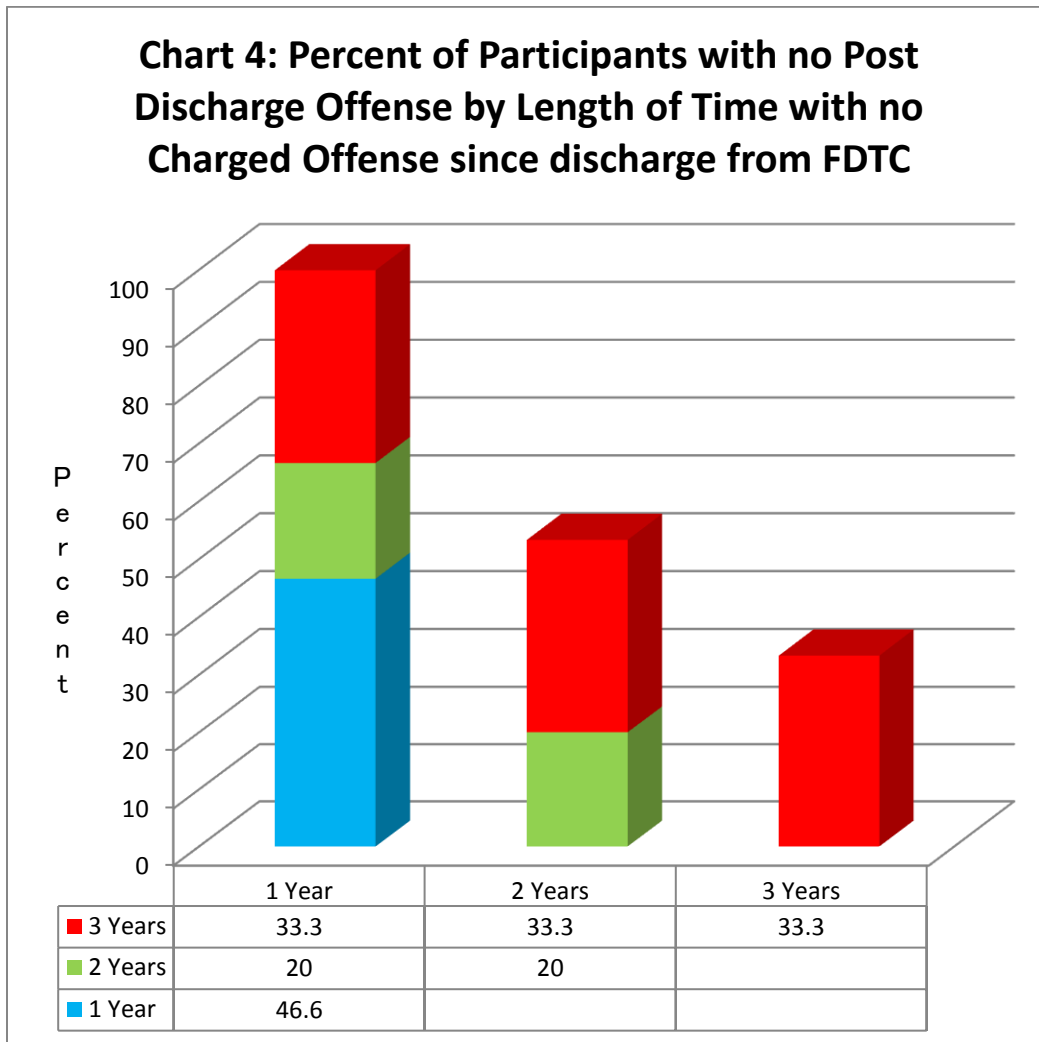
Beyond the issue of whether or not a participant is charged with an offense, it is important to consider the length of time from discharge to the first charged offense. By counting the number of days from discharge to first offense after discharge “time with no charged offense since discharge” can be determined. Chart 4 presents these data. The mean number of “crime free” months for FDTC participants who have no charged offense since discharge, whether or not they graduated, is 28.36 months. Participants with a charged offense after discharge from FDTC went without a charge for over 270 days, on average, before they had a charged offense. For those who graduated, the mean number of days until that first charged offense is 277 days with a range from 17 days to 320 days and a standard deviation of 176. For those who did not graduate, the mean number of days until that first charged offense is 270 days, with a range from 28 days to 866 days and a standard deviation of 341.

Chart 4 (next page) displays the length of time those who remain crime free after discharge have gone without a charged offense. All of the participants without a criminal charge have gone at least one year without a criminal charge. Thirty-three percent of those discharged for any reason are crime free (no charge) for three years. Fifty-three percent have a two year



period that is crime free.

For those participants who offend after discharge from the FMJ FDTC, we find if they graduated it is more likely that one goes longer than one year before getting a charged offense. If terminated, for any reason, it is more likely to receive a charged offense within the first three months after discharge.



For BEC FDTC no discernible empirical pattern emerged from these data to allow a statement about the likely impact of graduation/termination on the number of days to the first charged offense after discharge. The BEC FDTC had a graduate with a new charge 17 days from discharge and two terminated participants with 503 and 866 days from discharge to the first charged offense.

**Table 12: Level of Seriousness for Offenses before Entering FDTC and after Discharge**

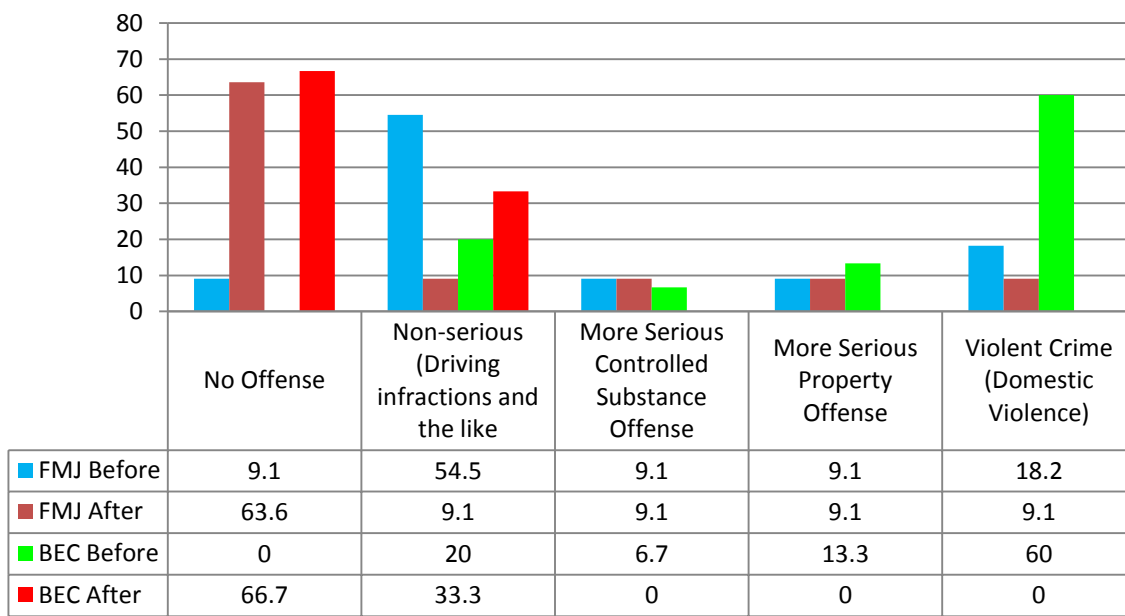
Level*	FMJ FDTC				BEC FDTC			
	Before		After		Before		After	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
0	1	9.1	7	63.6	0	0.0	10	66.7
1	6	54.5	1	9.1	3	20.0	5	33.3
2	0	0.0	0	0.0	0	0.0	0	0.0
3	1	9.1	1	9.1	1	6.7	0	0.0
4	1	9.1	1	9.1	2	13.3	0	0.0
5	2	18.2	1	9.1	9	60.0	0	0.0
<b>Total</b>	11	100.0	11	100.0	15	100.0	15	100.0

• Seriousness Levels	
0	No Offense
1	Non-serious (Driving infractions and the like)
2	Drug Possession or use (Misdemeanor)
3	More Serious Controlled Substance Offense
4	More Serious Property Offense
5	Violent Crime (Domestic Violence)

Another indicator of the whether or not the FDTCs contribute to public safety involves the consideration of the level of seriousness of offenses charged to participants before and after their experience with the courts. The largest, and maybe the most important, change in the level of seriousness is the change from “some offense” to no offense. In Table 12 the “before” and “after” comparison for “Level 0” is striking. Chart 5 presents these data in a more visual form. For the BEC FDTC there are nine individuals with level five offenses prior to participating in the Court and zero after. These are all crimes of domestic violence that have not been charged to these participants. These data reinforce the understanding that the two courts seem to be taking on somewhat different populations of CHIPS cases. For the BEC FDTC the movement from more serious to less serious or no offense at all, suggests a marked difference attributable, most likely, to the work of the Court. The data for the FMJ FDTC is not as impressive, probably because of the kind of participants they accept into their Court. Saying that is not to diminish the movement from “some crime” to “no crime” for 54% (6) of the participants for which we have before and after offense data.

**Chart 5: Percent of Participants and their most serious offense Before and After Discharge from FDTC**



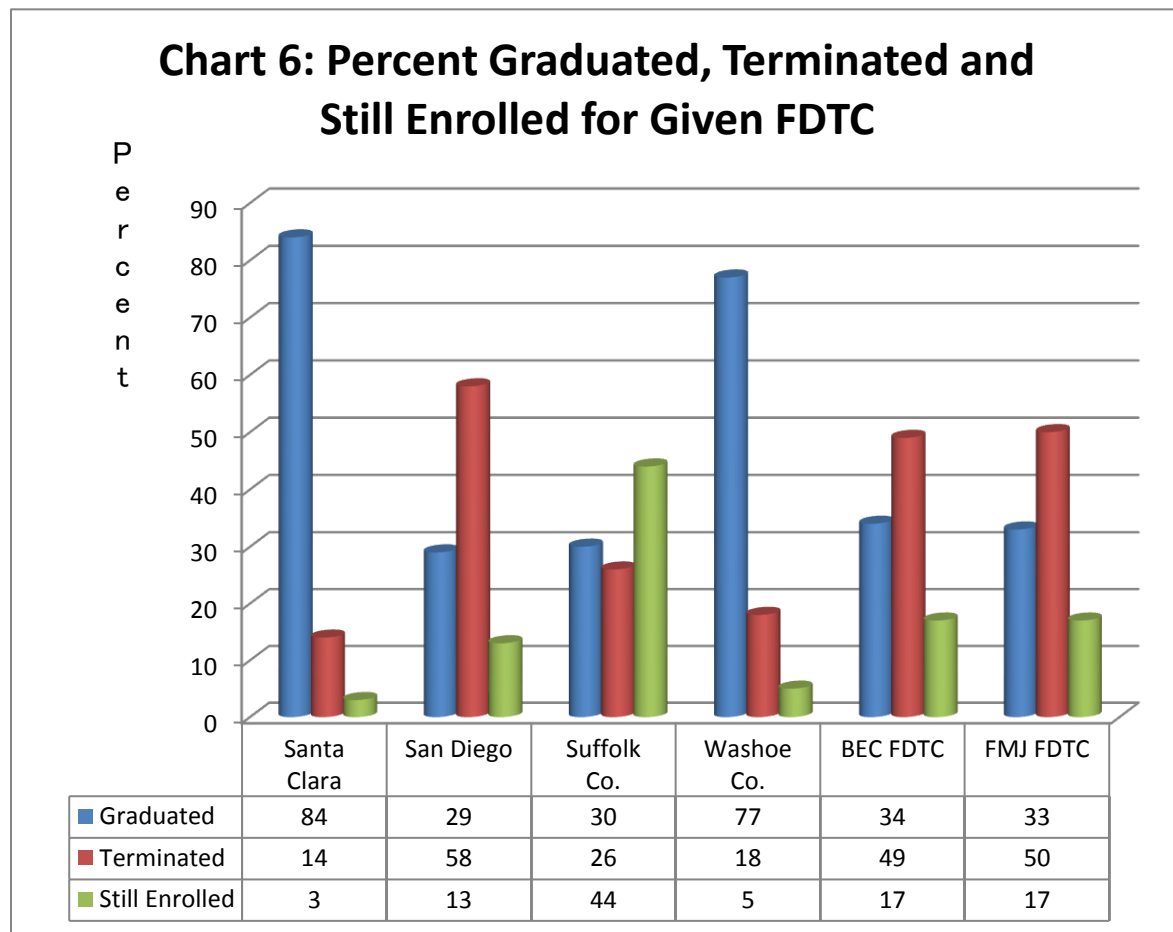
*A NOTE ON DISCHARGE STATUS*

It is surprising when considering these data and the perceptions drawn from the face-to-face interviews to discover that graduation from FDTC is not the defining accomplishment of these courts. The goal of graduating from FDTC and the actual graduation event is indeed important, but these data support the contention that being in the court, whether or not one graduates, contributes significantly to the likelihood that that participants will stay sober longer and that there will be a reduction in criminal behavior and substance abuse. It is clear that for many FDTC participants who do not reach graduation the experience is a positive one in that it assists them in making their lives more livable and makes the community safer. It is a mistake to overlook the very real benefit of “harm reduction” to the community, the participants and to their children that is not well measured, but tactilely understood.

How does BEC FDTC and FMJ FDTC stack up against other FDTCs throughout the nation? The truthful answer is I don’t know. All of these courts have a style and a personality

of their own. The one success that they all have in common is that they offer a needed alternative to “business-as-usual”.

Comparisons of this type become almost meaningless because there are so many variables that can impact graduation/termination percentages. Without knowing much more about how these courts operate, who they accept into their court, what size of budget funds the courts, what is the criterion for graduation and on what basis would an individual be terminated. The differences between BEC FDTC and FMJ FDTC are enough to argue that a comparison is hardly justified. The rural nature of the FMJ FDTC and its tri-county characteristic makes it a different type of FDTC than is found in Blue Earth County. Acknowledging the inadvisability of making comparisons between these courts opens a gaping hole in any argument that hopes to make valid and reliable assessments about the operation of courts on the basis to comparing outcomes of various courts.



## DAYS IN FOSTER CARE

How long it takes for children to get “settled” in their own home or in a permanent, safe environment is of real concern to the work of the FDTCs. Limiting the length of time in foster care is associated with the welfare of children. Instability has been shown to have serious negative effects on children.<sup>2</sup> While the FDTC and social services are focused on assuring the welfare of children there is some tension in the way they go about it. The FDTC maintains the goal of reuniting families as its top priority, with an alternative safe and permanent placement for the child as a “fallback” position that can be defined as a success. Social services has developed a tool they call “concurrent planning” to assure that if reunification does not work out there is a back-up plan (sometimes more than one) to place the child in foster care and move on with termination proceedings to take permanent custody from the parent. Regardless of which approach one takes to protecting the welfare of the child it is crucial that the time it takes to permanently settle a child is important. Currently in the United States, children placed in temporary arrangements (foster care with a relative or with others) stay in care for an average of two years<sup>3</sup> In order to counter the negative effects of long-term, out-of-home placements, The Adoption and Safe Families Act (ASFA) was passed in 1997 places a limit of 12 months on the length of time for a biological parent to “make significant progress on the goals outlined by the reunification plan”.<sup>4</sup>

Chart 7 sets out the average number of days required to get children permanently settled in a safe and supportive home. The BEC FDTC accomplished this in a significantly fewer days than was required for the comparable cases that employed a “business-as-usual” approach. It required an average of 41.93 days to get to permanency for the fourteen cases in the BEC FDTC in which the family was reunited and an average of 212.25 days for the seven BEC FDTC cases that had children placed in homes other than their parent’s. The three cases in which

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<sup>2</sup> Consequences of Placing Children in Foster Care: Issues in Child Welfare Research, Joseph Doyle, MIT Sloan & NBER Presentation to: 2013 TN Commission on Children and Youth; Children’s Advocacy Days

<sup>3</sup> ACADEMY OF PEDIATRICS Developmental Issues for Young Children in Foster Care, Committee on Early Childhood, Adoption and Dependent Care, *Pediatrics Vol. 106 No. 5* November 1, 2000 pp. 1145 -1150

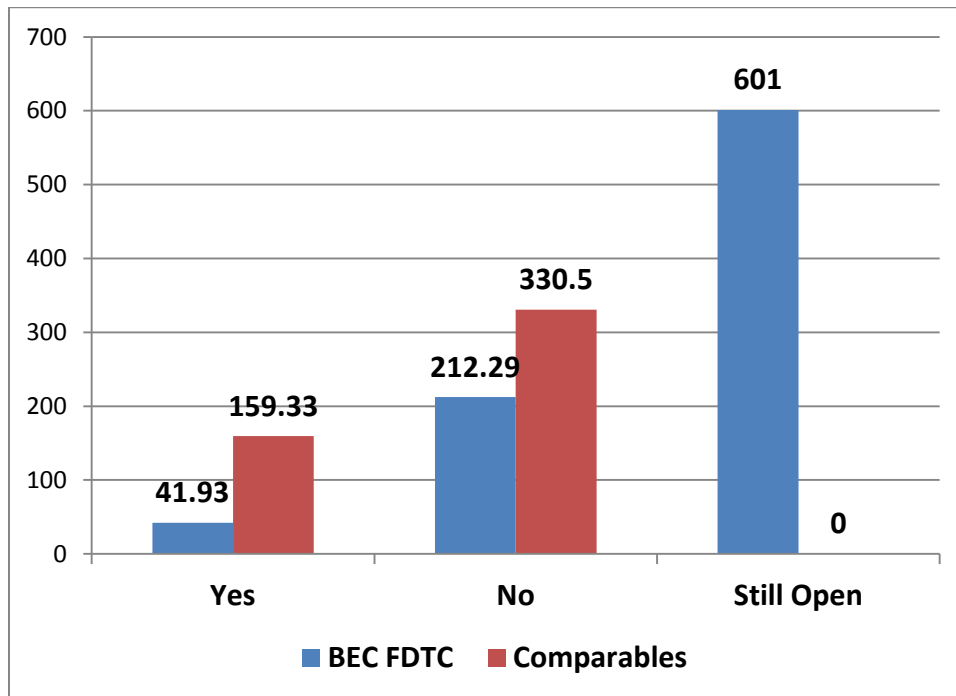
<sup>4</sup> ADOPTION AND SAFE FAMILIES ACT OF 1997 P.L. 105-89 H.R. 897 ENACTED NOVEMBER 19, 1997 PURPOSE: TO PROMOTE THE ADOPTION OF CHILDREN IN FOSTER CARE, THIS ACT AMENDED TITLE IV-E OF THE SOCIAL SECURITY ACT.

**Table 13: Average Number of Days to Permanency\* for BEC FDTC and Comparables for cases in which children were returned to parents and were not returned**

Children Returned to Parents	BEC FDTC		Comparables	
	Mean	N	Mean	N
Yes	41.93	14	159.33	3
No	212.29	7	330.50	6
Still Open	601.00	1	0	0
Total	121.55	22	273.44	9

\* By permanency is meant that children are in a permanent home whether with biological parents or others.

**Chart 7: Average Number of Days to Permanency\* for BEC FDTC and Comparables for Cases in Which Children were Returned to Parents and Were Not Returned**



children were reunited to parents in the comparison county had an out-of-home average of 159.33 days. The six remaining cases averaged 330.5 days to see children permanently placed. For the BEC FDTC, one case was still open and had 601 days with no permanent placement at the time these data were collected. These data give support to the claim that children are more often returned to the parent(s) and returned more quickly.

**BEC: TEAM PERCEPTIONS ON THE OPERATION OF THE FDTC AND EFFECTIVENESS OF VARIOUS ROLES IN THE COURT**

DO TEAM MEMBERS HAVE A POSITIVE PERCEPTION OF THE FUNCTIONING OF THE VARIOUS ASPECTS OF THE BEC FDTC?

Perceptions of BEC FDTC team members on various aspects of the operation of the FDTC and on the roles performed by various team members are reflected in the table below. The average ratings for the items are reported along with the average ratings for teams in other courts. The team survey responses are helpful in directing your team toward issues that might enhance the work of your Family Dependency Treatment Court. These data should not be interpreted as an objective measure of success or failure. The average score for all items is 2.04; a score that reflects general “agreement” on issues related to your court. The most negative score is 2.88; a score that does not get into a “negative” range. Three sets of scores for the “team survey” are presented as a means of allowing comparisons with your team’s responses. The other teams are in many ways not equivalent to your team, but they are drug court teams with much the same mandate to conform to the 10 key components that define your court. The scores for column 3 and 4 are from two assessments of a well-respected court from a large metropolitan area. The scores in the 5<sup>th</sup> column are the average ratings for all drug courts in the State of Minnesota that were reported in the statewide evaluation (Not all items are common to the two surveys).

Please indicate your level of agreement or disagreement with the following statements using a five point scale with: 1= Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree

<b>Team Survey: BEC FDTC Average ratings in column 1</b>		<b>Average Scores</b>				
Team’s Average Assessment of:		1.	2.	3	4	5.
1.	Participants’ due process rights are protected in the Drug Court Process.	2.37	1.69	1.17	1.00	1.70
2.	Eligible participants are promptly advised about program requirements and relative merits of participating.	1.38	1.77	1.20	1.29	1.80
3.	Consequences for program compliance/non-compliance are clearly explained to participants.	1.88	1.77	1.60	1.14	2.10
	Representatives from the court, community, treatment,					

4.	health, and criminal justice agencies meet regularly to provide guidance and direction to the drug court program.	1.38	1.38	1.17	1.57	1.80
5.	Drug Court Policies and procedures are developed collaboratively.	2.00	1.62	1.67	1.57	1.70
6.	Drug court services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.	2.38	2.15	1,50	1.57	2.10
7.	Treatment services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.	2.26	1.85	1.33	1.57	2.00
8.	Services are designed to address the particular issues of women and other special populations.	2.12	2.46	na	na	2.00
9.	A wide range of supportive services are available to meet participants' needs.	1.50	2.23	1.33	1.57	2.30
10.	Mental health services are provided to participants in a timely manner.	1.75	1.69	1.33	1.57	2.30
11.	Case management services are used to assess participant progress and needs and to coordinate referrals.	1.89	1.69	1.17	1.17	1.80
12.	Service accommodations are made for persons with physical disabilities.	2.12	2.51	1.50	1.67	2.30
13.	Service accommodations are made for persons with limited literacy and/or not fluent in English.	2.50	2.69	1.50	1.67	2.20
14.	Service accommodations are made for persons who need child care.	2.12	3.07	1.50	1.67	2.40
15.	Participants are periodically assessed to ensure proper participant to treatment matching.	2.00	2.23	1.17	1.29	2.00
16.	AOD testing policies and procedures are based on established and tested guidelines (best practices)	2.25	2.23	na	na	2.10
17.	The court is immediately notified when a participant has tested positive, failed to submit a test or falsified test results.	2.50	1.85	1.33	1.67	2.30
18.	The court applies appropriate sanctions and incentives to match participant progress.	1.88	2.38	1.33	1.67	2.30
19.	The coordinator reviews monitoring and outcome data periodically to analyze program effectiveness and shares the analysis with the team.	2.25	2.38	1.33	1.43	
20.	Evaluation data and analysis is used to confirm or modify aspects of the program.	2.38	2.23	1.33	1.25	
21.	Needs of public safety are being served through the Drug Court processes of screening, case management and procedures.	1.88	1.69	1.33	1.29	
22.	Drug Court has a good screening process.	2.12	2.31	1.33	1.43	
23.	The "Phase System" of Drug Court works well.	1.71	2.00	na	Na	
24.	Appropriate participants are being admitted to Drug Court.	2.00	2.54	na	na	



25.	The procedures of the Drug Court sessions work well.	2.12	1.69	1.17	1.43	
26.	Drug Court is having a positive impact on its participants.	1.50	1.85	1.17	1.29	
27.	Procedures are used to protect confidentiality and prevent unauthorized disclosure of personal information.	1.62	1.77	1.33	1.29	
28.	The Drug Court supports mental health treatment for participants in a timely manner.	1.50	1.33	1.33	1.57	
29.	The mental health treatment providers work well with the Drug Court team (e.g. sharing information, coordinating services).	1.75	1.91	na	Na	
30.	The mental health treatment providers have a good rapport with program participants.	2.62	1.83	na	ns	
31.	The supervising agent understands the participants' needs.	2.12	1.62	1.00	1.00	
32.	The supervising agent gives participants appropriate service referrals.	2.12	1.75	1.00	1.14	
33.	The supervising agent works well with the team (e.g. sharing information, coordinating services).	2.00	1.66	1.14	1.00	
34.	The supervising agent has a good report with program participants.	2.00	1.66	na	na	
35.	The prosecuting attorney is a full partner in the drug court process.	1.88	2.00	1.14	1.14	
36.	The prosecuting attorney has a good rapport with the program participants.	2.50	2.31	1.00	1.14	
37.	The prosecuting attorney works well with the team (e.g., sharing information, contributing perspectives).	1.88	1.83	1.00	1.00	
38.	The defense attorney is a full partner in the drug court process.	2.38	1.67	1.17	1.14	
39.	The defense attorney has a good rapport with the program participants.	2.00	1.91	1.00	1.17	
40.	The defense attorney works well with the team (e.g., sharing information, contributing perspectives).	2.12	1.71	1.00	1.00	
41.	The law enforcement officer understands the participants' needs	2.56	2.15	na	na	
42.	The law enforcement officer works well with the team (e.g., sharing information, coordinating services).	2.50	2.17	na	na	
43.	The law enforcement officer has a good rapport with the program participants.	2.43	2.17	na	na	
44.	I have received training relevant to drug court within the past year.	1.62	2.08	1.50	1.71	
45.	The training I received was beneficial.	2.00	1.73	1.67	2.00	
46.	The training information I received has been incorporated into Drug Court policy manual or operating procedures.	2.88	2.45	2.33	2.14	
47.	The judge is knowledgeable about participants' progress in the program.	1.88	1.42	1.20	1.29	
48.	Participants' relationships with the judge promote					

	motivation and accountability.	1.75	1.31	1.00	1.29	1.70
49.	The Judge interacts with each participant at least for three minutes at court sessions.	2.00	2.31	na	na	
50.	The judge seems genuinely interested in the participants.	1.88	1.31	1.00	1.29	
51.	The coordinator assures effective communication between team members.	2.62	1.50	na	na	
52.	The coordinator works well with the team (e.g., sharing information, coordinating services.)	2.00	1.18	1.00	1.43	
53.	The coordinator has good rapport with the program participants.	1.75	1.67	1.00	1.29	
54.	The coordinator has good rapport with the members of the team.	1.75	1.42	1.00	1.29	
55.	The coordinator is an effective manager of the program.	2.00	1.33	1.00	1.29	
	Team average on all factors	2.04	1.91	1.26	1.38	

In order to make these data useful the team might choose to prioritize the topics starting with those with the more negative average scores and proceeding through the list. Items that received “disagree” (4) responses are highlighted in the discussion below so that differences in perception may be resolved or needed adjustments made. The average scores do not always allow for recognition of possible important differences in team member’s assessments. It is worth noting that no “strongly disagree” responses were given in this survey.

The average scores in the table below are based on eight team members’ responses. A rating of 1.00 indicates that all respondents “strongly agree” with the given statement and a score of 5.00 would result from every response being “strongly disagree”. Team members were asked, “please indicate your level of agreement or disagreement with the following statements using a five point scale with: 1= Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree”.

As the table indicates, there is a positive assessment of how your team is functioning. Responses suggest general agreement that the rights of participants are being protected and that participants receive clear explanation of requirements. Some discussion of whether or not the due process rights of participants are being protected well enough should be considered in that some respondents “disagreed” with item 1.

The series of statements concerning the operation of the BEC FDTC received a majority of positive responses. However, lower average scores are recorded for the degree to which the court accommodates or has special services available to respond to racial, gender, religious differences or to the special needs of participants including limited literacy or non-English speaking. There is some disagreement that testing policies and procedures for DOA are based on best practices guidelines (item 16). Again, most of the team does not see a problem in this area, but there is enough disagreement to make testing a focus of consideration. Some

concern is registered about the extent to which evaluation data and analysis is used to support or modify court procedures. Again, average scores are not indicative of serious problems, but are lower than average for these data should be used to direct attention to areas for team enhancement. The integration of the mental health providers might well be a team focus. Rapport with participants can be a learned skill that can be enriched with more interaction with team members who have more experience with FDTC participants. The development of rapport for a prosecuting attorney can be challenging. The 2.50 average rating reflects this challenge. By comparing the scores on this survey obtained for the BEC FDTC and those in columns 3 and 4 one can discern a pattern of very positive scores for items related to the relationship between team members and participants. What may be operating here is the positive image of team members when participants view the team in a positive light. The more united the team, the more positively members are perceived by participants.

The generally positive perceptions of the degree to which law enforcement “understands the participants’ needs works well with the team and has good rapport with participants” is noteworthy in that it counters the dominant attitude that law enforcement’s opposition to the drug courts, including the FDTC, characterizes its interaction with drug court teams and participants. However, the lower than average scores (for these data) relating to the role of law enforcement on the team and in interaction with participants could be enhanced with more visible participation in staffings and court hearings.

Some indicate that not enough information gained in training is integrated into policies and procedures (item 46 score 2.88). A discussion about specific elements that might be included in the policy manual to take advantage of training would be advised.

Discussion about steps that could be taken to improve the effectiveness of communication between the coordinator and team members may be useful in enhancing team functioning. As with any of the issues that received lower than average scores, (for these data) the effort to improve communication is not driven by a team perception that this is a serious problem. By focusing on issues which have less positive scores the court can stay engaged in a process of quality improvement.

## **FMJ: TEAM PERCEPTIONS ON THE OPERATION OF THE FDTC AND EFFECTIVENESS OF VARIOUS ROLES IN THE COURT**

### **DO TEAM MEMBERS HAVE A POSITIVE PERCEPTION OF THE FUNCTIONING OF THE VARIOUS ASPECTS OF THE FMJ FDTC?**

The team survey responses are helpful in directing your team toward issues that might enhance the work of your Family Dependency Treatment Court. These data should not be interpreted as an objective measure of success or failure. The average scores in the table below are based on 13 team members' responses.<sup>5</sup> The concern over the validity of responses should remain a caution to interpretation, but no more so than is justified in any survey research data. The average score for all items is 1.91; a score that falls between "strongly agree" and "agree." The only item that is rated more negative than "neutral" (the middle score) asks about the accommodation made for individuals who need child care with an average score of 3.07. Three sets of scores for the "team survey" are presented as a means of allowing comparisons with your team's responses. The other teams are in many ways not equivalent to your team, but they are drug court teams with much the same mandate to conform to the Ten Key Components that define your court. The scores for column 3 and 4 are from two assessments of a well-respected court from a large metropolitan area. The scores in the 5<sup>th</sup> column are the average ratings for all drug courts in the State of Minnesota that were reported in the statewide evaluation. (Not all items are common to all surveys)

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<sup>5</sup> Some concern for the validity of these data was registered because the initial item in the on-line survey asked team members to indicate their court affiliation with a drop-down menu that included all the specialty courts in Minnesota's 5<sup>th</sup> Judicial District. Five of the 13 team members **misidentified** their affiliation. Given the very specific direction asking team members to complete the survey, ("As part of the evaluation I need your perceptions concerning the FDTC team by completing an on-line survey...") I am confident that these data reflect responses concerning the FMJ FDTC, and the faulty identification of court affiliation is a product of survey design rather than confusion over the court being evaluated. The research on "careless responses in survey data" provides further reason for assuming the validity of these data. See. Meade, A. W., & Craig, S. B. (2011, April) Identifying careless responses in survey data. Paper presented at the 26th Annual Meeting of the Society for Industrial and Organizational Psychology, Chicago, IL

<b>Team Survey: FMJ FDTC average ratings in column 1</b>					
	Team's Average Assessment of:	1	2	3	4
1.	Participants' due process rights are protected in the Drug Court Process.	1.69	2.37	1.17	1.00
2.	Eligible participants are promptly advised about program requirements and relative merits of participating.	1.77	1.38	1.20	1.29
3.	Consequences for program compliance/non-compliance are clearly explained to participants.	1.77	1.88	1.60	1.14
4.	Representatives from the court, community, treatment, health, and criminal justice agencies meet regularly to provide guidance and direction to the drug court program.	1.38	1.38	1.17	1.57
5.	Drug Court Policies and procedures are developed collaboratively.	1.62	2.00	1.67	1.57
6.	Drug court services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.	2.15	2.38	1.50	1.57
7.	Treatment services are sensitive to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.	1.85	2.26	1.33	1.57
8.	Services are designed to address the particular issues of women and other special populations.	2.46	2.12	na	na
9.	A wide range of supportive services are available to meet participants' needs.	2.23	1.50	1.33	1.57
10.	Mental health services are provided to participants in a timely manner.	1.69	1.75	1.33	1.57
11.	Case management services are used to assess participant progress and needs and to coordinate referrals.	1.69	1.89	1.17	1.17
12.	Service accommodations are made for persons with physical disabilities.	2.51	2.12	1.50	1.67
13.	Service accommodations are made for persons with limited literacy and/or not fluent in English.	2.69	2.50	1.50	1.67
14.	Service accommodations are made for persons who need child care.	3.07	2.12	1.50	1.67
15.	Participants are periodically assessed to ensure proper participant to treatment matching.	2.23	2.00	1.17	1.29
16.	AOD testing policies and procedures are based on established and tested guidelines (best practices)	2.23	2.25	na	na
17.	The court is immediately notified when a participant has tested positive, failed to submit a test or falsified test results.	1.85	2.50	1.33	1.67
18.	The court applies appropriate sanctions and incentives to match participant progress.	2.38	1.88	1.33	1.67
19.	The coordinator reviews monitoring and outcome data periodically to analyze program effectiveness and shares the analysis with the team.	2.38	2.25	1.33	1.43
20.	Evaluation data and analysis is used to confirm or modify aspects of the program.	2.23	2.38	1.33	1.25
21.	Needs of public safety are being served through the Drug Court processes of screening, case management and procedures.	1.69	1.88	1.33	1.29

22.	Drug Court has a good screening process.	2.31	2.12	1.33	1.43
23.	The “Phase System” of Drug Court works well.	2.00	1.71	na	na
24.	Appropriate participants are being admitted to Drug Court.	2.54	2.00	na	na
25.	The procedures of the Drug Court sessions work well.	1.69	2.12	1.17	1.43
26.	Drug Court is having a positive impact on its participants.	1.85	1.50	1.17	1.29
27.	Procedures are used to protect confidentiality and prevent unauthorized disclosure of personal information.	1.77	1.62	1.33	1.29
28.	The Drug Court supports mental health treatment for participants in a timely manner.	1.33	1.50	1.33	1.57
29.	The mental health treatment providers work well with the Drug Court team (e.g. sharing information, coordinating services).	1.91	1.75	na	na
30.	The mental health treatment providers have a good rapport with program participants.	1.83	2.62	na	ns
31.	The supervising agent understands the participants’ needs.	1.62	2.12	1.00	1.00
32.	The supervising agent gives participants appropriate service referrals.	1.75	2.12	1.00	1.14
33.	The supervising agent works well with the team (e.g. sharing information, coordinating services).	1.66	2.00	1.14	1.00
34.	The supervising agent has a good rapport with program participants.	1.66	2.00	na	na
35.	The prosecuting attorney is a full partner in the drug court process.	2.00	1.88	1.14	1.14
36.	The prosecuting attorney has a good rapport with the program participants.	2.31	2.50	1.00	1.14
37.	The prosecuting attorney works well with the team (e.g., sharing information, contributing perspectives).	1.83	1.88	1.00	1.00
38.	The defense attorney is a full partner in the drug court process.	1.67	2.38	1.17	1.14
39.	The defense attorney has a good rapport with the program participants.	1.91	2.00	1.00	1.17
40.	The defense attorney works well with the team (e.g., sharing information, contributing perspectives).	1.71	2.12	1.00	1.00
41.	The law enforcement officer understands the participants’ needs	2.15	2.56	na	na
42.	The law enforcement officer works well with the team (e.g., sharing information, coordinating services).	2.17	2.50	na	na
43.	The law enforcement officer has a good rapport with the program participants.	2.17	2.43	na	na
44.	I have received training relevant to drug court within the past year.	2.08	1.62	1.50	1.71
45.	The training I received was beneficial.	1.73	2.00	1.67	2.00
46.	The training information I received has been incorporated into Drug Court policy manual or operating procedures.	2.45	2.88	2.33	2.14
47.	The judge is knowledgeable about participants’ progress in the program.	1.42	1.88	1.20	1.29
48.	Participants’ relationships with the judge promote motivation and accountability.	1.31	1.75	1.00	1.29
49.	The Judge interacts with each participant at least for three minutes at court sessions.	2.31	2.00	na	na
50.	The judge seems genuinely interested in the participants.	1.31	1.88	1.00	1.29

51.	The coordinator assures effective communication between team members.	1.50	2.62	na	na
52.	The coordinator works well with the team (e.g., sharing information, coordinating services.)	1.18	2.00	1.00	1.43
53.	The coordinator has good rapport with the program participants.	1.67	1.75	1.00	1.29
54.	The coordinator has good rapport with the members of the team.	1.42	1.75	1.00	1.29
55.	The coordinator is an effective manager of the program.	1.33	2.00	1.00	1.29
	Team average on all factors	1.91	2.04	1.26	1.38

In order to make these data useful the team might choose to prioritize the topics starting with those with the more negative average scores and proceeding through the list. Items that received “disagree or strongly disagree” (4 or 5) responses are highlighted in the discussion below so that differences in perception may be resolved or needed adjustments made. The average scores do not always allow for recognition of possible important differences in team member’s assessments.

A rating of 1.00 indicates that all respondents “strongly agree” with the given statement and a score of 5.00 would result from every response being “strongly disagree.” Team members were asked, “please indicate your level of agreement or disagreement with the following statements using a five point scale with: 1= Strongly Agree, 2=Agree, 3=Neutral, 4=Disagree, 5=Strongly Disagree.”

As the table indicates, there is a positive assessment of how your team is functioning. Responses suggest general agreement that the rights of participants are being protected and that participants receive clear explanation of requirements. Some discussion of whether or not participants receive enough knowledge of consequences for compliance and non-compliance (item 3) may be useful. On this item there were “disagree” and “strongly disagree” responses.

The series of statements concerning the operation of the FDTC received a majority of positive responses. However, lower average scores are recorded for the degree to which the court accommodates or has special services available to respond to racial, gender, religious differences or to the special needs of participants including limited literacy or non-English speaking. Accommodations for people who need child care (item 14) was given the lowest average score by team members. There is disagreement that testing policies and procedures

for DOA are based on best practices guidelines (item 16). Again, most of the team does not see a problem in this area, but there is enough disagreement to make testing a focus of consideration. Enough “disagree” responses, although a minority, were obtained to suggest a consideration of whether or not the court applies appropriate sanctions and incentives to match participant progress. Questions of whether or not the court has a good screening process and is admitting appropriate participants were given neutral or negative responses by team members. Here again, the average rating is not indicative of a perceived major problem, but there is enough disagreement to call for a team discussion about the processes.

The level of agreement with statements concerning “the prosecuting attorney” offer some ambiguity in that the multi-county court respondents may be applying the statements to different “prosecuting attorneys”. The distribution of scores indicates a level of disagreement on the team that warrants a focused discussion to clarify and/or enhance the effectiveness of the team.

Rapport with participants can be a learned skill that can be enriched with more interaction with team members who have more experience with FDTC participants. The development of rapport for a prosecuting attorney can be challenging. The 2.31 average rating reflects this challenge. By comparing the scores on this survey obtained for the FMJ FDTC and those in columns 3 and 4 one can discern a pattern of very positive scores for items related to the relationship between team members and participants. What may be operating here is the positive image of team members when participants view the team in a positive light. The more united the team, the more positively members are perceived by participants.

The generally positive perceptions of the degree to which law enforcement “understands the participants’ needs, works well with the team and has good rapport with participants” is noteworthy in that it counters the dominant attitude that law enforcement’s opposition to the drug courts, including the FDTC, characterizes its interaction with drug court teams and participants.



The team's highest level of agreement was given for their perception of both the degree to which the Judge "seems genuinely interested in the participants" and that "participants' relationships with the judge promote motivation and accountability". Responses indicated that perception by most of the team agreed that the judge interacted for at least three minutes with each participant, but the disagreement by some calls for a discussion of this aspect of court hearings.

## **Face-to-Face Interviews with Members of the Blue Earth County Family**

### **Dependency Treatment Court**

Data from face-to-face interviews with members of the Blue Earth County Family Dependency Treatment Court were collected in order to gain insight into the extent to which the team 1) is an effective team; 2) gains from the benefits that emerge out of team membership; and 3) reports possible issues that could be addressed to increase the effectiveness of the team.

### **FOCUS ON THE TEAM**

Karl Mulle: "I believe that people and organizations gain momentum and are re-energized when they can achieve their personal goals within the context of strong and healthy personal relationships". Karl Mulle explains the importance of different elements in a good team. He uses Native American metaphors as a means of analysis and team development in pointing out that a team needs vision (the eagle), on the ground detail focus (the mouse), a thrust to push through (the buffalo), and the grumbler (the bear). Interviews with team members revealed a healthy presence of these elements and a general awareness of the importance of each. As with most teams in our culture, the "grumbler" was most often mentioned as valuable to "keeping us on track" and most often concerned that others would see the critiques as an indication of less commitment to the team effort.

Effective and healthy teams can consistently recreate themselves to respond to changing conditions and can acknowledge and resolve conflicts when they arise. Indications of team health are found in the level of trust in the team and in the respect team members have for one

another. The face-to-face interviews provided evidence for mutual respect among the members of the Blue Earth County FDTC team. There are conflicts, but team members indicate genuine admiration for the commitment, competence and understanding of team members. Differences that emerge from various perspectives and interests do, on occasion, result in frustration. The best interest of the children, treatment of substance abusing parents, mental health concerns, public safety and the safety of the individual, the credibility of the program and simple conformity to program norms all have their strong advocates on the team. To this mix we can add personalities, status disparities, personally held values and the trying tasks associated with motivating individuals, who are not often ready to embrace change, to turn a complete 180 in their behavioral patterns and the way they think about their lives. Under trying conditions the Blue Earth County Family Dependency Treatment Team finds hope in their work and strength in their collaboration.

### **THE TEAM HELPS**

The respect that team members have for one another is reflected in comments made during responses to questions about the benefits that emerge from the work of the FDTC. The following characteristic comments help to support the notion that this is a well-functioning team:

“This team is led by a judge who is very well respected by team members. He is a good man... the most honest man I know... he is honest and expects honesty from others. At graduations they (participants) say really genuine things about him and what he does.”

“No one works harder than our coordinator for drug courts. His work with the community has made it possible to get our people jobs and gets people out there (the community) to know what we do. He may be a bit more punitive than most of us, but he is in the middle of ‘if you do the crime, you do the time,’ and ‘incentives, incentives and more incentives.’ I would rather have him with his passion than a top-notch bureaucrat with impeccable time management. He’s an asset.”

“We are pushed, I mean in a good way, by the Guardians Ad Litem that work with us, or really as team members, to remember to focus on the children. It’s easy for us to just think about the adult because that has been what we have been trained for. Their voice helps us and is appreciated even though they probably think we don’t value them as much as we do. They make it more complicated, but it is complicated.”

“When I ask these participants who they trust on the team, who are they going to mention? Easy answer is treatment and \_\_\_\_\_ (case manager). The child protection person is harder for them to trust until the end. She does a really good job. Listen to the graduation speeches to find out how they value her. Same thing for the Judge, they don’t trust him as the beginning, but he wins them over.”

“Of all the police officers in Mankato she is the most involved. She is the most conversational with them (the participants). Should be a cop there (at meetings). We could learn so much from her insights and experiences with our clients and others like our clients. We need her voice.”

“Our child protection person has a nice pace. She has a good sense of when to push and when too much pushing will alienate our participant. She deserves 100% trust from this team.”

“...I forget that they’re lawyers. You can’t really tell who is who when we’re talking about a case, but they are protective of rights and the law. They use their legalese to help our clients and the team. And they’re volunteers.”

“The treatment folks, sometimes they really frustrate me, but they are strong advocates for the people in this court. More than anyone they remind us that addiction is a disease and not a choice for our clients. Without their strong voices, we sink.”

“Bringing on mental health counselors has been a major move for us. It may not be as important what they tell us as what they tell our clients. To get them to understand their own mental health and how to manage it is invaluable.”

“... resources that she (social service worker) informs us of and helps clients to get their hands on is the foundation for many folks when they try to get out of the hole they are in. Her input, her knowledge of resources just keeps surprising me. We have a daycare issue, a transportation issue, a housing issue, a food issue, an employment issue; whatever, we look to her. She knows right now who qualifies for what and what has to happen to get a person qualified. Helpful? Duh.”

How does being on this team benefit, you, the participants, the children involved, and the community? There is universal agreement that this team and the FDTC itself is a significant benefit. Team members value being on this team. It’s not that there are no frustrations, this is frustrating work, but the FDTC is seen as a model that actually works.

“It’s huge what you learn from being on the team.”

“I wouldn’t call it (the team) a smooth running machine. Our cases are all unique and call for trying something new almost with every participant. But, the team understands that and everyone pitches in to give his or her best advice on how to proceed; how to find that key to unlocking the potential that is in all these people. But, it can get frustrating.”

“...it means less time for me. That weekly information is great. I get a lot more information from the team. I have to do less and get to see the amount of supervision... monitoring increase, and a lot of services.”

“Everyone is better served. I have more people to talk to that know and care. ...a broader range of resources.”

“...cases more serious than normal CHIPS. With the team we can give them what they need. They say the court helps them. We give each other on the team a sense of what we do. Why would we know? No one ever expected us to know what goes on in treatment or with someone’s mental health. I bring other information, my information, and share it with the team.”

“Being on this team.... I have been given an opportunity to learn about different ways to deal with people, and it has given me a lot more tools I might not have been knowledgeable of prior to FDTC because as a typical counselor you are not going to have access to that information.”

“For me it’s the communication on the team that makes it work. FDTC cases are absolutely better served than cases being handled in traditional ways. Communication between the team, the information I get saves me time and effort. I would never get information I do get by sitting at the table.”

How does being on this team help you with these cases and with other CHIPS cases you deal with? “I have a better understanding of these kinds of cases and I have a much better understanding of the services that are available. And that is something that is not necessarily my job. But finding all this stuff and hearing all this from professionals makes a difference for me. The impact of drug addiction or mental illness is much more real to me. Oh, yes I do gain a lot; I have learned a lot. I assumed this is the way it was, but now I see it.”

“There is more success in treatment, and it is better...having longer period of treatment, social service involvement, having the ability to discuss these cases in a team environment. Here’s as example; a participant gave each of us, three of us, a different story about a situation and we discovered that at the next team meeting. Without the team it could be a month before you found out about what really happened, if at all. And, then you know way more about what this participant is doing and the fact that she is telling all of us what she wants us to believe about her rather than being honest. This is extremely helpful; without the team we would be operating on a false understanding of this person and what actually happened. In a typical environment that would not be caught for two or three months.”

“Benefits? We help clients understand and accept the lessons that other team members have to offer. I can help clients understand the point of view of the guardian. In many CHIPS cases the guardian ad litem is seen as unreasonable and too critical of the parent. I can soften it up a little. I bridge the thing with social services child protection person. I am another set of ears

and I can help clients see that a team member is really trying to help them or their children. And, others do the same for me.”

Turnover is an indication of job satisfaction: “The low turnover on the team tells a lot. Our case manager accepted an opportunity to coordinate another drug court and was replaced with a probation agent who worked with the team during an internship. There has been turnover in both the defense attorney and the county attorney, but only a single replacement for both. Most of us have been with the team for more than 18 months and many of us have over three years with the team. If we didn’t like it and if we thought we could be more successful doing what we did with CHIPS cases before getting involved with the team we would not be here.”

### **IT’S NOT ALL ROSES: EVIDENCE OF INTRA-TEAM TENSION**

Some team members sense tension on the team due to “personalities” and “turf” issues and indicate a concern that all members do not feel that they are valued by others. Interviews with team members did not reveal any sense that team members did not value other team members and what they brought to the effort. It is important to listen to these concerns and clarify perceptions. While this may be a perception on the part of a team member, observation of the staffing meetings provide evidence that, in this instance, the perception about not being listened to was, indeed, much higher than zero. There are times when the ad hoc members don’t know if they are members of the team or not. How does this team work to resolve issues of intra-team tension?

“I am in favor of the program, and it works, but turf issues...with other treatment providers...and underground politics can get in the way. Strong personalities, (maybe even mine) can limit the kind of suggestions and approaches in dealing with cases.”

“Probability to be listened to is ZERO.”

“It does not feel as if we are on the team and they bring us in to the game when we are needed. Sometimes ad hoc members feel as though they are consultants for the team rather than members of the team.”

“I know them in the home, in so many settings, and sometimes I worry the team thinks I am just on their side.”

“...would like a process of team building; not a role playing workshop, but some work on building a stronger team. Don’t get me wrong, I love this team and the work we do, but we can get better. We should talk about it. The judicial process relies on an adversarial process rather than a cooperative one; it’s what has been taught. We need to think, individually and as a group, about how best to structure our work to become as effective as possible.”

“We became a better team when we started listening to each other. (A team member) sent an email about us listening to each other. We talked about it because of the courage and good sense of (the team member’s) email and the concern of the coordinator. I get way more than I give...I get (name of a successful graduate); that is what I get. Some (team members) don’t feel that they are being respected and valued. I don’t really know the new people. We have to know the team.”

“There is trust in the team.... ...a perception that some members are not equally valued as team members. On the positive side there have been times when team members left the staffing meetings and were obviously frustrated (maybe two times that stand out) but, the issue was recognized and acknowledged rather than acting as if it did not really exist.”

“...about *case manager and child protection worker*, the team expects too much out of them. The two of them and, really the three of us, they expect us to affect change on the client rather than having the client work on themselves. Dependency and assistance, a balance, and they do it well.”

“Sometimes the burden rests on these two. I feel there are times when the team is asking *the case manager and/or the child protection worker* about what is going on. They do know these people better than anyone else and their judgment is based on close, constant contact. More than the rest of the team.”

“That unit (the FDTC team) moves as a unit. In some ways it helps because you have more help and in some ways it is harder because you are not really a part of it.”

**THE TONE OF THIS TEAM. GET THEM TO TRUST US. GETTING PARTICIPANTS TO TRUST THE TEAM AND USING A NON-ADVERSARIAL APPROACH THAT EMPHASIZES INCENTIVES**

“If you’re out there jump-starting a participant’s car at minus 10 below, that may not be case management, but it gives them a little more trust in me so that I can help them. Yes, a little trust and a little stronger relationship so that I can help them. When we helped them (participants) get housing...that made the difference; those little incentives; relationships, trusting...leads them to turning to around. A good example is how (participants) would have never agreed to having a rep payee until we gained their trust. The trust comes first.”

“If they can develop trust in you... and the burden rests on you to gain the trust... that’s it, without it, nothing is going to work. You can lead them, like a horse to water, but you can’t make them drink...no, you can’t make them not drink. We are asked, ‘Why aren’t they doing this? What’s going on with this? They follow our rules.’ We get to know each individual person and you get to know them better than the rest of the team, and you work to let them know you care and you understand. Sometimes you have to take one step back before you can move forward. It’s not simple. I think they (the team) are getting to have more trust in those of us who work more closely with them (participants), out there.”

“They don’t have the ability to trust that people will follow through. Every interaction should tell the client we care and do it so that they know that it will help them or their children. ...if they know, up front, that the only way out is to meet a criteria, and we are here to make sure they do.”

“...more trust in me and the team; ...enough so they can open up to me, so there is not a block between us. I can help them. They have trust issues. If they don’t trust us, how are we going help them turn around? They (graduates) got the idea the team is really helping them, and helps them to do the things they want to do on their own.”



“How do you just tell them, ‘You have to give up this old pattern, your friends, and how you lived before?’ You can’t just throw an OFP on him when she loves him or thinks she loves him? Get her a job when she has made it by depending on him? It takes time, patience and developing trust, and we do that.”

“For some you can just tell them what to do and they will do it because they have to, but they may not change how they think or feel about living a straight life. They have to trust that they can get there and you are interested in helping them get there. They have to trust you. “

**DIFFERENCE? IS THERE A DIFFERENCE? THE TEN KEY COMPONENTS TELL US THERE IS**

“I have ‘muscle’ I can send out. The court is the accountability arm of this deal. I would deal with them anyway, but doing it with some force behind me is a big help. These people show up for treatment, consistently.”

“Mental health and substance abuse treatment are tightly related to the way we are doing it. I can talk to the mental health counselor and get insights.”

***HOW DOES WORKING ON THIS TEAM BETTER PREPARE YOU TO SERVE THIS COMMUNITY?***

“As far as my approach to the clients it has not changed, but for other team members I can see the change in them, because all they saw was these people at their worst.”

“The collaboration with others, POs treatment ... I am getting updates, always getting updates for clients. Other therapists working on these cases too; takes me less time. Makes you more effective.”

“Have a client with substance abuse issues and I am using a lot of what I have learned as a member of the FDTC. Same issues, legal issues and the need of resources in the community. The directness of the team, I have been using that in my work with my other clients.”

“Some of these people I have had in CHIPS, they keep coming into court. That’s why human services put them in the FDTC, because they can’t supervise them tightly enough or cannot offer the range of services we can in this court with the drug testing and monitoring. Not necessarily more serious, but substance abuse is an issue, all are chemically dependent. Before

they worked them as a regular CHIPS case but that's why it was so frustrating they don't have the ability to test these people and to supervisor them as tightly as we do; we have a whole team... the police help us and everyone on the team helps to keep them clean."

"... much more supervision. Regular CHIPS handled by social services and they come in front of me for a review hearing or trial. In regular CHIPS social services is doing more to call the shots...whereas in FDTC it is the team. The difference is supervision. More serious cases in which there is a chemical dependency issue, that's the difference. It's an option for them...the theory here is that kids taken out of the house will be returned in a timely fashion; more quickly return the kids.... They do get back more quickly; I have to think they do, because once they have a period of sobriety we can continue to supervise them and then human services puts the kids back because they are safe."

"The difference for me is the amount of time I put into a case. If there were no court I would spend more, much more, time...they are doing all the work for me. Well, not all. I am way more efficient with FDTC clients. I get the reports and I get, from the team, what these folks need. It allows me to provide the services I am supposed to provide to people in a way that uses resources in the best possible way. The team gives me a good picture of what these people need and then I know what they qualify for, and it's nice seeing what others are doing for these people."

"With FDTC I do more with the kids because there is someone, a probation officer, that deals with the parents. In traditional cases I do everything."

"Here's the difference; my level of job satisfaction, I am more part of the team, I know more about what is going on with my cases. Their (team members) jobs make them so busy; the FDTC makes it possible for us to talk to one another. I have a much more full understanding of participants' lives and struggles. I know what the team knows. It makes us all more efficient in so far as we are making decisions about people and children and lives that we know. That's a significant difference."

“...know about mental health treatment ... know specifics about what is going on with these people. When it goes bad we feel bad. It makes it harder because we know these people and are invested in them. We care.”

“I don’t know how it happens, but I like to be here when it happens. I like drug court; it gives them the structure for the first time, in so many areas. In regular cases the judge is out to get them... with FDTC you can show that you care and the judge cares. This gives a lot of input even when they’re not your clients.”

“They are getting support in multiple areas, CD treatment, mental health treatment, help getting a job, help with their GED and help when they don’t know how to access service. They come one hour a week to court where they are encouraged for what they have accomplished and held accountable when they are not complying and they’re building a relationship with the judge.”

“There is a difference... a lot more people interested in the case... the clients are adopted by the team. Child protection worker is fabulous. She collaborates with us, understands our role and that we can help her. She understands cooperative relationships.”

“A PO would do nothing as intense as what we are doing. Don’t have the services. We have so many sources that give us information; communication outside the program.”

“I treat some of non-FDTC clients with the knowledge I get from this model. If there were no FDTC they wouldn’t have a chance, this is their only chance to be a parent. Realistically, they need a lot and without FDTC they could not get the services they need. And with the court hearings they are held accountable and they have to talk directly with the judge, in no other court would they talk with the judge. They would not have that relationship. They would have no voice at all.”

“...working with them every week, you know who you can push and who you can’t. Each case is different, and we know that, and the unique needs of each participant. Can’t just tell them to

stop, or threaten them with punishment; have to respond to the things that cause the behavior.”

“We have to think about and learn some of the personalities. It helps. “

“With this court I would still be treating them for substance abuse... but here there is a different dynamic... doing it differently... good thing is that it is dealing with the family. Much more than treatment. It’s individualized. Different things are offered on a case by case basis, and some of those things are out of my area of expertise.”

“A therapist on the outside is not as effective as having a therapist who is on the team. Specialty treatment is available, not as true for therapist outside that does not know how the FDTC operates. Children are better served, helps me make the suggestion of CTSS (children’s therapeutic support services in home). We are better able to serve the children.”

“I spend about the same amount of time with these cases, but it makes me more effective. Gets me in touch with the different resources available and gives me knowledge of different approaches. I know so much more that is helpful because of the FDTC.”

“It is awesome to hear the different ideas I gain from team. It helps. I am able to offer my other clients all kinds of ideas about resources and approaches that have been extremely helpful to them and to me. Through this court I have learned about the resources available and I am a much better counselor because of it.”

***COST IN TIME AND MONEY?***

“With FDTC hearings, the judge knows the cases and the people, so the hearings, the mandatory 90 day hearings, are more efficient.”

“Does it cost anybody more money? It does not cost more. Some on the team say it saves them time so they don’t have to investigate everyone to find out what they are doing... others on the team does their work for them.”

“Time spent on FDTC... melds into my regular work... This work feeds my passion.”

“It sure does not cost my agency more. Being on this team makes our agency more likely to meet our goals. And, it joins our effort with that of a lot of others.”

“Weekly meetings and court hearings add to the time I spend. In general these cases are more intensive than regular CHIPs. With regular cases I only have to see families once a month, with FDTC I see them more and I am involved with probation and human services.”

“I relieve them (PO’s) of a lot of work with their cases. We are so ‘hands on’ that we report to them and it saves them big time.”

### **SUCCESS COMPARISONS...**

Team members opened up the complex issue of the “success” of the FDTC with reflections on the ambiguity in what might be taken as an indication of success. Various issues are brought into the assessment to highlight the quandary the court is in when simple definitions of success and failure are considered. In the team members’ thoughts on success you will see a much wider understanding of what is successful. There is a clear understanding that moving away from “business as usual” may be a success in itself, that trying the FDTC approach is the most reasonable alternative for resolving problems have not been able to be turned around. There is a sense that the program, while not showing positive numbers of successful graduations for parents, has been a significant factor in stabilizing the lives of children.

The Family Dependency Treatment Court Standards for the Minnesota Judicial Branch sets out the following desired outcomes for these courts. 1) Ensuring children found to be in need of protection or services have safe, stable and permanent families. 2) Improving parental and family recovery from alcohol and other drugs problems. 3) Ensuring child well-being. 4) Ensuring participant compliance with court-ordered case plans and system accountability. 5) Reducing costs to society. The interviews conducted with team members support team members’ perceptions that the FDTC has contributed to meeting these goals, but these assessments are included with evidence of a lack of success in some areas with some cases.

“Unrealistic expectation about what we can do. Demonstrate the complexity, and stick and stay .... Cause of these problems and complexity... does the team counter these aspects of these causalities. Things are going to be fine right away... and change casts them in concrete... all the things that made them... we change them... and why should we expect that they won't change again. Getting people on board is hugely changing... getting the police officers to play soft ball... makes a huge difference for people to get on board. Cops referred jailers... more people on board, drug taskforce has referred. Success in graduations, changing lives, developing a new way of moving away from what does not work.”

“Gives them some hope that they did not have. Changes how people think. It's not up to me to fix them. We end up building a relationship in which we can both learn: that is a success.”

“They get to think in a different way.”

“I have had the same kind of clients but they did not get as much assistance and support. They (FDTC participants) are more successful than regular treatment clients.”

“Primary goal is reunification, some parents you give them all you have, but they just can't do it. I hope clients will say they have given me everything, but I just can't do it. I think most of participants who at the end failed will say I just can't do it, I can't parent. They love their kids, but they can't parent. FDTC helps to realize that and assists in moving children into families that can parent well. A success? You bet it is.”

“... they are amazed we care, flabbergasted that we care. The judge is always ...I want you to succeed I want you to do well. These problem solving courts are the future... they just have to be; mental health courts, veterans courts... amazing. Everybody can get a feel for what they are. They recognize that we can't reach them in a day or an hour. Success is measured by how well we run these courts. We know they work.”

“At least we tried... none would be better off without the court. Even if they did not graduate they are better off. They know what to do now, they made the connections with AA and NA and connection with other clients in FDTC and they learned from treatment and know how to

avoid relapse or come back from a relapse, if they choose to do it. *Two participants who did not graduate*.... That was a frustrating case, because I saw them over the last ten years, they lost children, human services said he could not work because he was disabled. I was so angry; that was so wrong, he did not want to be a janitor. And now he has been a maintenance guy for a year and a half... and they got that job and he has kept that job and that one factor, the job, has made the difference and they tell me they have not used. That is a success. He did not have a chance from where he was coming from. Sometimes it works and sometimes it doesn't. Change your life you just have to have a chance to change your life."

"Here you see and hear success. Are they changed? Yes. Are they set in concrete? No. We help some change who will be changed again by the same forces that led them to addiction in the first place. But, you can see our successes in those graduations. I see people doing things that are unbelievable. I have been working with a graduated person since 2005. This success has had ripple effects that we will never even know about."

"When they come to us they don't know what they need. We may not know either, but we have the resources and people that can find out. For *a recent graduate* it is working and when this thing started I thought we are going down a bad road with her, but now I think she will make it. It is amazing."

"Our failures are a success in so many ways."

"We succeed by creating more accountability ... number one, they are sober... and they know what they have to do. A lot of people who are using drugs can't get help for that. With Drug Court they are sober and that makes a big difference. We can refer them to services they need to get their life back or find stability for the first time. Getting them into treatment; that, in and of itself, is a move in the right direction."

"The court was the saving grace for *a CHIPS client*. The FDTC has been the seminal event in *this client's* becoming sober. ...a healing philosophy, and offer them a lot of resources they never had access to."

“All the cases I have now and have had except those few (three cases mentioned earlier as almost complete failures) are in much better shape.”

“The program does get the kids back quickly. Way better than traditional... coordinated mental health and treatment...can give them these services... regular can't do that.”

“Yes this is more effective... more often contact with the judge... so there are more clear expectations and the team has their perception about how things should look, and the judge holds them to these standards. It's a model that makes so much sense.”

“Better for community? Yes...when we get involved in serious CHIPS cases it can be so overpowering; it can freeze you and leave you saying, ‘What's the use.’ ...the team helps; there's always someone who says, ‘Yeah, but remember *a graduate*. That looked worse than this at first.’ This team helps keep us together and that's good for everyone.”

“The team focuses on the affect the parents have on the children... the children do benefit because the parents are learning skills and children are developing good relationships with authority figures; members of the team, who they would have never seen as nice people without the court. Probation officer, law enforcement, child protection... I hear about participants' children having fun with these people, Knock N Chats with our cop, the PO playing with them. All this is good for these children.”

“Clients I deal with are better served... faster service, more services, professionals better informed about them. My job is to advocate for my clients. Being able to have the information that comes from the team makes me more able to help my clients.”

“We are effective as a group. Would not be as effective without *the Judge*. *The coordinator* is dedicated, puts in lots of time. As a team we are effective. FDTC works... it's a good mix. About the relationships... makes it possible to break through the fog. When the light comes on you can see it.”



“The majority of time they are much better off. Even failures, but they gained. Also helps to define the case. In cases when they dropped out it was easy for me to turn the case and know what to do with the children. That was a success.”

“Better off if they were not in the court? No, absolutely not, they always gain a lot. They gain something no matter what. Like *terminated participants*... they took away a little bit; they’re always going to be better off when they go through the court.”

“The long term success.... I see people who would have never been a success if it were not in this court. A *participant*, she has a good chance at long term success, without the FDTC she has no chance. Another couple, did not graduate, but are not in the place they were before. They are doing the best I have ever seen them. He got a job through the court that he never would have gotten without it. They have jobs and they are doing so much better. I would not say their lives are ideal and they will probably not be ideal parents, but they are making it, they are getting by fairly well and I credit that to the FDTC. It has allowed them to parent. I don’t count them a failure; the time they spent with us gave them a life and a good chance.”

“Depends on the person. Some people it works on others it doesn’t. *Two participants*... terminated but the FDTC made it possible for them, they’re doing well. Do you count them as a success? Works for some not for others.”

“FDTC is trying to make the family a unit again. Helping them become drug free and crime free and giving them the resources to become a family again; housing, education, parenting along with drug treatment. Working on substance abuse for an unemployed, under educated, parent with an unstable housing situation and add in a mental health condition... You can do your best, but all these other problems go untreated; FDTC makes me part of a team working on one part, with my tools, while others are working on the other parts and with the team we all know how things are going on all these levels. To be in a process that no longer ignores the complexity and the source of a life or family in chaos is a success. We are doing what best practices tell us we have to do. Much better reintegrating them into pro-social behavior.”

“Some of them would not succeed? Was last chance before permanency... and they did not make it. They did not make it. Better for any one in FDTC not to be in FDTC? No. Better for county? Yes, we would have gone to permanency sooner. Those cases... in and out of placements, had some kids in foster placement for two years...but that was early on in this program, it won't happen now. It is better now, we don't accept cases that are that far along.”

“It would have been better for a few cases if they never became part of the FDTC. In general these cases come back over and over and we accepted them as the last chance before permanency and they did not make it. For those it would have been better for everyone, mostly for the kids who were in foster care placement for two years, if we had not accepted them. It was early in the program; we won't let that happen again. We learned.”

“I have had only three cases in which the children would have been better off if not accepted... they would have gotten stability in their lives more quickly... three cases. And, we know that after the fact; and these were early cases. We have a better referral process now... and thanks to the guardians who keep us honest on this score.”

“When I think of success for this court I think it is really cool that *the Judge*; when a case goes to permanency, he wants to do the adoption and he knows these kids and he is so pleased that the kids get stability. That just does not happen outside of FDTC.”

## **ASPECTS OF THE FDTC THAT TEAM MEMBERS WOULD LIKE TO SEE CHANGED.**

### ***RELATED TO BASIC PHILOSOPHY AND MISSION.***

Dedicate time to talk about the philosophy that drives us, drives the court. “Personalities” may cause some to be less than effective. We need to be more aware of things that get in our way. Enhance mindfulness.”

“Have a conversation about whether everyone is doing their job. Are their suggestions about the work others should do?”

“Make sure we all believe addiction is a chronic illness. It's about wanting another life. Help the client ask, 'Am I doing this because I am in FDTC; am I jumping through a hoop or am I

embracing my sobriety?’ And make sure we are more concerned about the ‘embracing’ than we are about the ‘jumping.’”

“Discuss whether or not we cause extra, needless stress? Anything we have tried to do; does it cause more stress than necessary?”

“We need a way to determine if we hold on to them too long before we start to become detrimental. Consider whether or not the team thinks pushing more services will affect change on them rather than having them affects their own change. Still got mindset that we can affect change on them, we can make them change, rather than understanding that they have to be willing to change themselves. What message do we send?”

“What happens to the perception that we are treating everyone fairly? How do you motivate people to change... unique for everyone... some giving them incentives, being a hard ass, taking them by the hand and dragging them through, or gently guiding them through...what do we do? Need direction.”

“Biggest thing is to remember, relapse is part of recovery.”

#### ***FOCUS ON CHILDREN***

“Focus on children... not enough. Most of the team lacks knowledge of CHIPS cases and CHIPS processes. Reunification is a goal... 2 or 3 plans right up front... I am already working on three plans; the FDTC team working on one. Would help if team got training on the CHIPS process.”

“Attachment wrecked for children...in long unstable foster care. Threaten participants to take the children away. Team does not focus enough on the kids. We have to think about the kids. Focus has to be different.”

“Be up front about the goal of assuring a stable, safe environment for the children and count that as a win. When we try to hold parents accountable by hanging ‘taking your kids away’ over their heads, it never works when they don’t care about parenting. We should screen for the desire to parent.”

### ***CARE AND FEEDING OF TEAM***

“Where do I pipe in? A team retreat to do some relationship building. Don’t really know people... a team retreat with a good facilitator...no role plays or ‘find the person with the same kind of pet as you,’ but a chance to get to know each other and to find a shared vision.”

“Too much responsibility on *case manager and child protection worker*. For the number of people we have there should be two of them. They work so hard and are over worked. They don’t get enough credit. They are at the intersections of two models; the justice system gives orders and the social service system gives services. They catch it from both sides.”

“Team members need more recognition. *Case manager and child protection worker* are under real pressure. Increase numbers will call for more of them. They are running around like crazy. Sometimes I feel that we act as if they are not doing a good enough job. I worry that they are not proud of what they do for this team. They should know how valuable they are.”

“I wonder if team members get enough respect, positive feedback... Team members should congratulate each other. Everyone does a good job... we act as if it is so routine. Important for participants, so how about the team members? Like working here and your boss not coming up and telling you, you are doing a good job, she does that a lot and it really helps.”

“Have to thank them to build strong relationships.”

### ***INCENTIVES AND SANCTIONS***

“How about a committee to come up with ideas on therapeutic sanctions? I watched a person write a paper right before court, that sanction was BS.”

“We a need relapse prevention strategy. Need a system of graded sanctions with relapses.”

“One Change? ... more sanctions...much more creative on sanctions. Therapeutic sanctions. Make them such that it gets them to think about something they have never had thought. We can be a lot more creative... ought to be time spent talking about therapeutic sanctions.”

“I wish we would take jail off the table as a sanction. I can’t make a case for it being therapeutic.”

“Change one thing... what would it be? Consequences need to be more serious and more immediate.”

“We waffle a lot and that does not do a lot for positive change. Therapeutic consequences. Better structured... No reflection. Talk about therapeutic consequences. That has always been the issue. Research that.”

“What’s a paper? Not impressed at all... community service and they don’t get it done. Biggest beef is they don’t hold people accountable...just give a slap on the wrist. They should sit in jail and think.”

“The paper is supposed to be pushed through the case manager...should set a firm process. Have a form... a packet with clear directions for papers.”

“Jail time makes sense. They say, ‘What’s the difference? I know they can’t or won’t send me to jail.’ We could use a little scared straight.”

“Frustration... the way the sanctioning is structured it is the most difficult to wrap your head around especially if you believe in the more punishment based. Has to be a consequence of your behavior, because of your behavior means that you did it and you have to remedy. It is not something I am doing to you; I am doing it for you.”

#### ***MORE TRAINING***

“Something that is missing... a discussing of the philosophy. Should talk about mindfulness about what might be interfering with smooth running team. Some on the team don’t even know about the 10 key components of drug courts. That training would stir up talk on philosophy.”

“Need training.”

“Idea to have... training; ad hoc members should be a part of the training.”

“Training, need training. More lawyers and judges need more on how to talk with them (participants). Judge has gotten a lot better. It’s hard if you don’t interact with them on a daily basis. That is why you need the team.”

#### ***TEAM INTERACTIONS***

“Every other week more providers come. We should have more of a relationship with others. And have everyone there. When everyone is not there it makes for catch up discussion when it would be unnecessary if everyone attended more regularly.”

“I think I noticed we feel rushed by the judge. We have 15 more minutes...sometimes we don’t take enough time on them.”

“Change one thing? Despite my complaints I am an advocate. Run the risk of having people think I’m negative. With stronger relationships folks would know that.”

“Change one thing in the court... In meetings we could be more focused...know whether they are sober. We could lower the amount of chit-chat... don’t need to know all the details... need to know the big picture.”

#### ***REQUIREMENTS AND INTERACTION WITH PARTICIPANTS***

“Sponsor thing has to be more important and required. Sponsors are an important key to sobriety. It has to be a must.”

“We don’t have jail or prison hanging over their heads, it is different and it is supposed to be. A *participant* watched the graduation and it made a difference for her. Jail would not do it... jail is not the answer. If she is given more positive response and spent more time, it would make a difference. There is a distinction between Adult Drug Court and FDTC. Relationships are the key...more compliments, more compliments about specific aspects of their lives. ‘You are looking great.’ I hear you like to BBQ, Tell me about what you like to BBQ. The team has to give the judge more details so he can relate with them about their lives.”

“I don’t think he (the Judge) is spending enough time.”

“Not everyone on the team knows all the participants and they don’t know all of us or what we do. Should have an opening meeting with team to get them to know the person, and the person gets to know them. It is pretty intimidating to get involved in this. They have been betrayed so many times, so it is hard to get trust.”

“Opening meeting for new participants is a great idea... they see us. They don’t know who we are and they don’t know what we can do for them.”

“Opening meeting with the team...I think it makes sense to bring participants into the team meeting... make sure we are authentic; we have assured them this is the fastest way to get kids back...I don’t know if that is true. Make sure it is the fastest, if they do what we say.”

“We should consider steps to building a community that would take them in and keep them a member after graduation.”

“Change? Take a little more time with the clients on court day. Has to think that the hearings are there to create some kind of a relationship. I wonder why we don’t know what our clients like to do.”

“We tell them what to do....vs. ...have to understand where they are.”

“Meetings to bring person into staff meeting see everyone in that staffing. This is what we are trying to do for you. Clarification of who these people are and what they can do for me.”

“Participant can call for a meeting. Should participant have more of a voice.”

“Participants could have more of a voice. Relationship with the team. Bringing them in and have them meet the team. That would be a good thing. The team to get to know the person. After initial period bring them in and meet them.”

“How people dress when they come to court. Respect for the court and the judge.”

“Bring participant into the team meeting. They get biggest thing is that RELAPSE is part of recovery. Relapse prevention... graded sanctions with relapses. POs tell us how.”

“Have the team prepare information for the judge by which he can engage the participants in a more extended conversation. \_\_\_\_\_ and \_\_\_\_\_ probably know too much about them, but they could give the judge information that would open up a brief, but personal conversation. I care and I will be watching.”

“Bring participants in to talk to the whole team. Especially when in crisis mode or when it is. Judge should be there? Participants introduced to the whole team.”

“Give Judge one personal thing he can say every day. Know and not follow a script. He should use the team. Please use the team.”

“A problem we have, and it’s a pretty normal problem, is that we sometimes get into power struggles with participants and we are not going to let them beat us. It’s hard for me to remember that we can’t really beat them; we have to get them on our side of the fence because they think it makes sense, because they want to. It’s a problem because we have to maintain the credibility of the program and protect the safety of children, the community and the participant as well.”

“I know so much more than I did before. They never get to go out. I want to retain these people. Judges want to keep them. A little more approachable...take that podium away... conversation with them. When do you ever think a judge would talk to you about hip-hop. Provide a judge-a-prompter. Good notes. Give him prompts that would help create a better relationship.”

## **FACE-TO-FACE INTERVIEWS WITH MEMBERS OF THE FARIBAUT, MARTIN AND JACKSON MULTI-COUNTY FAMILY DEPENDENCY TREATMENT COURT**

Face-to-face interviews with the Faribault, Martin and Jackson Multi-County Family Dependency Treatment Court Team revealed insights that allow helpful recommendations to assist the court in its current restructuring. Data from face-to-face interviews with members of the Faribault, Martin, Jackson Multi-County Family Dependency Treatment Court were collected in order to gain insight into the extent to which the team 1) is an effective team; 2) gains from the benefits that emerge out of team membership; and 3) reports possible issues that could be addressed to increase the effectiveness of the team.



## **LATENT BENEFITS OF FMJ FDTC TEAM MEMBERSHIP**

If one were to plan a training curriculum to enhance agency collaboration, foster interdisciplinary understanding and create functional community networks, it would be difficult to find a more efficient and effective approach than has emerged as a result of the team approach applied in the Faribault, Martin and Jackson Multi-County Family Dependency Treatment Court. Team members “teach” each other about his/her area of expertise through an open give-and-take staffing process in which participant issues are discussed.

The comments from team members document their assessment of what it means for them to be a member of the FMJ-FDTC Team.

“I benefit from their expertise, I get to observe the judge and learn how he thinks about these cases, I listen to the chemical dependency treatment counselors who deal with the real nitty-gritty problems these people have; you wouldn’t get that kind of insight if you were just working CHIPS cases.”

“I have a clearer understanding of the treatment profession, the cog skills, and other programs; what they are and how they work. I’m just more knowledgeable; also I have a better idea of social services and what they do along with greater awareness of treatment and the philosophy behind it.”

“...lends itself to better relationships with agencies, I have a better understanding of the legal process they are going through. I am in regular contact with my client, so problems are known about immediately. I see them more regularly and know what is going on with them and hopefully have a better connection with them. Working on the screening committee I get a chance for other team members to understand better what parent’s attorneys do and what our perspective is; that’s helpful. It is easy to see our role as adversarial, but in the more informal setting we create a better understanding and work together.”

“Coming together more frequently, hearing all sides because we are all here; that is really helpful. I have learned about mental health issues and diagnoses that I heard about but never really understood and helped me understand issues with other cases.”

More effective with FDTC? “Being on the team? YES. I would be less effective with no team. Knowing more about the person is helpful. The team provides information on this person; all the input from all the people helps to direct treatment. Definitely [am] more effective. Anything other than this team in the area that would do what the team does? No, Court holds them accountable so they might not even be coming.”

“Benefits outside... better connections and relationships with agencies and people in them at the end of the day it enhances relationships all around.”

Benefits from team membership: “...getting to know law enforcement and other people in the system...connections...could call them and they know who you are and you know them. Connections and relationships. Understanding the various roles in the system... we all look through a different lens. Conversation between mental health and treatment makes a big difference.”

“Benefit to me? Training resources and conversations with treatment and mental health providers. Also when you talk to other professions dealing with your cases, you learn important things you can apply to the other cases you have. Just received information from the coordinator that offers alternatives and found a perfect option for one of my CHIPS cases. Mental health people integrated into the team, they are listened to and paid attention to. Current provider does a great job and we do listen to her for our benefit and for the benefit of our clients.”

“Makes me more effective ... relationships with systems in the community, the people in them.”

“Opened my eyes to the whole drug court aspect. I can see how they change. Knowledge of different agencies, and different perspectives and how the courts work and my place in this

effort. Put pressure on participants... what's the benefit? Should participants be more integrated into the team; talking to the entire team so we could learn from them too?"

"Changes my role as a judge, try hard not to be the dominate voice in the team. But, have a responsibility...opportunity to be systems leader. More insights into addiction... I get a chance to listen to experts and gain important knowledge by being on the team ... learned an awful lot."

"Team... certainly gives you a different perspective on what you do in the rest of your cases. Helps you reorganize your priorities. Has some spill over."

#### **TEAM "MOTIVATION" AND "HUMANIZATION."**

There is evidence that the FDTC functions as a "motivator", giving team members a more positive sense of the efficacy of their work in the criminal justice system. Some call this the "Humanizing Function" of drug courts. We did find support for this phenomenon in the team interviews.

How has being on this team changed you? "It has given me more hope".

"It changes from us vs. them to we are all on same side. Even after they graduate some will call me for advice or if they are worried about someone else. This is not what I thought when I got into this six years ago, I thought I would go and test for drugs and be on my way, very much a different experience. It gives me a better feeling about my work; it makes me a positive force."

"I am a bit more optimistic and realistic so. I am a bit of a cynic; this has brightened my perception of treatment and the possibilities for the entire criminal justice system. I am a bit more positive."

"Watch them become upstanding citizens. Law Enforcement gets pretty cynical, but this has given me the sense that it is not all doom and gloom. For me, hope and talk and we saved money. We would have housed them and probably saves thousands of dollars. We have these good folks who we have helped get back on track; and the concrete stuff... We are saving money. I have contact with them a couple times a week. But, that is not bad. Does it make me

more effective? Definitely... moved from thinking you have to go out and kick butt to a more effective way to protect the community... It is a fantastic opportunity and cost effective.”

“Honestly it has given me more hope.”

“Before I came up here (became a member of the FDTC team) I thought they were a bunch of bleeding-heart liberals allowing criminals off easy, but after being here I am sold on it. It has changed how I look at the participants and I see how they are held accountable. It changes my relationships with them on the street; I used to get an angry look and maybe a “hand gesture,” now it is completely different. We can greet each other and talk about how things are going. It is much better. I wish they would rotate all the officers through this team; they would get a different idea about drug courts.”

#### **EVIDENCE OF “SUCCESS”**

Team members opened up the complex issue of the “success” of the FDTC with reflections on the ambiguity in what might be taken as an indication of success. Various issues are brought into the assessment to highlight the quandary the court is in when simple definitions of success and failure are considered. In the team members’ thoughts on success you will see a much wider understanding of what is successful. There is a clear understanding that moving away from “business as usual” may be a success in itself, that trying the FDTC approach is the most reasonable alternative for resolving problems have not been able to be turned around. There is a sense that the program, while not showing positive numbers of successful graduations for parents, has been a significant factor in stabilizing the lives of children. The Family Dependency Treatment Court Standards for the Minnesota Judicial Branch sets out the following desired outcomes for these courts: 1) Ensuring children found to be in need of protection or services have safe, stable and permanent families. 2) Improving parental and family recovery from alcohol and other drugs problems. 3) Ensuring child well-being. 4) Ensuring participant compliance with court-ordered case plans and system accountability. 5) Reducing costs to society. The interviews conducted with team members support team members’ perceptions

that the FMJ FDTC has contributed to meeting these goals, but these assessments are included with evidence of a lack of success in some areas with some cases.

“We know that the regular child protection does not work, we want to do something different. This is a process that the county and community can support... It can, but needs improvement”.

“We have had some spectacular successes and some spectacular failures. From our county we have had one successful couple, and they relapsed, but they are back on track again; there was a couple that did benefit from this program. There is no doubt about it. There were three other cases out of \_\_\_\_\_ county that failed. One of them spectacularly, a couple that had so many problems the team just could not handle them all.”

“I have seen 3rd and 4th generations of consistent patterns in families. We haven’t found a formula to break cycle of child abuse, child neglect and family dysfunction, despite all the social work training and education and the training for our law enforcement, we still are not making progress... that’s why we are trying this approach.”

“More time in the front end to prevent the issues on the back end. I see it as preventive maintenance for families; you hope to avoid the time intensive termination of parental rights. With some of them we have success. Have so few cases to determine outcome. Is the outcome productive if you avoid terminating rights or have moved children into permanency sooner even if it is not with the parent? When you consider real lives it makes sense to redefine what a successful outcome is. The Federal guidelines are artificial. Think of that (saving kids) as a success, and that is worth the time and effort... to save kids.”

“More effective ... for everyone. These courts deal with lives...what addiction is... it is about lives and the lack of loving, caring relationships.”

“The people who we deal with... it is more likely we will not deal with them again. More likely if in FDTC they will complete treatment. More effective for the community, the county... makes the systems work, makes a better system.”

“We are capable of doing more, of being more effective, by being in this court. This community is much better off with the court. In the long run... five years later they will say it sucked, but now it is good. It is way better for everyone. Healthier for children and for parents.”

“I know a woman who did not graduate from FDTC (she was terminated from the program) but the time she spent in the court was the longest period of sobriety she has ever had since she was 12. It was the time she had the highest quality of life she ever had, was the time in which she committed the fewest crimes ever.”

“With FDTC sanctions are difficult things. Taking kids away is not enough. Removing children is not an issue for some. FDTC does more... has a more firm hold. Our traditional methods of dealing with CHIPS child protection does not work. We see families over and over and over. We need more... monitoring will help and FDTC helps. Having the program is a must, we need it. I just finished a quarterly report; we had 14 children who entered care because of child protection issues, 11 of the 14 because of chemical dependency. The quarter before that we had 14 of 16 entering care because of chemical dependency issues. While we have not had a lot of graduations, we have a lot of children in better homes. Is that a great thing for parents? No, but for children it worked well.”

“(A participant) has had success; she does very well with positive feedback. She was at permanency...chronic, chronic heavy users. They are the referrals to this court... this is the last chance... additional support better... as child protection worker we were overburdened with our caseloads... can't do it all with these cases. FDTC opens door to a possibility that they would not have with child protection worker organizing a response to so many issues...that's success.”

“These are cases we would deal with anyway. The success comes in the different way we approach these cases. If we could run all CHIPS cases through the FDTC the successes would be dramatic. Most CHIPS cases, in this county, have a substance abuse component that is not admitted during a drug screening so they become ineligible for this court...this issue (substance abuse) is there. If we had all these services available to all parents on our caseload and, most

importantly, if we had the court help to make sure the services are used...that would be the answer. We are successful with the most difficult cases in the county, as successful as possible; it's the referral system, the selection process for cases we have is limiting our potential."

"For a lot of them (FDTC participants) there would be worse consequences, moms and kids would already be separated. With FDTC it does add to the time and effort... yes... Law enforcement used to just go in and remove children and I'm on my way... maybe check on the house. But with more contact through FDTC, my contact makes less for social work. I can think of people (past participants) who are employed, taking care of their children, doing what they should be doing, they are off the human service and welfare rolls and contributing to the community. For the community what we are doing is definitely more beneficial. These are people who have had set backs...if you get a couple you are ahead of the game. These people are part of the system that is savable with this program. They are kind of lost, their parents dropped the ball and society dropped the ball... this model may grow and do some real good and expanded."

"There are times when a person might be better served through traditional process because they got caught because of the increased surveillance. But, even then, in the long run, I don't believe so. We have a tendency to micro manage, we get to know them so well; these people are sick, doing a heck of a lot better than they would have been a year ago and, for their children, much better than they would have had when they were growing up."

"Participants are better served because we consistently focus on lifestyle changes. Not just stopping the addiction but getting a GED, a job, a sober support group. Some participants who got education, a job; if not for FDTC it would never happen."

"Can't answer that (question about whether it has been better for participants, the community, the county) because we have no successes. Have all failed and are back as CHIPS cases. It is a better deal for some. Gradates dressed up better, budgeting assistance helped. Hurt anybody? I don't think so."

“It makes me more effective in meeting my responsibilities. More intensive services for these clients is always more helpful. More structure around FDTTC participants. My staff would spend less time; FDTTC saves them time.”

“What is success? Success is in gaining permanency for children. We gained permanency for children. That is a success for us. FDTTC helped us determine or establish that they could never parent. Success is making sure the children have a safe and healthy home. In the FDTTC some of the cases that failed led to a success in our eyes in that the children are in better homes.”

“In a few cases in which they stayed sober and the children were returned. In other cases the program kept them sober until they got their kids back, but still it was not a good place for children. If you give people more service it never hurts them.”

“There are people terminated out of the program, but it helped all of them.”

“The community is improved even though prior to this year all our graduates have relapsed, but have much better skills to come out of it. We have gotten the worst of the worst, by that I mean we get them when their lives are definitely a mess. They are all extremely traumatized and we make progress with them.”

“The success is in the more services available so I can give parents more options, more support people, more avenues. Staying clean for 18 months is a success, reaching goals quicker is a success, getting them into parenting classes is a success, getting an assessment for parenting is a success. Children in better shape is a success, a client’s conscious effort to talk about any concern the children would have is a success, the rewards (FDTTC incentives) for giving children proper care and taking them to healthy events is a success, things these parents do because of the court that we might take for granted is amazing for the children, and that is a success.”

Do you think it would have been better for them and their children if they had never been associated with the court? “No way! No, I think it is worth a try. At least for a period of time their children had the benefit of their parents, with the support of this team behind them and that was good. Most of us believe that it is better for children to be with their parents and for



as long a time as possible. This happened for them even though in the end they were terminated.”

“The FDTC assures us that we have tried everything possible before children are permanently removed from parents. Even in terminations the court leads to a more permanent placement for children. It contributes to a deliberative process in finding a healthy permanency for children.”

“For the kids... people I have been working with, seeing how their faces glow when they are sober and clean and how that impacts the children.... I see children living more healthy lives, being more relaxed and enjoying their parents.”

“Get children in permanency as goal, a success.”

“Children are in better shape. Kids are getting the benefits of a sober mom and dad. Brought these souls, that had no hope, an opportunity and to show kids that cops are ok, like a fun uncle. One of the participant’s daughters asked me to be in a program on bullying in school, she is 12. This is good for her and for me.”

“Our Judge is superb at what he does; he is great at handling participants. He is encouraging, but is not afraid of sanctioning when he has to... a really nice touch. He is earnest, motivated.”

“I am impressed with this team, they care. I have observed other staffings; here everybody listens. Everyone knows he is the judge and he has the final say, but I respect him a lot because he takes the time to listen to what others have to say.”

“The Judge is always interested in what the Gordian Ad Litem has to say... he is good with that. He is a good listener.”

#### **MORE SERVICES, ACCOUNTABILITY, MORE EFFICIENT, TRUST**

The evaluation of process is directed by the Ten Key Components of Drug Courts. The components spell out the “best practices” that provide criteria to determine program compatibility with the intent and spirit of drug courts. In team interviews we find evidence that

the FMJ FDTC does practice in a manner that respects the element of integrating drug and alcohol treatment and mental health services with social services and the justice system. The FDTC does, indeed, deal with CHIPS cases differently than is found in “business as usual.” A significant difference is that, while a county may have all these services, it is not usually the norm that these services are all used as they are planned; the FDTC is set up to monitor and adjust the plan. Participants in the FDTC actually receive the services because there is close monitoring and a process for holding participants accountable. A surprising number of team members indicated that dealing with these cases does not require more time. They indicate that they would be dealing with the cases anyway, but dealing with them without the support of this team and the information they bring to the table.

“In [a] regular CHIPS case we don’t revisit it enough to keep the cases and the people straight, FDTC has a distinct advantage in that you are meeting with people much more often. You may very well end up with a contested hearing if it goes through the regular process, and those can be very time consuming and messy. FDTC allows us to react more quickly with a response that works and is more cost effective. The discussion about the person...better than a written report from human services and the Guardian Ad Litem. I would not hear from treatment or the mental health professional; a voice report from Guardian Ad Litem gives a much more complete picture; traditionally I would get a line or two in a report. This is a critical difference; I rely on and trust the team. Another significant difference is that a CHIPS case is not an adversarial process. How does the best interest of child emerge out of the difference in the skills of two lawyers? Traditionally Human Services develops two plans, a plan to reunite family, and a plan to take the child. How do they maintain credibility with families? In this difficult work there are some important catharses in the team. The interdisciplinary approach is a welcome perspective, believe me, it is not hard to come to team for their important insights in these difficult cases.”

“If we did not have FDTC they would get far fewer services. There would not be the synergy of the team approach talking about the case. If you were working a CHIPS case you would be talking with your client alone and then occasionally you would meet with a case worker and

occasionally you might meet with a chemical dependency counselor to talk about your client, but you would never have the benefit of all these people acting together.”

“Different than regular CHIPS, they (FDTC participants) see their attorney more often (every 90 days is usual for “regular” CHIPS). They have the advantage of having people checking up on them and showing them that they care. That’s what, I think, it’s all about.”

“More time and effort? Yes more time, but if it avoids permanency hearing it will save time for us. Better response time dealing with these cases. There is a real concern... provide services to get kids back sooner, we want to get kids home sooner.”

The way you handle cases through FDTC does it make your work more effective? “Court-ordered helps; they have to do what the treatment process demands or else, that’s helpful. Participants take the position that ‘I will do whatever it takes to get my kids back’.”

“For FDTC participants compared with other CHIPS there are benefits outside the court ...yes having the court helps participants make essential life changes like getting a GED, getting a job. Traditional CHIPS may have those things in the plan, but if they are not doing those things there is not a lot of push. If they are not doing GED we (social services) don’t make it mandatory...if they get these things it makes a real difference in the long run. We have better working relationships and a better understanding of their (law enforcement, treatment, probation, the court) roles and they know the child protection role. I had no interaction with treatment before.”

“With FDTC we are more able to make a difference, the participant is held accountable, but so are we; the whole team knows what is going on; mental health, treatment gives us knowledge which makes it possible to make informed decisions. Traditional cases take longer to get services.”

“Change? The FDTC has changed. Now kids are discussed and before they were never mentioned. We try to determine what’s best for children along with what the participant needs. We have a focus on children. FDTC Judge gets a discussion and can ask questions. It is

often a give and take, what's good for the client is not always what's good for the children. Before the FDTC the judge would get written report, but in FDTC they get a more complete idea from professionals directly and he can listen and be a real part of the discussion. The Judge is a father figure for these people. There is a fine line between the facts, cut and dried and expressing a caring relationship. We are all doing things we have never been trained for. The interaction with the team helps it work. I can't imagine how anyone, judge or whoever, could handle all the complexities."

"Meeting with the team is training for team; we all have a more complete picture of what is really going on. We are describing the elephant with a shared view. There is trust in the team."

"When she started she was angry, she hated everyone; those initial weeks were so hard and the mental health counseling kept her in this program. The team... without that person... would have lost her and that is the way it goes. Participants find one team member that stands out for them and keeps them on board with the program. Different participants find it in different places, for some it's the judge, for others its treatment or mental health, others link with our coordinator, it depends, but they have a number of good options. "

"If they go through the traditional CHIPS track they get a lot of what happens in FDTC...on paper, in the plan, but there is no recovery specialist ...no knock and chats, no visit with the judge every week, not as much random drug testing, everyone not at the table. They lack the mix; treatment, parenting meetings .not as much accountability or interaction between professionals."

"Our participants get more services, and have extra checking on them by mental health, treatment, and child protection. The staffing makes for much more effective programing. Regular CHIPS might have a mental health worker and child protection might check to see if they are keeping their appointments, but it is way more hit-and-miss than it is when there is a weekly staffing to discuss what a participant is doing and how they are doing."

“There is more structure for participants in FDTC and all the players are talking to each other to make sure the participant is following the plan the team devised. It also saves staff time. Instead of everyone running around trying to find out when, where and what for participants we all just come to a staffing and we get the whole picture. Much clearer picture and one informed by professionals. That helps me a lot. The cases we are dealing with have been abandoned by the normal process because of their level of difficulty. We do make progress with them because of this team approach.”

Do these cases take more time than others? “If there were no court...I would spend about the same time.”

“About the same time spent, but I am more effective.”

Are these cases you would deal with anyway? “I think so. The FDTC clients are there because they are ordered by the court...they might not be here if not for the court. Add time? Not really more time. Two hours a week. FDTC is no change for me, but helps me because they are given many more services and it helps me and them.”

“Add to my time? No because of case management and all the stuff that is going on for them that is not going on for our typical clients.”

“Probably spend a little less time because I get the input from the whole team. Getting positive support. Traditional case... it takes much longer...here they are given friendly support more quickly. The change is that they pay more attention to the case file... more focus on the children. Things have gotten much better...”

“Travel time is a factor that would not be there for me if there were no FDTC, however, having the Adult Court and the FDTC back-to-back makes the travel associated with just the FDTC minimal. When I think about it, travel specifically for FDTC is not a burden.”

## **CONCERNS**

Team members pointed to a number of problematic issues that have worked against reaching the FDTC’s full potential. These issues have become topics of discussion in the current process

of restructuring the FMJ FDTC. These concerns are recognized by the team and are in the process of being addressed by the current restructuring.

#### ***CASE SELECTION***

The referral and screening process is seen as a significant problem that has contributed to diminished success. This perception is countered by a graduation rate and the more latent successes mentioned above that is not as dire as some perceive (this more negative orientation to the effort will be discussed below). Nevertheless, it is clear that the FMJ FDTC is getting cases that have been more difficult than what is expected in an average CHIPS case in which the parent is drug involved. There is an impression that the FDTC has not been able to work with many cases that are appropriate to the kind of treatment the FDTC has to offer because of ineffective selection and “recruitment” of cases. A number of team members indicate that the Court has been employed to deal only with cases that have been defined as “hopeless” by other agencies.

“We have to be more judicious in the selection process. Focus on people who have as their main problem a problem with controlled substances and screen out people who have a myriad of problems that we can’t deal with. I’m talking about people with serious mental illness or have had such terribly damaged lives; that have no idea how to parent or will never understand how to parent. I think we may be expending our energy on those cases and we would do better by being more selective of cases we can handle. We have discussed this and we all agree that we have not done well at choosing the applicants. We should get a psych assessment and a parenting assessment right away. It should be a priority.”

“Have not had a lot of successes; in the beginning we took cases that were last ditch efforts and it frustrated us. Early on we made mistakes in accepting cases that ended in failure. The referral process is better now. The prosecutors are better at knowing what kind of cases to refer.”

“Our problem is with screening for appropriate cases. In the beginning there was a concern about getting the numbers and we took cases we should have never taken. We learned from that.”

“We need more active recruiting. I tell potential participants, ‘You will get the benefit of a lot of really talented people who will be taking a personal interest in you and will be working together to find solutions to your life problems, not just your controlled substance problems that are clearly the reason for you being here, but your parenting problems, your budgeting problems.’”

“We get the worst of the worst of the worst. We should have gotten them earlier... better than traditional way. They start with the intention of getting kids back, but as they go through the program some become interested in getting a job, and education and, really, a different life.”

#### ***TEAM BUY-IN***

While the majority of team members are fully committed to the FDTC effort, there are indications that the commitment is not universal among team members. One of the important benchmarks for compliance to the Ten Key Components of drug courts is that all stakeholders buy-in on planning and that the mission, goals, operating procedures, performance measures are collaboratively developed, reviewed, and agreed upon. It is obvious that there is work to be done in this area.

“I don’t know if I have ever really understood what the purpose of the FDTC really is, and that may be part of the problem, that I am not sure that FDTC knows what its purpose is.”

“The lack of training for FDTC has left some with a kind of naive passion for the work but no clear idea of the necessary process. Don’t know if I have had any training.”

“I did not get specific FDTC training; I just jumped in and learned.”

“...assumption that dealing with the drug addiction will make people better parents, I’m not sure these people want to be better parents.”

“Turf and politics play a part in the lack of full commitment.”

“Frankly, I don’t understand the reluctance of only a few to make the commitment to this approach ... to dealing with the difficult lives that have not been helped by any other means. With all the positive force I see in this effort there is no room for negativity. It takes effort and, frankly, courage to embrace this innovation. I think it was Einstein who said it’s crazy to keep doing the same thing time and time again and expect anything different to happen or something like that. It is our obligation to do something different and this is our chance.”

“The lack of buy-in points to a need for more training. We should start from scratch. We need buy in from law enforcement (not our people) and the attorneys. The motivation to do the program is lacking and that spills over to our recruitment efforts. Child protection sees us as the last resort. They don’t understand what we can do. We need to educate them. Right now it’s like ‘we have tried everything and it did not work, let’s try this.’ As soon as they file a CHIPS it should be referred immediately.”

***THREE COUNTIES, DIFFERENT ISSUES, LINKED***

The necessity of having a large enough target population called on the FDTC planners to tie the three counties, Faribault, Martin and Jackson, together in a single court. The judges in these three counties have developed a healthy and trusting relationship, but there are factors of geography and long-standing service provider relationships that present challenges. There is a difference of opinion on the issue of transportation for participants. The loss of a position in the FDTC is perceived as having a negative impact on one county’s reliance of the FDTC. With the loss of the position things changed to the point that there is a feeling by team members from the county that they can offer the same services offered by the FDTC without having participants spending time traveling. There is some talk about what changes would have to take place in a single county if they handled CHIPS cases in a manner similar to the FDTC, but just for their county.

“We deal with the three counties problem. Other two judges give me a lot of leeway on these cases for which I am grateful. Integrating law enforcement and human services for the three



counties is more difficult because they have different ways of doing things. Need enough participants to make the court viable. It is clear that everyone should have an equal opportunity to have these services. If we did not combine the three counties, citizens from these counties would not have the opportunity under equal protection principles. We should have the ability to offer these services not based on where you live, rural or urban.

Transportation is an issue we have made allowances for. Our clients with lower income; treatment demands driving...we give gas cards if they need it, buses are available with passes we provide.”

“It is not a question of the capabilities of the three counties. Martin and Faribault are tied together for services.... Jackson is tied to the west and north. Our health provider is different than the other two counties that are tied to Rochester, MAYO. Our providers are in the other direction...we go north or west.... The court system ties the three of us together; services are not tied together.”

“Transportation is a problem. It is the time it takes to make the trips necessary for the FDTC...the more time we suck up; the harder it is to develop the parenting. Losing 1 to 1.5 hours is huge... it makes no sense if parenting services are going to be accessible. Keep them local, in the home.”

“Transportation as a barrier is a pseudo issue.”

“Things got much more difficult for us when the position was lost (case manager or recovery specialist)... the position made it beneficial for human services (in our county), now that human services has to manage the cases they lose that advantage. Now, if there is an FDTC case from this county human services has to coordinate services with providers they don't know rather than work with people and agencies they know here. For different counties the FDTC is a different deal. It is a hard sell here. We had successes early on but now it seems more difficult. There are positive indications, but we need more (successes) to make it easier to make a case for assigning cases over there.”

“When it started it was very different... reorganized and it is lots and lots different. It gets closer to our regular CHIPS... social worker, attorney and service providers. With the resources cut back the three counties are all different. In this county too much paring back and then it will be the same as regular CHIPS. There was a step up in service at first, a service package... then with the cut back our social worker began doing primary case management. With the shift the FDTC monitors rather than manages the cases. That shift lost a lot for FDTC...used to have two people now we have one. Successes have dropped dramatically. The last one referred last fall... we could do the same thing the FDTC did.”

“It worked well when we had more resources...the adult court is working well, I don't want to be a defeatist here, I want the program to work, but it takes more money to make it work, work well. It may be a local thing and it does not work well when you combine three counties. Typical CHIPS.... usually a Children's Justice Initiative; everyone at table... can ask for providers' meetings periodically ... having defense and prosecutor in the room ...would help for CHIPS to come in every month. What do we lose if we lose FDTC... from our point of view not much. Not true for Adult Court. If I were in Martin or Faribault County I would think we would lose a lot. Cooperation with Law Enforcement is now 'hit and miss' for us; if we can enhance the level of cooperation to do checks, we will be in much better shape here. Might make more sense to develop those relationships than work to make FDTC work for our county.”

“Now for Martin and Faribault, Human Services are tied together, FDTC makes great sense and if I were in those Counties I would desperately work to make sure FDTC is available. Now I have to look pragmatically and ask does it make sense that Jackson is part of this and do we stay part of it, stay active and contribute still in the case that we have that rare case that fits well, that we have that resource available... right now myself and a law enforcement officer goes over there for the Adult Court so we invest a fair amount for the Adult Court and so it is not that much more for FDTC.”

“So we maintain that resource still work on the project so there is a resource? I think we stay with it. We don't dump it. But it will have to be a unique case in order for me to refer a case

and it will have to include transport. And an unemployed person is a better fit, but the issue is that we want them to be employed.”

***BALANCE: WHAT THEY NEED TO DO AND WHAT THEY CAN DO***

Team members expressed concern about the balance between the structure and time demanded of participants and the level of participants’ ability to handle the pressure under which the FDTC puts them. At what point has the FDTC provided enough support to get a participant back on track and at what point do the demands of the FDTC create more problems and stress? There is a question about when a participant “peaks” in the program.

“It overwhelms some of them. Life was not structured, but some time a little too much.”

“Sometimes it gets to be too much...they may be set up to fail...with too much. We say, ‘You have done really well and it is just not enough.’ A Dirty UA, car breaks down, get into a bad relationship, lost my job... gets overwhelming. The team has to know they are trying so hard... not enough praise... not enough positive feedback. We sometimes forget the addiction and trauma and what it has done to these people.”

“Sometimes we give up too quickly?”

“In a case of a voluntary termination... it got to be too much... it did slow down getting children back...but only because leaving (FDTC) was seen as negative attitude toward sobriety.... They are receiving services... comparable with FDTC now and they don’t drive and they don’t lose time. By leaving they lost some...and FDTC may have gained a little for them. She relapsed; he did not. Would we have the same outcome? I think it would have been the same, but I can’t know for sure.”

“Depends on when they peak. Those who peak early are in a different situation than those who don’t. A family who dropped out...had job full time...it was difficult for him... he thought it would work out better if he did not have to drive... it did not work out any differently for him...his thinking did not change. Explaining that to participants and having them accept it...I

don't know how to fix that. If they don't have jobs it is not a problem. So having a job makes it harder. How do we compensate for that?"

"There should be some screening that tells us whether we are giving them too much. Want to make sure you are not taking someone who has a problem that is helped by some service, but hurt by putting them through too much."

### ***OTHER ISSUES***

Information emerged out of the interviews; not often, but worthy of notice and discussion in the process of restricting the FDTIC.

"A month ago I learned that during the knock N chats participants were not being tested. They were checking on them to see if they are home. How often are they tested? I don't know and I should. Tuesday at court and Thursday tested at treatment (not observed). Randomly tested... how often? Law enforcement hates this program; some say they like it. Law enforcement was told this is the last chance or they go to prison...not happening... they are getting multiple offences and not going to prison. The Judge and the attorney need to get together; do outreach to get people on board. Law enforcement is not on board. There is a lot of disconnect. Present problems have a lot to do with the past history."

"We have to know they are being tested... It's hard to bring up problems in the staffings."

### **WHAT, ONE THING, WOULD YOU CHANGE?**

The list of "what, one thing, would you change about the court is revealing; both, because it offers suggestions that might lead to improvements and because it underscores differences in assumptions, values and philosophy.

"I wish we could be a little more positive and less negative."

"Kind of dreaming here, but... resources."

"Move to an every other week model in the first three phases and then to once a month in Phase IV."

“Increase the face time with the Judge. Can keep it brief, but spend enough time to let them know you know them and that CHIPS deals with unique individual; that no cases are the same.”

“All participants should get Intensive Family Based Services, and they should have one list of what they have to do. “

“Not to get frustrated and down on them when they make mistakes. Too punishing, we could be more understanding. Could spend more time with them in the courtroom. We spend an hour in staffings talking about them and then if we spent more time with them they would feel more of a connection.”

“Change the court; we have less accountability than in adult drug court. Need more sanctions. Structure FDTC like Adult Drug Court. Accountability because I care.”

“Change one thing? Make it securely funded. That is so obvious that it can hardly count as my one change. We should have more opportunity for clients to meet with the whole team rather than spending a short time in court.”

“During the referral, add something on the front end... have all the information they need. True, informed consent so we are authentic.”

“For women with no healthy relationships. No resources, low self-worth. Giving up all their power to men. A real question about how these behaviors are criminal. They want the Judge to be the father they never had. Judge W\_\_\_\_\_ is fair, and appropriate, level headed.... One thing? Cultural sensitivity, we are not there. “...positive praise means so much; withholding praise is devastating... if they worked really hard and did almost everything well but messed up on one thing...judge withholds praise...that can be devastating...they work really hard to please someone; most they want to please the judge. Spend more time with each person.”

“Could get FDTC mental health to coordinate with other mental health providers and bring that to the table. Would have to educate treatment people about Drug Court.”

“Change? A way to figure out effective sanctions.... Maybe those who want to be there have more success. If they are on the fence it is hard. Positive incentives... Most surprising...that when the Judge tells them, “hey good job this week,” and gives them a small incentive, it really works. Gift cards... research says four to one, four incentives to one sanction; I don’t know if we do that. Just telling them they are doing a good job and mentioning specific things they are doing rather than just being in compliance with what we asked you to do.”

“Funding [the] program. We need tweaking for our own preservation. Show a benefit to it. Set it up for people who, but for a drug problem, would be good parents. Deal with CHIPS cases in general rather than Dependency CHIPS cases. It would make a difference because the Judge is more invested in them because they see him more often. Judge Walker is ideal for this sort of thing, does a good job, he is genuinely interested in them.”

“We have to make the community know what we are doing. If the public understood we would get more support. Put a dollar in, seven dollars comes back. We have 50 kids out of the home at about \$300.00 a day.”

“We need more resources for mental health. Keep in mind the havoc it wreaks on kids.

“Devise a tracking system that participants could use to track their own progress. Get more buy-in from participants. Make them part of the team.”

“Clients come into the staffing and present their week... more invested in their own recovery. Meet the staffing team and ask questions.”

“In staffings or in court they should hear from the whole team.... Each team member should prepare a question or a ‘positive’ for each person in court that day.”

**RESPONSES FROM PARTICIPANTS ON PERCEPTIONS OF THEIR OWN SITUATION, OF THE FDTC TEAM, OF THE JUDGE, AND OF THE FDTC**

Table 15 shows the average rating for participants’ perceptions about their own “situation”, the FDTC team, the judge and about FDTC itself. Participants responded to the items by circling the response that best described their level of agreement with the statements; 5. Strongly agree, 4. Agree, 3. Neither agree nor disagree, 2. Disagree, or 1. Strongly disagree. Participants were given a paper copy of the survey on which they circled their responses as the items were read aloud in a face-to-face interview. A total of 14 participants completed the survey as it relates to their court, 10 from the BEC FDTC and 4 from the FMJ FDTC. Items that asked the level of agreement with negative statements were recoded so that there is consistency in interpreting higher average scores as favorable.

**Table 14: Participant responses to “Participant Survey”**

Participants were asked to indicate their level of agreement with 42 survey items. 5 Strongly Agree; 4 Agree; 3 Neither Agree nor disagree; 2 Disagree; 1 Strongly Disagree Items 1 – 14 ask about how participants feel about their situation. Items 15 – 21 ask about participants’ perception of the FDTC team. Items 22-31 ask about participants’ perception of the judge. Items 32-42 ask about participants’ feelings about FDTC. The mean for each item and the item number are below each item.				
Mean 4.50 to 5.00 Strongly Agree			I can effectively deal with daily problems	I feel good about myself.
Mean 3.50 to 4.49 Agree				
Mean 2.50 to 3.49 Neither agree nor Disagree				
Mean 1.50 to 2.49 Disagree			<b>1.</b> 4.20	<b>2.</b> 4.20
I am able to control my life.	I do well with my free time.	I am satisfied with my housing situation.	I am pretty independent.	Most of my close friends are drug users.
<b>3.</b> 3.90	<b>4.</b> 4.30	<b>5.</b> 3.70	<b>6.</b> 4.20	<b>7.</b> 4.10
Most of my close friends engage in criminal behavior.*	I can effectively deal with people and situations that are problems for me	I am satisfied with my employment situation	I am satisfied with my financial situation.	I am using drugs less than I was before I started this program.
<b>8.</b> 4.20	<b>9.</b> 4.30	<b>10.</b> 3.10	<b>11.</b> 2.80	<b>12.</b> 5.00
I am connected to help if I need it.	My mental health is being effectively helped in FDTC	The FDTC Team is knowledgeable about your case.	The FDTC Team knows you by name.	The FDTC Team helps you to succeed.

<b>13.</b> 4.60	<b>14.</b> 4.30	<b>15.</b> 4.90	<b>16.</b> 5.00	<b>17.</b> 4.80
The FDTC team emphasizes the importance of drug and alcohol treatment.	The FDTC Team gives you a chance to tell your side of your story.	The FDTC Team the team can be trusted to treat you fairly.	The FDTC Team treats you with respect.	The judge is knowledgeable about your case.
<b>18.</b> 5.00	<b>19.</b> 4.60	<b>20.</b> 4.70	<b>21.</b> 4.90	<b>22.</b> 4.50
The judge knows you by name.	The judge helps you to succeed.	The judge gives incentives that make you want to do a better job following FDTC requirements.	The judge is intimidating and unapproachable.*	The judge remembers your situations and needs from hearing to hearing.
<b>23.</b> 4.70	<b>24.</b> 4.80	<b>25.</b> 4.80	<b>26.</b> 3.70	<b>27.</b> 4.40
The judge gives you a chance to tell your side of your story.	The judge can be trusted to treat you fairly	The judge treats you with respect.	The judge gives sanctions that make you want to do a better job of following FDTC requirements.	You feel you have the opportunity to express your views in the court.
<b>28.</b> 4.50	<b>29.</b> 4.40	<b>30.</b> 4.50	<b>31.</b> 4.60	<b>32.</b> 4.40
You feel too intimidated or scared to say what you really feel in the court.*	The court takes account of what you say in decisions of what should be done.	You understand what is going on in the court.	You understand what your rights are during the processing of the case.	You feel pushed around in the court case by people with more power than you.*
<b>33.</b> 4.10	<b>34.</b> 3.90	<b>35.</b> 4.60	<b>36.</b> 4.20	<b>37.</b> 4.40
During the court you feel pushed into things you do not agree with.*	You were treated unfairly.*	You feel that you were treated with respect in the court.	You feel the court respected your rights.	The court got the facts wrong.*
<b>38.</b> 3.90	<b>39.</b> 4.40	<b>40.</b> 4.40	<b>41.</b> 4.10	<b>42.</b> 4.20
Average for items 1 – 14: How participants feel about their situation.	Average for items 15 – 21: Participants' perception of the FDTC team.	Average for items 22-31: Participants' perception of the judge.	Average for items 32-42; Participants' feelings about FDTC	Average for all items on the participant perception survey.
4.0	4.8	4.4	4.2	4.3

- Items that asked the level of agreement with negative statements were recoded so that there is consistency in interpreting higher average scores as favorable.



In general the participants' perceptions are positive and there are no concerns that the FDTCs are being less than effective with these participants. The usefulness of these results comes in allowing them to point to issues that might be the focus of discussion in the teams to determine what might be done to respond to issues that are given relatively lower ratings.

Participants feel less favorable about their "situation" than they do about aspects of the FDTC process, teams, or judges. Of the 14 items that relate to participants' "situation", satisfaction with "my financial situation" stands out with the lowest rating. Fifty percent of the respondents strongly disagrees or disagreed that they are satisfied with their financial situation. Given the state of their financial situations, these responses give some evidence for accepting the validity of perceptions reported. These data do not offer any new information to the FDTC teams about the most serious concerns of participants; finances, employment, and housing emerge as areas of relative dissatisfaction. The two highest ratings for "your situation" are for the perception that they are "connected to help" and that they are "using drugs less." There was surprise and humor with the responses to this item. "Duh." "Less? I'm using none." "Is that a trick question? Does less mean I am using some?"

The next series of items asks participants about their perceptions of the FDTC team. The average rating of 4.8 (Strongly agree) gives evidence for the positive participant perceptions of the team. The consistently high ratings for these items speak to the success of these courts. For individuals who traditionally lack trust and respect for "authority figures" in the human service and criminal justice systems to perceive the teams as helping "you" to succeed and treating "you" with respect and trusting that "you" will be treated fairly is strong evidence of the relationship building efforts that these courts have as one of their priorities. Participants do not miss the emphasis placed on the importance of drug and alcohol treatment by the teams. Here, again, participants expressed surprise that anyone would even ask such a question. With these very strong ratings it is instructive to focus on those items that are somewhat lower. The lowest rating among the seven items asks about whether or not the team gives you a chance to tell your side of your story. Even here all the responses are either agree or strongly agree so

there is not an indication of a real issue. However, it might be helpful to consider how to assure that participants feel that their side is being told.

Participants do indicate positive perceptions of the judges in these courts. In this series of items there are three ratings outside of the positive “Agree” and “Strongly Agree” categories. Participants report that they see the judges as “helping them to succeed;” “treats you with respect;” “can be trusted to treat you fairly;” “knows your name and remembers your situations and needs;” and “gives you a chance to tell your side of the story.” Participants also agree that the incentives and sanctions given by the judge “make you do a better job of following FDTC requirements.”

Participants report the most concern, about the court of which they are a part, with items relating to decisions in the court made without them having been/taken into account or about being pushed into, even when they don’t agree. The nature of the court makes it understandable that decisions with which participants don’t agree would be a normal aspect of how the court operates. The perception that the court is fair, treats them with respect and respects their rights speaks favorably about how these courts operate.

#### **THE VOICE OF PARTICIPANTS**

“I know it saves lives; I know it saved mine...”

“I will never go back to smoking meth. I think they can see how my behavior has changed, and see that I know what it feels like to live sober. It feels good when I wake up in the morning...or maybe later in the day, but....”

Face-to-face, audio recorded interviews were used to obtain these perceptions. Ten active participants in the BEC FDTC and four in the FMJ FDTC were interviewed along with three terminated participants from the BEC FDTC and two from the FMJ FDTC. Paraphrasing and minor alterations were made to protect the promised anonymity of the respondents. The reflections included below characterize the range of perceptions offered in the interviews.

Face-to-face interviews with current participants revealed a majority of positive comments. Over all participants praised the demand for structure as the most important aspect of their experience. When asked, “What works for you in in the FDTC?” the response consistently given was “structure”.

“Before drug court, I never thought about planning anything, I just did what came up.”

“The calendar really helps, but it is hard to think about what I am going to do every moment.”

“The structure keeps me from drifting along like I used to. In a way it was nice, but it got me into to trouble.”

“I never thought about trying to get organized for my daughter, now I do. I’m not very good at it... it is important to me and to my daughter.”

“What works? Structure versus random. Having a schedule, 9 – 5.”

“I’m doing what I need [to] because I can’t do it on my own, yet, the court helps me. The structure... you see, you need the structure. That is a good thing...they work with you like going to volleyball games and stuff like that. People say they take away your rights, but that is not true... if it is good for me they let me do it.”

“What works well? The structure it give you the structure, all the meetings, treatment, everything you have to do. Sometimes it is a bit much, but it helps. I really did not like it at first, but it keeps you busy so you don’t get bored, when you get bored you want to get high. The curfew is a pain, but it is good for me because if I did not have it I would be out getting into trouble.”

“The structure keeps me sober. Keeps me on a structured schedule, treatment, meetings. My children were removed. I know alternative ways, but it takes longer. I got my children back in five months... four days shy of five months; it would have taken at least ten months [in the regular CHIPS system]. Any hoop they give me I will jump to get my children back. That’s what helps me.”

“More specific? What works? Probably all of it works for me, only because I work it. The only thing that does not work is mental health.”

“Advice to the team... it kind of all worked for me. I think it is a good program for me. It kind of runs my life until I can get the hang of it.”

“What really works... the structure. Specific... consistent, having me to do things throughout the day.”

“I’ll tell you what does not work, and I know it. When I don’t communicate with them and they let me get by with it.”

#### **Other comments about what works**

“I like it when the judge tells me I’m doing well. When I think they know how hard I worked just to stay clean and they say something about it.”

“I hate that I’m put in a category, like we’re all the same, we’re addicts. When they treat me like I’m a decent human being, that’s what works for me. Like we’re all human beings.”

“Having to stay focused because I have to check in.” “It helped me to have surprise UA’s.”

“Right now my recovery is with NA and not the drug court, except that they demand that I go to the NA meetings twice a week. That’s where I get my help and my sponsor. FDTC is responsible for me getting these things, my sponsor and NA meetings and my sober support network through NA and working through the steps with my sponsor.”

“It changed how I see the system. Yes, I give them all a lot of respect. I could be in a real tough spot right now. I could have gone to prison. Yes, that’s what works for me; they gave me a chance, a second chance, knowing that is what works for me in this court. And I don’t care if my friends think it’s dorky.”

“Treatment, meetings, groups. That’s what works for me.”

“New van, kids, apartment, a job. The court has helped. If I did not have this program I would not be in this spot. I went through a lot of struggles at the beginning, but they did not give up on me. My status here...I am doing really good right now.”

“Worked for me? Understanding and compassion, they gave me a lot of chances to turn my life around. Once things began to get good it just kept going better.”

"I hated the curfew and said it does not work. Overall it has all worked. For family dependency you have to have it (curfew). Before I would be gone all hours, it kind of creates a stability in your life."

"What else? No, I think it really works, at first I thought it was a lot of bull, and no one was on my side. I think it is a good program. Alumni? Yes I am going to continue with alumni. I will help, it makes me feel good."

**PARTICIPANTS WERE ASKED IF THEY TRUST THE TEAM.**

There were no outright negative responses to this question. Most respondents indicated that they did trust the team; however, individuals did offer the following.

"...somewhat..."

"It takes time for me to trust anybody. It's not them."

"Trust them? For the most part."

"Not for a long time, but now, yes."

"Trust is hard."

"Trust them? To my counselor, I trust, I will tell her anything. Whatever I tell one individual they tell the team, but not going into the details. I know they all share everything, but I like that my counselor tells the team about things, but does not go into the details that are really personal, but I will tell her anything and everything."

**SPECIFIC COMMENTS WERE MADE ABOUT TEAM MEMBERS**

Most often the Judge was mentioned as a person they liked and learned to understand.

"Judges scared me. I am getting to understand why they seemed so mean. Criminals never do what they are supposed to, so judges have to make them do it. That's the way it was with me before drug court."

"I never believed a judge cared for any of us; Judge does care. It's nice."

“My relationship with the judge? I give him a lot of respect. He tells me I am doing good, I like that.”

“Judge was kind to me.”

“Judge? Is he helpful, yes for my phased project he kind of pushed for me... and my job recommendations...helped to get me a job.”

“I am new to this court. I am a 37 year old man and I have been in a lot of trouble, have done time. Last week the judge talked right to me and told me that I am doing good and he appreciates that. He smiled at me. In all the time I have been in courts nothing like that has ever happened to me. I am a 37 year old man, nobody would think that’s a big deal, but it was a big deal to me. It made me feel good. I walked away from that court feeling good.”

#### **PARTICIPANTS SINGLED OUT THE COORDINATORS OF BOTH COURTS AND OTHER TEAM MEMBERS**

“The coordinator is so big he scared me to death, but now he’s not so scary and I think he really wants me to get my kids back. If I can have someone that big on my side, well....”

“I didn’t know what to expect, I thought they were all out to get me and my children. When I talked with the coordinator I got some hope that things would work out ok.”

“The coordinator is the nicest, most understanding person I have dealt with in this whole mess.”

“It’s the coordinator I go to when I need to know something, or when I am lost and need a little pick up.”

“The child protection worker is easy to talk to; I couldn’t ask for a better CHIPS worker...she’s friendly, but tough on me sometimes.”

“With the child protection worker you can’t get by with anything. She can see right through you. I know she knows when I’m telling her a lie, but she doesn’t just yell at me. She is reasonable about it and lets some things go. It’s the only way we have a good relationship, but she never forgets. I even got to like her.”

“The case manager is everywhere. He is easy to talk to and gets the truth most of the time. Some of these girls (participants) really try his patience. I don’t know how he does it, but if I would get in real trouble he is the one I would call.”

“The case manager keeps telling me I can do it and explains why I should not do things that will get me close to meth and the people I know who still smoke it. He helps.”

“I know the counselor from the half-way house is on my side. She gives us all encouragement. She whispers little encouraging things all the time. She’s like a friend you don’t want to disappoint.”

“And the cops don’t bother you too much, they do Knock N Chats.” Do they treat you with respect? “The ones who do the Knock N Chats do treat me with respect, but they are ones who I have not had run-ins with. The other cops who were actually at my house, the ones who raided my house, they would probably not be as respectful towards me as these.”

“Knock N Checks officer, he sat there for about 25 minutes, talking and whatever, it’s nice to get to know these people, the coordinator and everybody in the court and it is not like we talked about the rules, we talked about what I did with my son and grilling out. It’s kind of nice, like the only time they’re talking to you is when you are getting in trouble, it’s not like that. It’s like these cops, everyone says they’re against you, but they really, really are not. I feel great I don’t have to worry about hiding and lying to the cops.”

“Now I know all cops are not alike. I have always thought they were all just out to make your life miserable, that they were mean. These cops (officers that work with the FDTC) seem like they are interested in helping you stay clean, but my heart still jumps when I see one.”

#### **COMMENTS ABOUT TREATMENT: MENTAL HEALTH AND SUBSTANCE ABUSE**

“But my mental health treatment person, I love her, I can trust her and talk to her. And she will tell you what you need to work on. A lot of people tell you what you want to hear, she is not like that, she tells me what I need to be working on. A lot of people are fake, that’s why I like

being here; they tell me what I need to know. I like the treatment people too, they are awesome.”

“I enjoy the treatment center. I like AA, there are women who have been sober for 18 years. I learn a lot from them. I do 8-10 meetings a week; I am in it for the long run.”

“...can’t fix one issue at a time. I am lost. We have set goals and... deal with an alcoholic father... a lot of different things in my life and hard to work on my mental health. I am not making the progress I think we should be making. I am not into mental health, I don’t trust mental health, I don’t know what to expect ether.”

#### **WHAT ABOUT THE COURT SHOULD BE CHANGE?**

Most participants responded with “nothing” when asked what should be changed.

“The first two phases you are always busy you can’t even breath. Get somebody to work with your frustration in the early stages. Drug courts cheerleaders. Someone to tell you how to get through the court. A person who tells the team where you are at.”

“Change...nothing I like the way it is going. Others in the court are positive. This program is a benefit to me.”

#### **WHAT HELPED YOU?**

“Giving out... taking money off fines a great incentive...drawing for gift card or money is a great incentive...drawing to get snacks... is insulting as all get out...don’t give me dots...even a dollar off fine is much better. I’m 33, don’t give me candy for staying clean.”

“Writing in the journal helpful...most people are just scribbling just before court. I don’t think the judge read my journal.”

#### **NEGATIVE COMMENTS**

How easy is it to use drugs and get it by this team? “At first it would be hard, but I could use now after the test today...it would make more sense if it were random....I had quite a complex; if I got called and I can’t pee... now it is only every other Tuesday...that other week I don’t come in...I could use without showing positive.”



“Everyone knows who really watches and who doesn’t. It is tempting when you know the pattern; addicts have been learning how to beat the system forever. You hear about how they used and did not get caught.”

“I used to laugh inside when they would say, so many days of clean time and everyone knew the person beat the system. Now I think it is sad and probably they are just saying they used when they didn’t.”

‘I could say I have a sponsor and not go to her just to look good, but I choose to use her. There are some who say they have a sponsor when they don’t.’

“Structure is too much for me. Sometimes, my anxiety gets too high and I don’t know how to handle it.”

#### **PARTICIPANTS WHO HAVE BEEN TERMINATED**

“I am a little sour toward the whole program.”

“I wish I was never in the court. Quickest way to get your son back; that’s what they told me. I was extremely naive about the legal system...my public defender not a real lawyer. Frustrating. I had no idea about the FDTC or the options. I didn’t know the alternatives, I just knew, from what they told me, this is the quickest way to get my son back.”

“...the parenting assessment...he intimidates me...I don’t know why.”

“All of this (being terminated from FDTC) is my fault. Every time I would get up I’d get knocked down. The good part was treatment and mental health counselor...without them I would have done myself in.”

What was it that kept you from graduating? “It was too much; I could not keep up with all the meetings, with all the requirements. It was driving me crazy. ...but, it did help me, things are better for me now.”

“I didn’t have any idea what else I could do. I thought this is the quickest way to get my kids back. That’s all I needed, I signed. Did not know the options.”

“They are supposed to help you. The FDTC is just there to scare the crap out of you and give you UAs and throw you in jail when you make a mistake, they don’t lift you up. I am trying to decide what to tell you. The program has to deal with these kinds of issues. Some feel differently. I know a number of people who graduated, two graduated out of 3, I know they were successful. Why not me?”

“...2 days before release... I deserved it (going to jail) but, county worker called me to tell me they were taking my child away... right before they released an addict from jail not a brilliant move. Hung on for dear life; 12<sup>th</sup> day... I found out there was no way I was going to get my child back, they wanted to put me back into inpatient treatment, I went out and bought a bunch of dope and went to kill myself. By the grace of God... after about 30 minutes they did a knock N chat, because they moved me from the FDTC to the Adult Drug Court.”

## Engaging the Participants of the BEC and FMJ FDTCs

<b>Recorded time judge spent with participants in the BEC and the FMJ FDTC</b>
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Table 15		FMJ	Judge	
Number of minutes and seconds Judge spent interacting with participants during FMJ FDTC hearings.				
4 - 3	3 - 2	2 - 1	1 - 0	
3'04"	2'45"	1'52"	0'54"	
3'01"	2'34"	1'48"	0'30"	
3'00"	2'32"	1'48"		
	2'25"	1'39"		
	2'07"	1'30"		
	2'02"	1'24"		
	2'02"	1'24"		
	2'02"	1'18"		
		1'13"		
		1'07"		
		1'07"		
		1'00"		
N= 25				
Average 1'51"				

Table 16		BEC	Judge				Team
Number of minutes and seconds Judge spent interacting with participants during BEC FDTC hearings.							
<b>5+</b>	<b>5 - 4</b>	<b>4 - 3</b>	<b>3 - 2</b>	<b>2 - 1</b>	<b>1 - 0</b>		
5'32"	4'50"	3'50"	2'46"	1'59"	0'48"		8'53"
5'16"	4'46"	3'35"	2'46"	1'56"			7'44"
5'03"	4'32"	3'34"	2'45"	1'53"			7'00"
		3'30"	2'38"	1'52"			5'50"
		3'30"	2'36"	1'50"			4'40"
		3'20"	2'33"	1'36"			4'20"
		3'19"	2'30"	1'33"			3'51"
		3'14"	2'28"	1'30"			3'45"
		3'14"	2'26"	1'30"			2'50"
		3'09"	2'20"	1'28"			
		3'07"	2'16"	1'22"			
		3'04"	2'11"	1'21"			
		3'04"	2'09"	1'17"			
		3'00"	2'08"	1'12"			
			2'08"				
			2'05"				
			2'04"				
			2'02"				
			2'00"				
			2'00"				
			2'00"				
N= 56				Average 2'39"			

The times recorded in Table 15 and Table 16 were taken on several occasions during observations of the FDTCs. The time spent with participants has been one of the measures of activities directed at the development of relationships between the judge and participants. The recommendation is that a judge should spend at least an average of three minutes with each participant. While such a criterion may seem arbitrary, and one that does not take into account the tone and style of the interaction, research has supported the relationship between successful completion of drug court and the number of minutes, on average, spent with participants. The research indicated that a significant difference can be observed when comparing successful completions for courts in which the judge spends three minutes or more

in these interactions with those in which less than three minutes, on average, is taken in the face-to-face interaction between the judge and the participant. Times spent with participants vary within these courts. Longer periods of time are taken when more significant positive or negative behaviors are being discussed and incentivized or sanctioned. According to a report by the National Institute of Justice, “Drug Courts: The Second Decade” the personal attention from the judge during status hearings was the most important influence in participant’s drug court experience.<sup>6</sup>

The “team” times in Table 16 were recorded for one court hearing in which the judge was absent and the team conducted the court hearing. In this session team all the members participated in a discussion about problems, successes, dangers, sanctions and incentives. In this session, as in others in which the judge had to miss the hearing, more questions were asked of the participant, more comments from a variety of team members and more response from the participants was observed.

#### **SETTING THE TONE FOR STATUS HEARINGS**

The tone and style of interactions between the judge and the participant is set with the ritualized opening of the interaction at the status hearings. No two courts are the same. Observation of various courts allows a comparison. The characterizations are just that, “characterizations” that do not reflect all the variations that do exist.

#### ***COURT 1:***

Judge: Mr. Smith would you come down?

Mr. Smith leaves the jury box and presents himself at the podium in front of the judge.

Judge: First, your test today was negative and that means you are clean and sober. Congratulations.

At this point the judge leads in general applause by all in the court to congratulate Mr. Smith on being “clean and sober.”

Judge: The staff reports were good this week....

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<sup>6</sup> The National Institute of Justice. Drug Courts: The Second Decade. [www.opj.usdoj.gov/nij](http://www.opj.usdoj.gov/nij)

**COURT 2:**

Judge: John Smith

Coordinator: Your Honor John is compliant with FDTC rules and regulations (or is in the box *for some violation*) and has 67 days since his last sanction and 243 days of clean time.

As the John moves out of the back seats, or out of the jury box, (if he is “in the box” for some infraction of FDTC rules) there is applause from everyone in the court. He presents himself at the podium in front of the judge.

Judge: How are you doing? I understand that....in the meeting we talked about....

**COURT 3:**

Judge: John, come up here, we have some things to talk about. (or some variation like, “I have some questions for you.)

The participant comes out of the jury box and presents himself in front of the judge and if he is more than a few feet from the bench the judge says, “Come closer so we can talk,” or something to that effect.

Judge: “John, tell me about your job situation”, or about Jillian (his daughter)...or about any other things going on in John’s life.

Interaction: Judge and John talk.

Judge: At the end of the interaction, “John has 243 days sober. Let’s give him a round of applause.

**COURT 4:**

Judge: “John, how are things going?”

John, seated in the jury box, stands up in place and converses with the judge. At the end of the conversation the judge offers to trade journals.

Judge: Holds up John’s journal and says, “Here I will trade you journals.” John brings his journal to the bench and trades it for the one the judge has read and shakes John’s hand as the coordinator indicates that John has 243 days sober. Everyone in the court joins the judge in applause to congratulate John.

One aspect of this ritual that is striking is the respect that is demonstrated by the judge in waiting at the end of the conversation for John to leave the jury box, walk down to the bench for the trade of the journal, walk over to the table to check in with the coordinator and any other team member that has business for John (maybe takes a minute or two) and then walk back to his seat in the jury box and sit down. At that point the judge calls the next participant.

Each of these courts has a different feel to them; each has a different tone. Research into the effect of the different approaches has not been undertaken so that we can say how tone or style is related to successful outcomes for FDTCs. However, it is instructive to consider how the different approaches place emphasis on distinctive elements of the FDTC. The decision about what tone to take should be an intentional one. It should be a team decision. There are some comparisons drawn on the “rituals” used to open a status hearing.

1. Compare calling Mr. Smith to the podium by saying, “Mr. Smith, you are next,” with saying, “John come up here we have some things to talk about.” Obviously the choice is between a more or less formal approach. The one is more respectful of the traditional decorum in the court. It gives the process more weight. It says, “This is a court of law.” We should expect in the early stages of a participant’s FDTC experience that he or she will feel nervous in this encounter. The second option announces that the interaction is going to be a conversation. It starts out with the expectation that there will be give and take. This approach gives up some of the weight of the court, it takes more of a “relationship building” tone.

2. Compare approaches used to congratulate participants on their sobriety. In the first court; a UA was taken before the court hearing. Here the judge announces that “Your test was negative and that means you are clean and sober.” In the second court the announcement comes from the coordinator, presenting the participant to the judge as having so many days without a sanction and with a number of days of “clean time”. The third approach places the statement about sobriety at the end of the conversation; “....243 days sober. Give him a hand”. There is no right or wrong answers as to which approach makes the most sense, but each one creates a

different tone to the status hearing. In the first court there is an advantage in the logistics of getting participants to court and getting them tested. However, the image of the individual in front of the judge having just “peed in a cup” may be a little off putting for some. Participants have expressed some embarrassment at the whole UA process. The announcement that an individual is “clean and sober” means he or she is “clean and sober” today. The approach leaves out the sense of building “clean time” that is more obvious with the announcement of days of “clean time,” or days sober. The celebration of 30, 60, 90, etc. days of sobriety may be as effective. We might consider whether or not it is helpful to place the emphasis on being “clean and sober” or on days of “clean time” at the beginning of the interaction between the judge and the participant.

The FMJ FDTC is involved in an innovative approach to engaging the participant in the status hearing. Over the last month the team has invited participants to meet with the team. The staffing meeting begins with the team’s usual discussion about how and what a participant is doing. The reports from the various team members are shared and discussed. Next the team invites the participant to join the team and a conversation ensues that involves a back and forth between everyone at the staffing including the participant. It is probably too early to assess the effectiveness of this approach, but at this point, conversations with participants and team members provide support for the process. One long-term member remarked that this is the most connected she has ever felt with a participant. Participants queried after the experience “liked it.” “We always think that they’re in there talking about us and we don’t have a chance to explain.” “It is the first time I have talked to some of the team members; it’s nice.” The willingness to innovate and try different approaches can do nothing but open up the possibility of making the court more effective. Some innovations will prove ineffective or impractical, but that is the cost of developing excellence. Daniel Chambliss in his research on how to achieve excellence finds that excellence emerges out of doing the small things well consistently, making

qualitative changes instead of quantitative changes and doing these things with “heart.” The qualitative changes the FMJ FDTC is an example of what Chambliss’ research supports.<sup>7</sup>

## Ratio of sanctions to incentives

**Table 17: Number of Incentives and Sanctions Given to Participants of the FMJ FDTC With Ratio of Incentives Per Sanction**

	Number of Recorded Incentives During FDTC	Number of Recorded Sanctions During FDTC	Ratio on Incentives Per Sanction During FDTC
N	23	23	23
Mean	9.26	5.57	2.0070
Median	9.00	5.00	1.3000
Sum	213	128	46.16

The data available on incentives and sanctions come from the weakly “Progress Reports” for the FMJ FDTC. These reports are not 100% reliable. These data include only the “major” incentives and sanctions. A large number of incentives in the form of congratulatory comments, praise, and appreciation are not included in these data. During one observation of a status hearing with the FMJ FDTC encouraging/appreciating/complimentary comments were made to three participants a total of 13 times. The rule of thumb, that some dispute, is a ratio of four-to-one, four incentives to one sanction. If the encouragement, appreciation or compliments given by the judge were added in to the data in table 19 there is no doubt a ratio greater than four-to-one would be obtained. The data available shows an average ratio of about two-to-one for “notable” incentives and sanctions. These data support the notion that the FMJ FDTC has more reason to give incentives than sanctions. No data on incentives and sanctions for the BEC FDTC is available. Observation of the court gives evidence that this court is more likely to give incentives than sanctions. The encouraging comments made by the judge include appreciation for acceptable behavior and assessments of “that’s good,” for complying with FDTC rules. The staffing discussing on each participant is always directed, at some point, to “what are the positives.” There is a concerted effort to see even less than stellar behavior as

<sup>7</sup> Daniel F. Chambliss, “The Mundanity of Excellence.” *Sociological Theory*, Vol. 7, No. 1 (Spring, 1989), 70-86.



“progress” when compared to earlier behavior.

### Time between CD assessment and first treatment

The data available on the length of time between a CD assessment and the first treatment comes from the FMJ FDTC. As can be seen in Table 19 the median is five days with a mean of 8.41 days. Forty-one percent of the 17 cases had a turnaround time of one day and about 50% were in their first treatment session within two days of the CD assessment. These excellent times are associated, in the research, with positive outcomes. Only four participants had a wait of over two weeks after the CD assessment for the first treatment session

**Table 18: Mean, Median and Sum of Days from CD assessment to first treatment**

N	17
Mean	8.41
Median	5.00
Sum	143

**Table 19: Days from CD assessment to first treatment**

	Frequency	Valid Percent	Cumulative Percent
1	7	41.2	41.2
2	1	5.9	47.1
5	2	11.8	58.8
7	2	11.8	70.6
11	1	5.9	76.5
17	1	5.9	82.4
24	1	5.9	88.2
29	2	11.8	100.0
Total	17	100.0	

### COST BENEFIT ANALYSIS

Here we focus on the question of whether or not the FDTCs are worth the economic investment communities are making to maintain them. Are the investments worth the gains

realized by these courts? Three cost benefit arguments are presented below. The first argument follows conventional methodology that attempts to find real cost expenditures and real dollar savings that are directly derived out of the work of the FDTCs. As will become clear this type of analysis is not simple and straight forward. The second approach rests on research completed by The National Center on Addiction and Substance Abuse at Columbia University. This research provides estimates of the percent of Federal, State and Local budgets that is directed at “shoveling up the mess” created by substance abuse. Inferences are drawn from these estimates to make assessments of the proportion of our county budgets directed at the attempt to repair the damage caused by substance abuse. What the success of the FDTCs means to this equitation is investigated. The third approach brings in a consideration of the enhancement of the functional status of participants. This argument is rather straight forward, but lacking in quantification usually associated with cost benefit analysis. The argument takes on the look of a syllogism; the level of functional status is directly related to economic and social costs; substance abuse significantly lowers functional status; therefore, sobriety lowers economic and social costs. The measure of functional status available to us is the number of days sober or “clean days”.

**Claim:**

After extensive research into the cost-benefit of drug courts and family dependency treatment courts, and after analyzing costs and economic benefits associated directly with the FMJ FDTC and the BEC FDTC, it will be demonstrated that these two courts (FMJ FDTC and BEC FDTC) do, indeed, evidence a positive cost benefit.

**Data:**

Evidence to support the claim is drawn from: 1. research on federal, state and local budget spending on substance abuse and addiction; 2. the often overlooked consideration of what it means for local costs when individuals go from abusing controlled substances to sobriety, and 3. cost data related to the FDTC in Blue Earth County and in the Tri-County FDTC for Faribault, Martin and Jackson Counties.

Part I: Can it be demonstrated with more traditional approaches that the FDTCs have a positive cost benefit to their communities?

Part II: What does the research data on the economic cost of substance abuse to local communities tell us about these costs in the counties in which the FMJ and BEC FDTCs operate?

Part III: Can the analysis of the cost-benefit associated with “days sober” allow for a more helpful assessment of what is gained from FDTCs?

## **PART I**

### **CAN IT BE DEMONSTRATED WITH MORE TRADITIONAL APPROACHES THAT THE FDTCS HAVE A POSITIVE COST BENEFIT TO THEIR COMMUNITIES?**

The first approach to cost benefit analysis opens with an understanding of what we are moving away from with the emergence of FDTCs. The CHIPS cases accepted in the BEC and FMJ FDTCs all involve substance abuse for which individuals could be charged. When the court provides an option to incarceration the savings are significant. The BEC and FMJ FDTC integrate substance abuse treatment into a program with supporting services to meet a wide range of needs. The power of the court to monitor progress in CD treatment and to enforce compliance with the treatment regime assures the cost benefits associated with substance abuse treatment over the “business-as-usual” criminal justice response. “Treatment delivered in the community is one of the most cost-effective ways to prevent such crimes (drug related) and costs approximately \$20,000 less than incarceration per person per year.” A study by the Washington State Institute for Public Policy found that every dollar spent on drug treatment in the community yields over \$18 in cost savings related to crime. In comparison, prisons only yield \$ 0.37 in public safety benefit per dollar spent. Making treatment accessible is an effective way of reducing problematic drug use, reducing crime associated with drug use and reducing the number of people in prison.”<sup>8</sup> Cost savings associated with a wide range of services have been found to be related to programs that emphasize therapeutic treatment rather than “business-as-usual” criminal justice response to substance abuse. Cost savings in

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<sup>8</sup> Justice Policy Institute, "How to safely reduce prison populations and support people returning to their communities," (Washington, DC: June 2010), p. 8. See more at: [http://www.drugwarfacts.org/cms/Prisons\\_and\\_Drugs#sthash.7TGg4KLd.dpuf](http://www.drugwarfacts.org/cms/Prisons_and_Drugs#sthash.7TGg4KLd.dpuf)

the area of emergency room visits have been realized as a result of CD treatment. “CD treatment reduces the number of different ERs visited by 20 percent for clients who enter CD treatment but do not complete treatment, and by 30 percent for clients who enter and complete CD treatment”.<sup>9</sup> “At the national level, the findings are even more encouraging. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that: For every \$1 invested in treatment, taxpayers save at least \$7.46 in costs to society. After individuals receive treatment for their substance use disorder, total medical costs per patient per month are cut in half- from \$431 to \$200.<sup>10</sup> “A study<sup>11</sup> comparing the direct cost of treatment to monetary benefits to society determined that on average, costs were \$1,583 compared to a benefit of \$11,487 (a benefit-cost ratio of 7:1).

Table 20 includes estimates of the costs of substance abuse in millions of dollars. It is not clear how exactly these data are derived. To determine the specific cost of these factors in Blue Earth and Faribault, Martin, and Jackson Counties is beyond the expectation for this evaluation. However, these are real costs, even if they cannot be quantified here. They are real costs that the success of the BEC FDTC and the FMJ FDTC bring down.

Researching cost benefit analyses leaves one searching for some solid foundation upon which to stake down solid numbers so one can just do the math and present the costs and the fiscal benefits of the family dependency treatment courts. As is explained above, these courts have been analyzed by credible researchers and continue to come up as financially beneficial to the community. Many of the values used in the formulas are estimates because of limited data and are based on what can be given a cost value. After analyzing a myriad of these reports one would have to be from another planet to reject the idea that these courts save money (and children, and lives, and families). Exactly how much may not be known.

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<sup>9</sup> DSHS Research and Data Analysis Division, 11.120fs Chemical Dependency Treatment Reduces Emergency Room Costs And Visits Washington State Department of Social & Health Services Daniel J. Nordlund, Ph.D. David Mancuso, Ph.D. Barbara Felver, MES, MPA

<sup>10</sup> Results from the 2009 National Survey on Drug Use and Health: Volume I, Summary of National Findings, Substance Abuse and Mental Health Services Administration, September 2010

<sup>11</sup> Ettner, S.L., D. Huang, et al. (2006). “Benefit-cost in the California treatment outcome project: does substance abuse treatment ‘pay for itself?’” Health Services Research, 41(1): 192-213.

One has to go into this analysis with eyes open and a willingness to accept best estimates and not be overly concerned by wide variations and caveats tacked on to statements about “what is reported.” This is not to disqualify these cost benefit investigations; it is more to

**Table 20:**

Economic Costs <sup>12</sup>	Total (\$)	Alcohol (\$)	Drugs (\$)
<b>Health Care Expenditures</b>			
Alcohol and drug abuse services	9,973	5,573	4,400
Medical consequences	18,778	13,247	5,531
Total, Health Care Expenditures	28,751	18,820	9,931
<b>Productivity Effects (Lost Earnings)</b>			
Premature death	45,902	31,327	14,575
Impaired productivity	82,201	67,696	14,205
Institutionalized populations	2,990	1,513	1,477
Incarceration	23,356	5,449	17,907
Crime careers	19,198	--	19,198
Victims of crime	3,071	1,012	2,059
Total, Productivity Effects	176,418	106,997	69,421
<b>Other Effects on Society</b>			
Crime	24,282	6,312	17,970
Social welfare administration	1,020	683	337
Motor vehicle crashes	13,619	13,619	--
Fire destruction	1,590	1,590	--
Total, Other Effects on Society	40,511	22,204	18,307
<b>Grand Total</b>	<b>245,680</b>	<b>148,021</b>	<b>97,659</b>

recognize the complexity of nailing down costs and savings associated with preventing costly things from happening, with work directed at the effort, by professionals who would probably devote time dealing with these issues one way or another. During my face-to-face interviews I asked team members to give me their hourly wage and then the number of hours per week

<sup>12</sup> THE ECONOMIC COSTS OF ALCOHOL AND DRUG ABUSE IN THE UNITED STATES, 1992. H. Harwood, D. Fountain, and G. Livermore. Analysis by the Lewin Group. Rockville, MD: DHHS, NIH, NIDA, OSPC, NIAAA, OPA. NIH Publication No. 98-4327, Printed September 1998.

they devote to their work on the FDTC. That part went well and gave me numbers I could put into a formula. The next set of questions turned solid numbers into Jell-O. “Would you work on these cases even if there were no FDTC?” The responses were solid yes’s. “What benefits to your work do you derive out of being on this team?” “It saves me time on these cases because I’m working with a team.” “I take what I learn from being on the FDTC team and it makes my work on other cases easier and better.” “It would take me forever to research and read to understand the mental health issues of individuals in my court. Now I hear directly from an expert. I am learning and am less likely to mistake mental illness for criminal intent.” If one were to take into the cost-benefit analysis, the amount of time, effort and cost involved in termination of parental rights (TPR) processes by the court, the judge, the county attorney and possibly a public defender, the cost benefits of avoiding these processes increase significantly. What is the cost saving associated with these kinds of processes? I don’t know that a specific number could be determined, but I am confident the savings are significant. In this analysis a combination of real numbers, informed estimations, a range of probable costs/savings, and a healthy dose of tacit understandings combine to make an argument for the extent of the cost benefit associated with the BEC and FMJ FDTCs.

Out of 12 evaluation studies that are considered “rigorous,” only four were able to include a cost benefit analysis and of these the “average net cost savings from the FDCs ranged from approximately \$5,000 to \$13,000 per family.”<sup>13</sup>

The cost savings that are most often cited as making the most significant contribution to the cost effectiveness of FDTCs are those associated with lowering the out of home placement costs. The data available to this evaluation supports that finding. The values below involve a comparison of out-of-home costs for BEC FDTC and the comparables. Again, these are reliable estimates based on data that have limitations.

Average number of days of out of home placement.	Average cost of out of home placement per child per day.	Average out of home cost per child.	Average savings per child.
121.44	\$30.00	\$3,643.20	\$4,557.09

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<sup>13</sup> Douglas B Marlowe, J.D. Ph.D. and Shannon M. Carey, Ph.D. Research Update on Family Drug Courts, NADCP May 2012.

273.44	\$30.00	\$8,203.29	
Average estimated savings per BEC FDTC participant			\$11,666.15
Average estimated savings per FMJ FDTC participant			\$10,663.59*

\*This value is an estimate based on out of home placement costs for BEC FDTC

The second most significant element in the cost saving formula is the public safety savings. A good estimate for the average cost of an arrest in southern Minnesota is \$234.00. This includes the arrest, booking operations, support services and overhead. If, as the data on reduction of charged offenses in this evaluation indicates, charged offenses are reduced by about 70% for participants in the FDTCs in BEC and FMJ, then for every charged offense prevented the counties involved save \$234.00. If we assume, at minimum one night in jail, we would add another \$129.00. Crime reduction analysis presented earlier revealed, that for these data the BEC FDTC and the FMJ FDTC showed a significantly lower charged offense rate than was evident for the comparable cases. Here we base our expected cost on the data from the comparable county in which 70% of the cases had “a charged offense” after the close of the CHIPS case.

Cost of		Expectations of cost without FDTC		Public Safety cost savings	
		BEC FDTC	FMJ FDTC	BEC FDTC	FMJ FDTC
Arrest	\$ 234.00	X 16= \$ 3,744.00	X 15= \$ 3510.00	\$ 2,620.80	\$ 2,457.00
Day in jail	\$ 129.00	X 16= \$ 2,064.00	X 15= \$ 1935.00	\$ 1,444.80	\$ 1,354.50
Total estimated savings for 16 BEC, 15 FMJ FDTC participants				\$ 4,065.60	\$ 3,811.50

Another cost saving associated with the work of the FDTC comes from avoiding the TPR process, taking children away from parents. This process is very complex and time consuming. It demands the expenditure of resources for social services, the courts, county attorneys and defense attorneys. Avoiding the need for a TPR process with a family reunification is a significant cost benefit. (See the complexity involved<sup>14</sup>)

In interviews with child protection workers we find that the process demands between 20 and 40 hours to prepare the argument for termination, research and document supporting elements, and interacting with the court, the parents, guardian ad litem, foster care prospects, etc. When a case involves a family reunification a lot of time, effort and resources are saved.

<sup>14</sup> Termination of Parental Rights.  
[https://apps.chfs.ky.gov/pandp\\_process/termination\\_of\\_parental\\_rights.htm](https://apps.chfs.ky.gov/pandp_process/termination_of_parental_rights.htm)

What is meant by “saved” is that the time and effort expended by the social service personnel involved can be redirected toward some other case. The benefit arises out of not having to do needless work. It’s not as though we see a cost savings in the budget, but we get more benefit out of the resources expended on the wages of social service workers. It is complex, but a real consideration when thinking about cost benefit.

Cost of TPR process for social services.	Expected number of TPRs without FDTC		Actual number of cases of no reunification.		“Cost Savings”	
	BEC FDTC	FMJ FDTC	BEC FDTC	FMJ FDTC	BEC FDTC	FMJ FDTC
\$448.60 - \$ 897.20						
Number of cases	20	12	10	7		
Low Cost \$448.60	\$8,972.00	\$5,383.2	\$4,486.00	\$3,140.20	\$4,486.00	\$2,243.00
High Cost \$ 897.20	\$17, 944	\$10,766.4	\$8,972.00	\$6,280.40	\$8,972.00	\$4,486.00

Court costs associated with contested TPR processes are important to consider. Taking the total cost of salaries of the major players alone and accepting a low estimate of the number of hours these professionals devote, on average, to a TPR process, the FDTCs’ benefit of just avoiding these processes is significant. If we assume that three professionals, the judge, the county attorney and the public defender devote an average of 10 hours to a TPR case, the salary cost is estimated at \$2,350.00. This cost does not include court costs, support staff costs, and overhead costs. Applying the same logic here as above, we can estimate savings arising out of successful reunifications of families by the FDTCs compared to what would be expected from “business-as-usual.”

Salary cost of TPR process for the courts	Expected number of TPRs without FDTC		Actual number of cases of no reunification		“Cost Savings”	
	BEC FDTC	FMJ FDTC	BEC FDTC	FMJ FDTC	BEC FDTC	FMJ FDTC
\$ 2,350.00						
Number of cases	20	12	10	7		
Cost	\$47,000	\$28,200	\$ 23,500	\$16,450	\$23,500	\$11,750

The table above combines the savings realized from various sectors of the community that are beneficiaries of the work of these two courts. As noted a number of times above, these values are the best estimates available for this analysis. There is room for disagreement about the exact values used to construct the table but the fact that these courts have a positive cost benefit impact on their counties and communities cannot be denied. These courts save tax money while producing outcomes that cannot be rivaled with available alternatives. The total



savings per case for determined costs for 28 participants of the BEC FDTC is estimated to be \$11,377.85. The total savings per case for determined costs for 17 participants of the FMJ FDTC is estimated to be \$10,277.91. The “undetermined” cost savings would add to these values.

Table 21 includes costs per participant for operation of the BEC and FMJ FDTCs and the determined cost savings over “business-as-usual” processing realized by the courts. Without taking into consideration the many undetermined cost savings included in the previous table, we find that there is a “return” of \$2,530.85 for the BEC FDTC and \$2,134.03 for the FMJ FDTC. These cost benefits are very modest estimates of the total return on investment in these courts given the likely amount of savings emanating from the successful accomplishments related to assisting parents and their children out of addiction and chaotic lives.

**Table 21: Estimated savings per case for determined costs for participants of the BEC and FMJ FDTC Over Cost Expectations for “Business-as-Usual”**

	Estimated Cost Savings		Total savings over “business-as-usual per case for determined costs for 28 BEC FDTC participants	Total savings over “business-as-usual per case for determined costs for 17 FMJ FDTC participants
	BEC FDTC	FMJ FDTC		
Foster Care	\$326, 652.20	\$181, 281.03	\$ 11,377.85	\$10,277.91
Arrests	\$ 4,065.60	\$ 3,811.50		
Social Service	\$ 4.486.00	\$ 2,243.00		
TPR Court Process	\$ 23,500.00	\$ 11,750.00		
CD Treatment*	(\$40,124.00)	(\$ 24,361.00)		
<b>Total</b>	<b>\$318,579.80</b>	<b>\$ 174,724.53</b>		
Crime Reduction	+ (undetermined)	+ (undetermined)		
Incarceration	+ (undetermined)	+ (undetermined)		
Crime Victim	+ (undetermined)	+ (undetermined)		
Accident costs	+ (undetermined)	+ (undetermined)		
Child Development	+ (undetermined)	+ (undetermined)		
Payment of Taxes	+ (undetermined)	+ (undetermined)		
Social Welfare	+ (undetermined)	+ (undetermined)		
*(SAMHSA). <sup>15</sup>				

<sup>15</sup> The DASIS Report: Alcohol and Drug Services Study (ADSS) Cost Study. DASIS is conducted by the Office of Applied Studies (OAS) in the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Table 22: Estimated Cost Savings per Participant**

FDTC	A) Estimated cost of the FDTC per participant.	B) Estimated cost savings over cost of “business-as-usual” per participant	B – A = Estimated cost savings per participant
BEC	\$ 8,847.00	\$11,377.85	\$2,530.85
FMJ	\$ 8,143.88	\$10,277.91	\$2,134.03

**Part II: What does the research data on the economic cost of substance abuse to local communities tell us about these costs in the counties in which the FMJ and BEC FDTCs operate?**

This approach allows for the recognition that cost benefit for FDTCs is not revealed by a simple gathering of dollar amounts which are poured into a formula and are crunched to determine if we are in the “black” or in the “red.” Numbers have been crunched, but the research on the cost of substance abuse to communities and the promise in effective responses, including family dependency treatment courts, adds a level of reality to simple mathematical analysis.

It is time for us to get serious about using resources to support programs and approaches that have real promise. It is time for those who hold the purse strings to use the empirical evidence available to them to move their communities to an understanding that “accountability” in the guise of incarceration is a failed approach and a tremendous waste of limited tax money when there are more effective alternatives available. To move away from “business as usual” when it comes to drug involved individuals is prudent, ethical, based on disciplined thought and supported by empirical research.

"Substance-involved people have come to compose a large portion of the prison population. Substance use may play a role in the commission of certain crimes: approximately 16 percent of people in state prison and 18 percent of people in federal prison reported committing their crimes to obtain money for drugs. Treatment delivered in the community is one of the most cost-effective ways to prevent such crimes and costs approximately \$20,000 less than incarceration per person per year. A study by the

Washington State Institute for Public Policy found that every dollar spent on drug treatment in the community yields over \$18 in cost savings related to crime. In comparison, prisons only yield \$.37 in public safety benefit per dollar spent. Releasing people to supervision and making treatment accessible is an effective way of reducing problematic drug use, reducing crime associated with drug use and reducing the number of people in prison.”<sup>16</sup>

It is generally accepted by drug policy researchers that the “War on Drugs” along with the methods it employed has failed at an extraordinary cost. Elliott Currie speaks of these costs in the introduction to his book, Reckoning.<sup>17</sup>

“Twenty years of the ‘war’ on drugs have jammed our jails and prisons, immobilized the criminal justice system in many cities, swollen the ranks of the criminalized and unemployable minority poor, and diverted desperately needed resources from other social needs.”

Nicola Singleton, former Director of Policy and Research at the UK Drug Policy Commission points to data on the economic burden of untreated substance abuse. “Any addicted person not in treatment commits crime costing on average \$39,000 a year. Effective response to addiction prevents 4.9 million crimes annually in Great Britain. In her explanation of the costs associated with substance abuse, Ms. Singleton moves from fiscal costs to the incalculable loss of life of sons and daughters to drug addiction.”<sup>18</sup>

The National Center on Addiction and Substance Abuse at Columbia University prepared a report based on extensive research into the economic impact of substance abuse on federal, state and local budgets. The study is the first to calculate abuse-related spending by all three levels of government.<sup>19</sup> The message resonating from the report “Shoveling Up II” tells us of

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<sup>16</sup> Justice Policy Institute, “How to safely reduce prison populations and support people returning to their communities,” (Washington, DC: June 2010), p. 8.

- See more at: [http://www.drugwarfacts.org/cms/Prisons\\_and\\_Drugs#sthash.7TGg4KLd.dpuf](http://www.drugwarfacts.org/cms/Prisons_and_Drugs#sthash.7TGg4KLd.dpuf)

<sup>17</sup> Currie, Elliott. *Reckoning: Drugs, the Cities, and the American Future*, Hill and Wang, New York, 1994.

<sup>18</sup> Time To Get Serious About Treatment Of *Drug* Dependence

<http://drugandalcoholrehabilitation.beststrategies.info/uncategorized/time-to-get-serious-about-treatment-of-drug-dependence/>

<sup>19</sup> The estimates presented in this report do have recognized limitations. The calculations for this study yield app

the costs associated with substance abuse and the short-sighted nature of allocation of tax dollars that is directed at “shoveling up” the destruction left in the path of substance abuse while using “fiscal accountability” as an excuse for denying resources to programs, like drug courts and family dependency treatment courts, with proven efficacy. In the Introduction to the report, Joseph A. Califano, Jr., CASA’s Founder and Chair and former U.S. Secretary of Health, Education, and Welfare says, “Under any circumstances, spending more than 95 percent of taxpayer dollars on the crime, health care costs, child abuse, domestic violence, homelessness and other consequences of tobacco, alcohol and illegal and prescription drug abuse and addiction, and only two percent to relieve individuals and taxpayers of these burdens, is a reckless misallocation of public funds. In these economic times, such upside-down-cake public policy is unconscionable.”

“It’s past time for this fiscal and human waste to end.” Mr. Califano, speaking about the lack of funding for preventive and effective intervention says, “This is such a stunning misallocation of resources.... It’s a commentary on the stigma attached to addictions and the failure of governments to make investments in the short run that would pay enormous dividends to taxpayers over time.”<sup>20</sup> Each of these budget sectors in Chart 8 are made less efficient by the given percentage because of the presence of substance abuse and addiction. On the one hand, effective response to, or treatment of, drug involved individuals would allow the work in each of these sectors to be accomplished with significantly smaller budgets with no loss of capacity. On the other hand, applying the effective interventions we have available to us would allow the

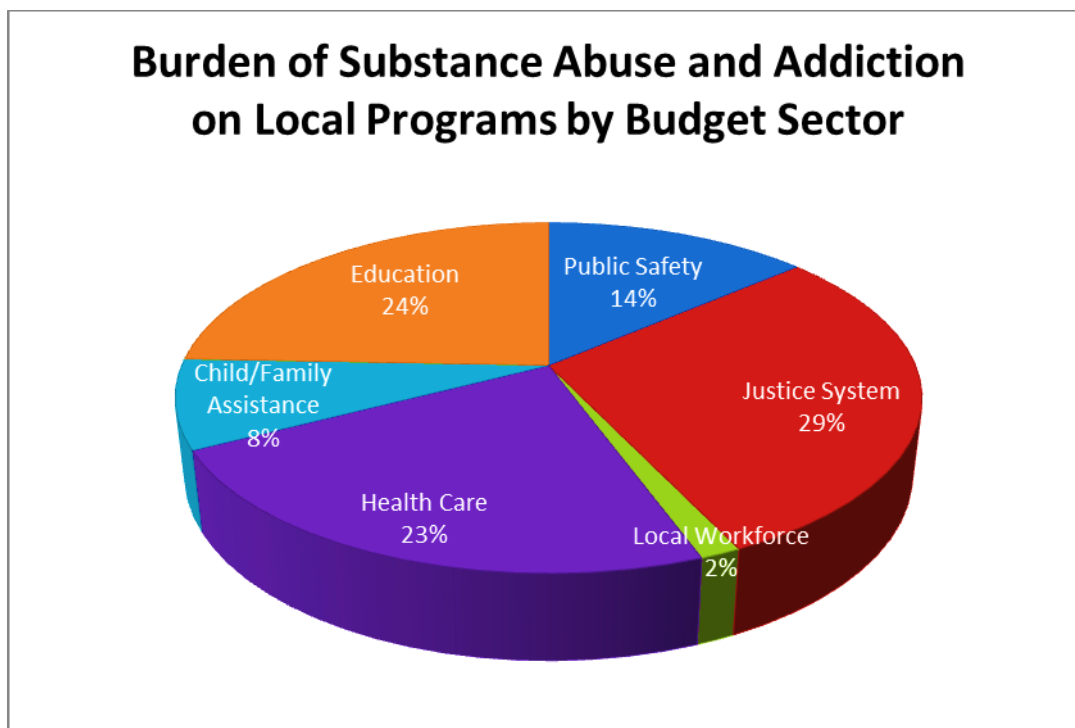
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arently very precise values. However, they should be treated as approximations, just as should be done for virtually any quantitative analysis. This is particularly true for the component values that have been estimated by trending. This method is less reliable than re-estimation, because the estimates are based on data that are not as closely related to the actual component value. Another consideration is that, all the estimates for this study are based on data from secondary sources. Generally, the data from secondary sources can have limitations because it was not designed with exactly the purposes of this study in mind. Third, the estimates for many if not most component values rely on attribution fractions that are difficult to estimate with precision. It is very difficult to discern and measure the role of drugs in violent and acquisitive crime, just as it is very difficult to measure the nature and size of the illicit drug trade.

<sup>20</sup> National Center on Addiction and Substance Abuse at Columbia University, “Shoveling Up II: The Impact of Substance Abuse and Addiction on Federal, State and Local Budgets.”  
<http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf>

use of the resources not needed to “shovel up” the mess substance abuse and addiction creates for making our communities more livable. For years we have made no real progress in

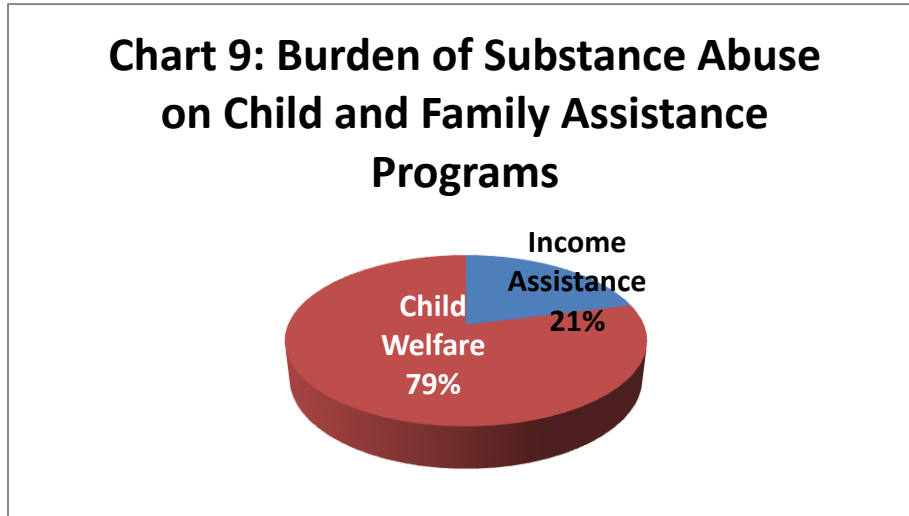
**Chart 8**



stemming the tide of problems associated with substance abuse and addiction. We have grown accustomed to the devastation and have continued to confront the problem with a consistent barage of programs that don't work at an unacceptable cost. It is not that those who allocate resources are less eager to tackle the problems associated with substance abuse; they are as committed as others, but they carry an understanding that supports and defends “business as usual”.

The share of the budget expended on child and family assistance programs as a result substance abuse is staggering. Social services in Faribault/Martin estimates that about 80% of CHIPS cases have at least one parent that is drug involved. This estimate mirrors the data reflected in CASA's findings and is supported by further research. “Parental substance abuse is

a serious problem for the child welfare system. Estimates suggest that between 50 to 80 percent of child welfare cases involve a parent who abuses alcohol or other drugs.”<sup>21</sup>

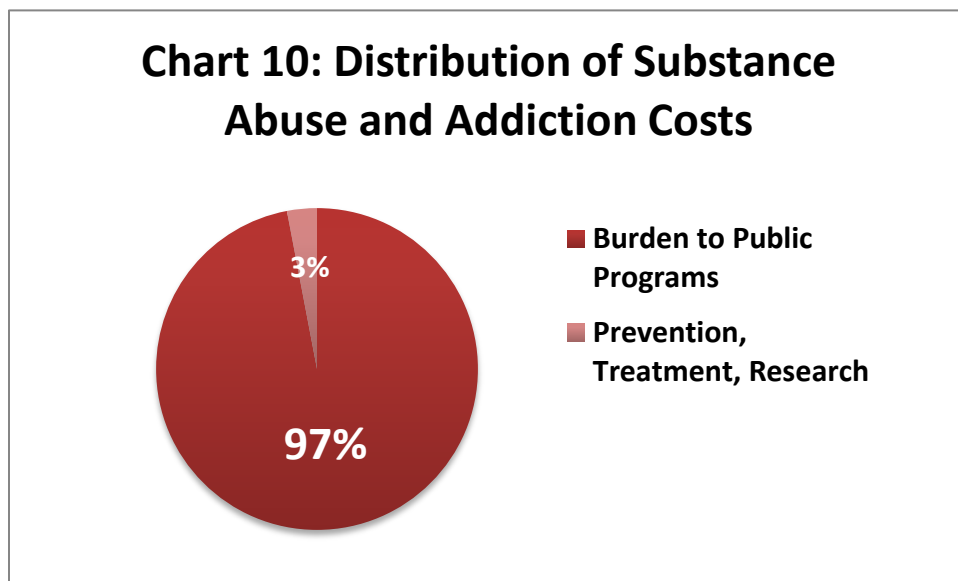


Due to data limitations, CASA’s estimates of the total cost to local governments for substance abuse and addiction were derived from using local census data. This analysis estimated the percent of total local budgets spent on the burden of substance abuse and addiction to be 9.0%. The four local jurisdictions that CASA surveyed averaged 10.9% of total budgets spent on substance abuse and addiction. Ninety-seven percent of these dollars were spent by local programs and agencies to “carry the burden of our failure to prevent and treat the problem.”<sup>22</sup> What does this mean in costs for Blue Earth County and for the Tri-County Area of Jackson, Martin and Faribault Counties? Conservative estimates of “local budgets,” based on the reported county budgets, plus the budget of the largest population center in each county reveal “local budgets” for Blue Earth County of ~ \$182M; for Jackson, Martin Faribault of ~\$95M. If the National Center on Addiction and Substance Abuse is correct in estimating that

<sup>21</sup> Bellis, Broussard, Bellis, M.D., Broussard, E. R., Herring, D. J., Wexler, S., Moritz, G., & Benitez, J. G. (2001). Psychiatric co-morbidity in caregivers and children involved in maltreatment: A pilot research study with policy implications. *Child Abuse & Neglect* 25, 923-944. Herring, Wexler, Moritz, & Benitez, 2001; Famularo, Kinscherff, & Fenton, 1992; Murphy, Jellinek, Quinn, Smith, Poitras, & Goshko, 1991, U.S. General Accounting Office [USGAO], 1998.

<sup>22</sup> National Center on Addiction and Substance Abuse at Columbia University, “Shoveling Up II: The Impact of Substance Abuse and Addiction on Federal, State and Local Budgets.” <http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf>

9.0% of local budgets are spent on the “burden of substance abuse and addiction” then the cost to Blue Earth County is \$16.83M and for Jackson, Martin and Faribault the cost is \$8.55M. Over the last three years a total of about \$250,000 has been spent on maintaining the BEC FDTC and almost all of that money came from grants secured by the Drug Court Manager with the help of the FDTC coordinators and the drug court judges in the 5<sup>th</sup> Judicial District. Through the BEC FDTC, Blue Earth County has received the benefit of savings associated with assisting addicts in giving up their addiction and finding sobriety along with the savings realized when children’s homes are transformed from unfit environments for children to healthy homes. The financial costs to Blue Earth County has been minimal, the savings significant. The Multi-County, Faribault, Martin and Jackson FDTC has likewise been responsible for substantial savings in the tri-county region from the work of the FDTC team in transforming broken lives into more healthy patterns of behavior. Over the last three years this court has been maintained, for the most part, with grant money secured through the effort of the 5<sup>th</sup> Judicial District Drug Court Manager, the drug court coordinators and the drug court judges. A total of about \$145,000 was brought into the region through the grants and these resources contributed to real cost savings for these communities.



When the allocation of local budgets follows the conventional pattern of spending 3% on countering the source of the “mess” caused by substance abuse and 97% on “shoveling up the mess” there is no hope of making progress. These data suggest that the spending pattern severely limits the ability to direct resources that have the potential to result in a far more positive cost benefit. Sound research provides evidence for the effectiveness of FDTs while these courts struggle for the resources to expand the number of individuals they can serve. Tightening up the spending on the FDTs may be the single most important factor in limiting the real potential for fostering a more positive cost benefit to the community. For county budgets the control of costs for dealing with drug involved parents and their children by allocating sufficient resources to fund an effective FDT offers a great opportunity for fiscal responsibility, public safety and effective treatment.

**Part III: Can the analysis of the cost-benefit associated with “days sober” allow for a more helpful assessment of what is gained from FDTs?**

***NUMBER OF “SOBER DAYS” & THE COST BENEFIT IN INCREASING FUNCTIONAL STATUS***

Successful outcomes for FDTs are often determined by the number of participants who graduate from the court, maintain sobriety and are crime free and enjoy the reunification of their family. There is no doubt that these successes point to a level of cost effectiveness that cannot be obtained through “business-as-usual” approaches. However, limiting our understanding of the positive cost effects of FDTs to successful graduations is short sighted. While limited data sources and confounding methodological issues make the specification of just how much the FDTs add to the positive cost picture, it is obvious that a shift from substance abuse and addiction to sobriety has to contribute to reducing the costs associated with abusing drugs and alcohol and adds to behaviors that make positive financial contributions to a community.

When an individual maintains sobriety for an extended period of time the significant costs and major disruptions to families and communities are avoided. Research has shown that every dollar invested in addiction treatment programs there is: a \$4 to \$7 reduction in the cost of drug-related crimes; a \$3 - \$5 reduction in emergent medical care use (ER and Crisis Center);



among women – a \$4 reduction in welfare and child welfare costs; among employed men – a \$7 increase in productivity (fewer absences and health claims); among returning Iraq veterans – a 35% reduction in family medical claims and reductions in family violence problems.<sup>23</sup> These significant cost savings are related to the increased level of “functional status” for drug addicts and alcoholics who maintain sobriety.

The National Committee on Vital and Health Statistics produces a report on classifying and reporting functional status.<sup>24</sup> Functional status (closely related to Global Assessment of Functioning - GAF) is a concept that allows a classification of individuals on the basis of their level of impairment. It is applied in health care and disability fields to measure effectiveness of medical treatment and to determine the level of impairment associated with various physical conditions, but there is an obvious application of this concept to levels of impairment associated with substance abuse and addiction. Information on functional status is becoming increasingly essential for fostering healthy people and a healthy population. The costs associated with low levels of functional status have not been empirically verified, but the tacit understanding of the considerable costs associated with people’s inability to do basic activities and participate in life situations, their functional status should drive budget allocations.<sup>25</sup>

Communities and families reap the benefits when local budgets are directed to enhancing basic physical and cognitive activities and life situations such as school or play for children and, for adults, work outside the home or maintaining a household. Functional limitations occur when a person’s capacity to carry out such activities, or performance of such activities, is compromised by physical, developmental, behavioral, emotional, social, and

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<sup>23</sup> Addiction Research: A National Imperative. Recommendations for the Presidential Transition Team. Provided by the Friends of the National Institute on Drug Abuse. [http://www.cpdd.vcu.edu/Pages/Index/Index\\_PDFs/TransitionPaperOctober20081.pdf](http://www.cpdd.vcu.edu/Pages/Index/Index_PDFs/TransitionPaperOctober20081.pdf)

<sup>24</sup> National Committee on Vital and Health Statistics: Classifying and Reporting Functional Status This report was written for NCVHS by Susan Baird Kanaan. <http://www.ncvhs.hhs.gov/010617rp.pdf>

<sup>25</sup> Simeonsson, Rune J., Lollar, Donald, Hollowell, Joseph, and Mike Adams. Revision of the International Classification of Impairments, Disabilities, and Handicaps: Developmental Issues. *Journal of Clinical Epidemiology* 53 (2000) 113-124.

environmental conditions.<sup>26</sup> Although there is growing recognition of the importance of functional status information, assessment, measurement and interpretation they still involve many challenges. As one considers the levels of functional status, from 100 (no impairment) to 10 (complete lack of control) the cost implications cannot be denied.

100: No Significant Problems with Drugs or Alcohol; no use or almost no use of alcohol; non-smoker; no use of street drugs; never abuses substances, even when life's problems get out of hand; is an example of someone who is totally free of problems with substance abuse. No Symptoms.

90: No More Than the Average Problems and Concerns with Alcohol; minimal use of alcohol; social drinker; no use of illegal drugs; History of Serious Alcohol or Drug Abuse with Over Ten Years of Sobriety and Minimal, If Any, Treatment Needed to Maintain Sobriety.

80: No More Than Slight Impairment; drinks to mild intoxication about once a month; Smokes Cigarettes Daily; experiments with marijuana less than once a year; some mild abuse of over-the-counter medications and/or caffeine; no more than slight impairment in social, occupational, or school functioning due to substance abuse (e.g., temporarily falling behind in schoolwork); Serious Alcohol or Drug Abuser with Over Five Years of Sobriety with Minimal Treatment Needed to Maintain Sobriety.

70: Mild Impairment in Social, Occupational or School Functioning Due to Substance Abuse, but generally functioning fairly well; drinks to mild or moderate intoxication 1 or 2 days a week; excessive prescription drug seeking; experiments with drugs such as marijuana, Valium, Ativan, Librium once or twice a year. Heavy Smoker; Unable to Quit Cigarettes Despite Numerous Attempts.

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<sup>26</sup> Young, N. L., J. I. Williams, K. K. Yoshida, C. Bombardier, and J. G. Wright. "The Context of Measuring Disability: Does It Matter Whether Capability or Performance Is Measured?" *Journal of Clinical Epidemiology* 49, no. 10 (1996): 1097-101.

- 60: Moderate Difficulty in Social, Occupational or School Functioning Because of Substance Abuse(e.g., substance abuse results in moderate impairment in job performance and/or conflicts with peers or co-workers); drinks on a regular basis, often to excess; drinks to moderate intoxication more than 2 days a week; occasionally experiments with drugs such as cocaine, Quaaludes, Amphetamines (speed), LSD, PCP (angel dust), Ecstasy, inhalants; moderate abuse of over-the-counter medications and/or caffeine; Unable to Quit Cigarettes Despite Chronic Medical Complications; Serious Alcohol or Drug Abuser with Less Than Two Years of Sobriety.
- 50: Serious Symptoms; Behavior and/or Lifestyle Is Considerably Influenced by Substance Abuse; moderate drug/alcohol seeking behavior; often intoxicated when driving or when working; abusing substances despite being pregnant; unable to keep a job; marriage failing or failing school due to abuse of alcohol or marijuana; one alcohol or drug related arrest; stealing prescription pads and/or altering or forging prescriptions; moderate daily use of drugs such as marijuana, Valium, Ativan, Librium; occasionally injects drugs into skin or muscle; has a morning drug or drink to get going; uses narcotics other than heroin or cocaine on a fairly regular basis; frequently abuses over-the-counter medications and/or caffeine; Use of Alcohol or Drugs (Other Than Cigarettes) Is Beginning to Cause Some Medical Complications.
- 40: Major Impairment in Several Areas Because of Substance Abuse (e.g., alcoholic man avoids friends, neglects family, and is unable to get a job; student is failing in school and having serious conflicts with his family or roommate due to substance abuse); occasionally injects heroin or cocaine in one's veins; occasionally has an accidental drug overdose; Severe Alcohol or Drug Abuser with Less Than One Month of Sobriety.
- 30: Drugs or Alcohol Pervade One's Thinking and Behavior; One's Behavior Is Considerably Impaired by Substance Abuse; injection of heroin or cocaine into one's veins once or twice a day; abuses substances without regard for personal

safety (e.g., some accidental overdoses and/or auto accidents resulting in medical hospitalizations); blackout spells; prostitutes self for drugs/alcohol; multiple alcohol or drug related arrests; serious neglect of children due to substance abuse.

20: Functioning Is Extremely Impaired by Daily Use of Drugs Such As LSD, PCP, Cocaine, Heroin, or Inhalants; unable to go for more than a few hours without significant physical and/or psychological craving for drugs or alcohol; Continued Use of Alcohol or Drugs (Other Than Cigarettes) Is Beginning to Cause Very Serious Medical Complications (e.g., liver failure, overt brain damage, AIDS or high risk for AIDS); Injection of Drugs into One's Veins More Than Twice a Day.

10: One's Life Is Totally Controlled by Drugs or Alcohol; continually in a state of intoxication or withdrawal; at extremely high risk of seizures or DTs due to withdrawal; continually seeking drugs or alcohol; numerous alcohol or drug related arrests; Clear Evidence That Drugs or Alcohol Will Lead to Severe Physical Harm or Death; instances of drug related accidents or accidental overdoses resulting in frequent medical hospitalizations; Life Threatening Neglect of Children Due to Substance Abuse.<sup>27</sup>

The uniqueness of individual struggles with substance abuse and addiction makes some exact accounting of what the costs are to the community, the family, the children and to the individual may be impossible. However, no one denies that addiction is expensive. Rendering an accounting in dollar amounts of the total cost of addiction is not readily available because of the slow and insidious drain on finances, families, children, friendships, careers and eventually on life itself. According to studies, over fifty percent of all suicides are associated with alcohol and drug dependence and at least 25% of alcoholics and drug addicts commit suicide.<sup>28</sup>

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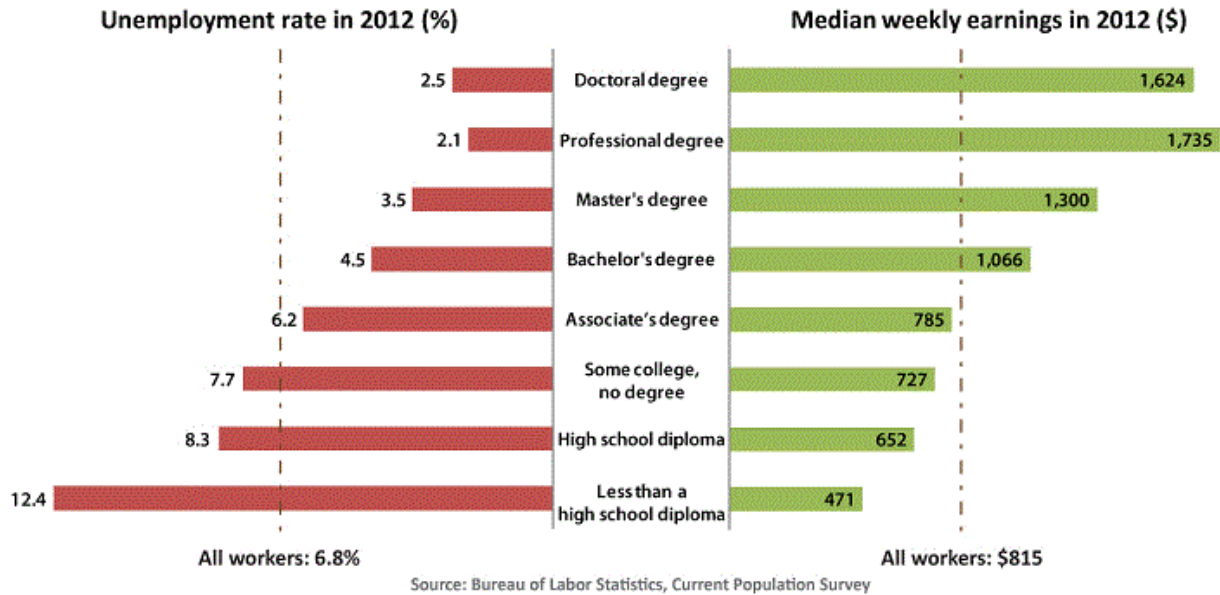
<sup>27</sup> John M Kennedy M.D. MASTERING THE KENNEDY AXIS V: A NEW PSYCHIATRIC ASSESSMENT OF PATIENT FUNCTIONING (American Psychiatric Publishing, 2003)

<http://www.ct.gov/dmhas/LIB/dmhas/MRO/Kaxis.pdf> [http://rangevoting.org/fun\\_status\\_question.pdf](http://rangevoting.org/fun_status_question.pdf)

<sup>28</sup> Miller NS, Mahler JC, Gold MS. "Suicide risk associated with drug and alcohol dependence." J Addict Dis. 1991;10(3):49-61. Cornell University Medical College, New York Hospital, Whiteplains 10605.

The costs are significant. Consider the related costs to the community when citizens suffer from substance abuse and addiction. The costs to the addicted individual are devastating, but the ripple effect on the community raises the anti in the attempt to control the problem. The money spent on purchase of alcohol and illegal drugs when addiction makes them “indispensable” directs money from healthy food, reasonable housing, health maintenance and, most importantly, away from the proper care of children. In Minnesota the wholesale price of methamphetamine is \$15,000 – 18,000 a pound. \$800.00 a month is a reasonable guess as to the cost of maintaining a meth addiction. Loss of productivity is another cost. Substance abuse is associated with increased absenteeism from work, fewer promotions and increased risk of unemployment. The lifestyle demands time spent searching for drugs, using drugs, recuperating from the use of drugs and then repeating the cycle; time away from pro-social behaviors that maintain quality of life. Drug and alcohol abuse eventually result in higher medical bills, increased risk of injury or illness directly – or indirectly – related to addiction, and long term loss of earning capacity due to illness, disability and medical costs. The average person dealing with addiction is charged with 1.4 DUI’s. Increased cost of car insurance leads to driving without insurance which leaves the entire family more susceptible to all kinds of accidents, injuries or other threats to financial stability. DUI’s, arrest warrants, defense for criminal behavior, and other legal problems are common among those that abuse drugs or alcohol. Substance abuse is strongly correlated with loss of earned income because of addicted individuals dropping out of school – whether high school or college – creating a lifelong loss of earned income. The impact of loss of income to Social Security and retirement benefits only adds to a negative picture. Obtaining a high school diploma or a GED increases average annual earnings in Minnesota from (no high school diploma) \$23,504 to (high school diploma or GED) \$33,176.

## Earnings and unemployment rates by educational attainment



The general money problems; late bills, higher interest rates and bad credit scores are common problems. It only makes sense; money that should go toward paying down debt goes toward buying drugs instead, accidents and higher insurance rates result in increased charges for buying everything from a new car to qualifying for a mortgage. Not only does it hurt the person suffering from the addiction but impacts the lives of a spouse, parents and children for years to come.<sup>29</sup>

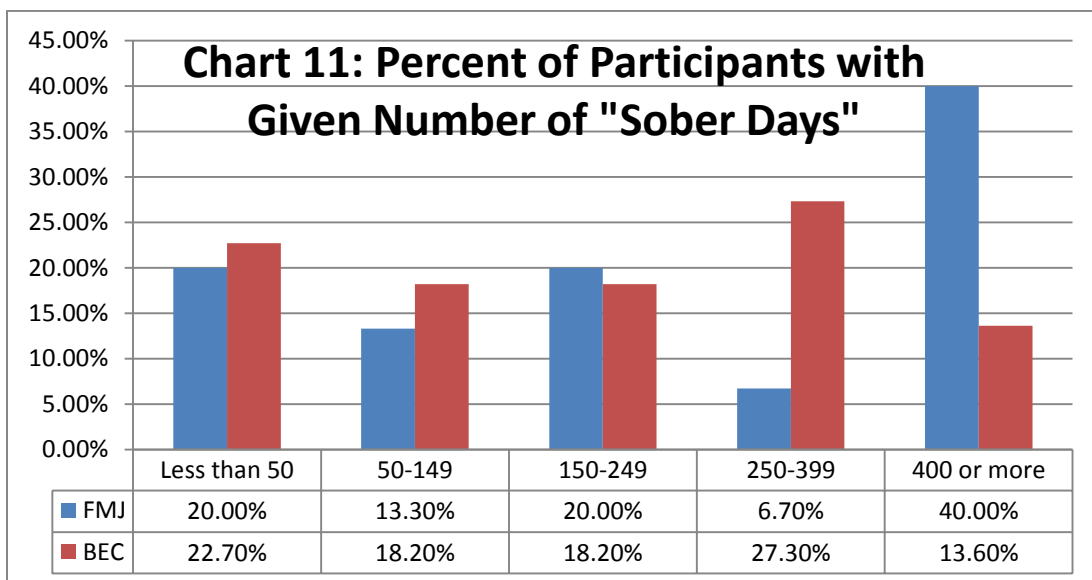
### What a day of sobriety means to cost benefit

Chart 11 presents data on the number of “sober days” reported for participants who graduated and were terminated from the BEC and FMJ FDTs. The number of “sober days” reported underestimates the total because of the way the courts count “sober days.” Amounts included in Chart 11 are the number of days sober since the last relapse. A participant with 75 days of sobriety reported could have had any number of sober days prior to a relapse. Even so, the number of days reported is significant and when considering the functional status of an individual who has maintained sobriety for a significant time period after suffering addiction,

<sup>29</sup> McKayla Arnold, The Economics of Addiction. How Drug and Alcohol Addiction Impact Financial Health [http://www.drug-rehabs.com/addiction\\_costofaddiction.htm](http://www.drug-rehabs.com/addiction_costofaddiction.htm)

the cost benefit is obvious. We have grown accustomed to considering cost analysis a mathematical problem. However, a limitation on the data reflecting dollar amounts for so many of the obvious costs leads to a less than satisfactory assessment of the cost benefit of the FDTCs. An addict or an alcoholic with even 30 days of sobriety has enhanced his or her functional status, and with that enhancement, good things happen in all areas of life including cost benefit.

The mean number of “sober days” reported is 300.53 for FMJ FDTC and 203.14 for BEC FDTC with a total number of “sober days” of 4,508 and 4,469 respectively. The number of sober days is important in considering the lower probability of costly experiences to the individual, the family and to the community. While there is speculation on what this “lower probability” might mean in terms of cost savings, the math is far too speculative to rely on these estimates. However, there is no doubt that sobriety saves resources. The chart below includes 15 participants for FMJ FDTC; all 6 who graduated are represented in the “400 or more” category and three terminated participants are in the “less than 50” category. The 22 BEC FDTC participants represented in the chart include nine graduates and 13 terminated individuals, seven of the nine graduates fall in the two highest categories and five of the 13 terminated individuals had less than 50 days of sobriety. Keeping participants sober saves resources, days of sobriety provides a measure of success when considering cost benefit of the FDTCs.



## Compliance with the Ten Key Components of the Drug Court Model

The Ten Key Components<sup>30</sup> have performance benchmarks that allow direction in planning for drug courts and provide a measuring rod to assess the degree to which courts are adhering to the process guidelines. Each benchmark is rated with a “yes” the court has met the benchmark, “needs improvement” the court has partially met the benchmark and needs to enhance the effort to completely satisfy the requirements of the benchmark, and “no” the court does not meet the benchmark.

### KEY COMPONENT #1

#### DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING

##### *PERFORMANCE BENCHMARKS:*

1. Is planning carried out by a broad-based community group?  
BEC FDTC Yes  
FMJ FDTC Yes
2. Are the documents defining the drug court's mission, goals, eligibility criteria, operating procedures and performance measures collaboratively developed, reviewed and agreed upon?  
BEC FDTC Yes  
FMJ FDTC Yes
3. Is abstinence and law-abiding behavior major goals with specific and measurable criteria marking progress?  
BEC FDTC Yes  
FMJ FDTC Yes
4. The court and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participant's overall program performance.  
BEC FDTC Yes  
FMJ FDTC Yes
5. The judge plays an active role in the treatment process, including frequently reviewing of treatment progress. The judge responds to each participant's positive efforts as well as to noncompliant behavior.

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<sup>30</sup> Bureau of Justice Assistance. U.S. Department of Justice. Defining Drug Courts: The Key Components, October 2004 The National Association of Drug Court Professionals, Drug Court Standards Committee



BEC FDTC Yes  
FMJ FDTC Yes

6..Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals and operating procedures of both the treatment and justice system components.

BEC FDTC Yes. Informal cross training during staffings. Recommendation for more formal mini-training (15 minute) discussion about team member's specialization.

FMJ FDTC Yes. Informal cross training during staffings. Recommendation for more formal mini-training (15 minute) discussion about team member's specialization.

7. Mechanisms for sharing decision making and resolving conflicts among drug court team members, treatment and justice system components.

BEC FDTC Yes. Well working informal system.

FMJ FDTC Yes. Well working informal system.

## **KEY COMPONENT #2**

**USING A NONADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.**

### ***PERFORMANCE BENCHMARKS:***

1. Prosecutors and defense counsel participate in the design of screening, eligibility and case-processing policies and procedures to guarantee that due process rights and public safety needs are served.

BEC FDTC Yes

FMJ FDTC Yes

2. For consistency and stability in the early stages of drug court operations, the judge, prosecutor and court-appointed defense counsel should be assigned to the drug court for a sufficient period of time to build a sense of teamwork and to reinforce a nonadversarial atmosphere.

BEC FDTC Yes

FMJ FDTC Yes

3. The prosecuting attorney reviews the case and determines if the defendant is eligible for the drug court program; files all necessary legal documents; participates in a coordinated strategy for responding to positive drug tests and other instances of noncompliance; agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional drug charges based on that admission; and makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.

BEC FDTC Yes

FMJ FDTC Yes

4. The defense counsel reviews the arrest warrant, affidavits, charging document and other relevant information, and reviews all program documents (e.g., waivers, written agreements), advises the defendant as to the nature and purpose of the drug court, the rules governing participation, the consequences of abiding or failing to abide by the rules and how participating or not participating in the drug court will affect his or her interests; explains all of the rights that the defendant will temporarily or permanently relinquish; gives advice on alternative courses of action, including legal and treatment alternatives available outside the drug court program and discusses with the defendant the long-term benefits of sobriety and a drug-free life; explains that because criminal prosecution for admitting to AOD use in open court will not be invoked, the defendant is encouraged to be truthful with the judge and with treatment staff, and informs the participant that he or she will be expected to speak directly to the judge, not through an attorney.

BEC FDTC Yes

FMJ FDTC Yes

### **KEY COMPONENT # 3**

**ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.**

#### ***PERFORMANCE BENCHMARKS:***

1. Eligibility screening is based on established written criteria. Criminal justice officials or others (e.g., pretrial services, probation) are designated to screen cases and identify potential drug court participants.

BEC FDTC Yes. Given the smaller community there are effective informal processes that work here.

FMJ FDTC Yes. Given the rural community and the multi-county nature of this court there are effective informal processes that work here.

2. Eligible participants for drug court are promptly advised about program requirements and the relative merits of participating.

BEC FDTC Yes

FMJ FDTC Yes

3. Trained professionals screen drug court—eligible individuals for AOD problems and suitability for treatment.

BEC FDTC Yes

FMJ FDTC Yes

4. Initial appearance before the drug court judge occurs immediately after arrest or apprehension to ensure program participation.

BEC FDTC No. Referral, acceptance and acceptance into the FDTC are more complex in that many times these CHIPS cases do not involve a criminal charge.

FMJ FDTC No. Referral, acceptance and acceptance into the FDTC are more complex in that many times these CHIPS cases do not involve a criminal charge.

5. The court requires that eligible participants enroll in AOD treatment services.

BEC FDTC Yes

FMJ FDTC Yes

## **KEY COMPONENT # 4**

### **DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER RELATED TREATMENT AND REHABILITATION SERVICES.**

#### ***PERFORMANCE BENCHMARKS:***

1. Individuals are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched.

BEC FDTC Yes

FMJ FDTC Yes

2. Treatment services are comprehensive: group counseling; individual and family counseling; relapse prevention; 12-step self-help groups; and primary medical care; general health education; medical detoxification; acupuncture for detoxification, domestic violence programs; batterers' treatment; and treatment for the long-term effects of childhood physical and sexual abuse.

Other services: housing; educational and vocational training; legal, money management, and other social service needs; cognitive behavioral therapy to address criminal thinking patterns; anger management; transitional housing; social and athletic activities; and meditation or other techniques to promote relaxation and self-control.

Specialized services for participants with co-occurring AOD problems and mental health disorders. Establish linkages with mental health providers to furnish services (e.g., medication monitoring, acute care) for participants with co-occurring disorders. Flexibility for participants with mental health problems. Clinical case management services are available to coordinate referrals to services in addition to primary treatment, to provide structure and support for individuals who typically have difficulty using services even when they are available, and to ensure communication between the court and the various service providers.

BEC FDTC Yes

FMJ FDTC Yes. Most of these services are available and well-functioning. However, this court needs a case manager to coordinate services, provide insight to the team and assure the support participants need.

3. Treatment services are accessible.

BEC FDTC Yes. This court puts a lot of effort into seeking child care, but a more reliable and less time consuming process for assuring the availability of child care during treatment is recommended.

FMJ FDTC Yes. This court puts a lot of effort into seeking child care, but a more reliable and less time consuming process for assuring the availability of child care during treatment is recommended. Provisions are made for transportation, but given the distances involved in this three-county court, it should be a priority in the initiation of new members. It is important that the team understands the transportation issues and the participants understand the accommodations that this court has made for this issue.

4. Funding for treatment is adequate, stable, and dedicated to the drug court. Payment of fees, fines, and restitution is part of treatment. Fee schedules are commensurate with an individual's ability to pay. No one is turned away solely because of an inability to pay.

BEC FDTC Yes

FMJ FDTC Yes

5. Treatment services have quality controls: direct service providers are certified or licensed where required.

BEC FDTC Yes

FMJ FDTC Yes

6. Treatment agencies are accountable: treatment agencies give the court accurate and timely information about a participant's progress. Information exchange complies with the provisions of 42 CFR, Part 2 (the Federal regulations governing confidentiality of AOD abuse patient records) and with applicable State statutes. Responses to progress and noncompliance are incorporated into the treatment protocols.

BEC FDTC Yes

FMJ FDTC Yes

7. Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.

BEC FDTC Yes. Focus on treatment design to respond to these issues of diversity has not been a part of the formal planning process. However, awareness and discussion of accommodations to facilitate a participant's progress in the court are consistently part of the staffing discussions.

FMJ FDTC Yes. Focus on treatment design to respond to these issues of diversity has not been a part of the formal planning process. However, awareness and discussion of accommodations to facilitate a participant's progress in the court are consistently part of the staffing discussions.

## KEY COMPONENT # 5

### ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING

#### **PERFORMANCE BENCHMARKS:**

1. AOD testing policies and procedures are based on established and tested guidelines, such as those established by the American Probation and Parole Association. Contracted laboratories analyzing urine or other samples should also be held to established standards.

BEC FDTC Yes. Constant vigilance on following this exact protocol is a recommendation for this court.

FMJ FDTC Yes. This court is currently in the process of assuring that their drug testing procedures follow recommended guidelines. Constant vigilance on following this exact protocol is a recommendation for this court.

2. Testing may be administered randomly or at scheduled intervals, but occurs no less than twice a week during the first several months of an individual's enrollment. Frequency thereafter will vary depending on participant progress.

BEC FDTC Yes

FMJ FDTC Yes

3. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol.

BEC FDTC Yes

FMJ FDTC Yes

4. The drug-testing procedure must be certain. Elements contributing to the reliability and validity of a urinalysis testing process include, but are not limited to: direct observation of urine sample collection; verification of temperature and measurement of creatinine levels to determine the extent of water loading; specific, detailed, written procedures regarding all aspects of urine sample collection, sample analysis, and result reporting; a documented chain of custody for each sample collected; quality control and quality assurance procedures for ensuring the integrity of the process; and procedures for verifying accuracy when drug test results are contested.

BEC FDTC Needs Improvement. The recommendation is to conduct quality control on this process on an on-going basis.

FMJ FDTC Needs Improvement. The recommendation is to conduct quality control on this process on an on-going basis.

5. Ideally, test results are available and communicated to the court and the participant within one day. The drug court functions best when it can respond immediately to noncompliance; the time between sample collection and availability of results should be short.

BEC FDTC Yes

FMJ FDTC Yes

6. The court is immediately notified when a participant has tested positive, has failed to submit to AOD testing, has submitted the sample of another, or has adulterated a sample.

BEC FDTC Yes

FMJ FDTC Yes

7. The coordinated strategy for responding to noncompliance includes prompt responses to positive tests, missed tests, and fraudulent tests.

BEC FDTC Yes

FMJ FDTC Yes

8. Participants should be abstinent for a substantial period of time prior to program graduation.

BEC FDTC Yes

FMJ FDTC Yes

## **KEY COMPONENT # 6**

**A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.**

### ***PERFORMANCE BENCHMARKS:***

1. Treatment providers, the judge and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the court to respond immediately. Procedures for reporting noncompliance are clearly defined in the drug court's operating documents.

BEC FDTC Yes

FMJ FDTC Yes

2. Responses to compliance and noncompliance are explained verbally and provided in writing to drug court participants before their orientation. Periodic reminders are given throughout the treatment process.

BEC FDTC Yes

FMJ FDTC Yes

3. The responses for compliance vary in intensity. Encouragement and praise from the bench; Ceremonies and tokens of progress, including advancement to the next treatment phase; reduced supervision; decreased frequency of court appearances; reduced fines or fees; dismissal of criminal charges or reduction in the term of probation; reduced or suspended incarceration; and graduation.

BEC FDTC Yes

FMJ FDTC Yes

4. Responses to or sanctions for noncompliance might include warnings and admonishment from the bench in open court; demotion to earlier program phases; increased frequency of

testing and court appearances; confinement in the courtroom or jury box; increased monitoring and/or treatment intensity; fines; required community service or work programs; escalating periods of jail confinement, and termination from the program and reinstatement of regular court processing.

BEC FDTC Yes

FMJ FDTC Yes. It is important to mention that this court has taken jail confinement off the list of possible sanctions.

## **KEY COMPONENT # 7**

**ONGOING JUDICIAL INTERACTION WITH EACH DRUG COURT PARTICIPANT IS ESSENTIAL.**

### ***PERFORMANCE BENCHMARKS:***

1. Regular status hearings are used to monitor participant performance: to reinforce the drug court's policies and to give the participant a sense of how he or she is doing. Have a significant number of participants at status hearings to observe and learn to give the judge an opportunity to demonstrate concern for the participants and to teach.

BEC FDTC Yes

FMJ FDTC Yes

2. The court applies appropriate incentives and sanctions to match the participant's treatment progress.

BEC FDTC Yes

FMJ FDTC Yes

3. Payment of fees, fines and/or restitution is part of the participant's treatment.

BEC FDTC Yes

FMJ FDTC Yes

## **KEY COMPONENT # 8**

**MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.**

### ***PERFORMANCE BENCHMARKS***

1. Management, monitoring and evaluation processes begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers should establish specific and measurable goals that define the parameters of data collection and information management. An evaluator can be an important member of the planning team.

BEC FDTC Yes

FMJ FDTC Yes

2. Data needed for program monitoring and management can be obtained from records maintained for day-to-day program operations, such as the numbers and general demographics of individuals screened for eligibility; the extent and nature of AOD problems among those assessed for possible participation in the program; and attendance records, progress reports, drug test results, and incidence of criminality among those accepted into the program.

BEC FDTC Yes. Data collection system for the 5<sup>th</sup> Judicial District Drug Courts has been recently put in place.

FMJ FDTC Yes. Data collection system for the 5<sup>th</sup> Judicial District Drug Courts has been recently put in place.

3. Monitoring and management data are assembled in useful formats for regular review by program leaders and managers.

BEC FDTC Yes

FMJ FDTC Yes

4. Ideally, much of the information needed for monitoring and evaluation is gathered through an automated system that can provide timely and useful reports. Additional monitoring information may be acquired by observation and through program staff and participant interviews.

BEC FDTC Yes

FMJ FDTC Yes

5. Automated manual information systems must adhere to written guidelines that protect unauthorized disclosure of sensitive personal information about individuals.

BEC FDTC Needs Improvement. At this point written guidelines are not available.

FMJ FDTC Needs Improvement. At this point written guidelines are not available.

6. Monitoring reports need to be reviewed at frequent intervals by program leaders and senior managers. They can be used to analyze program operations, gauge effectiveness, modify procedures when necessary, and refine goals.

BEC FDTC Needs Improvement. At this point senior managers do review reports, but teams are not using them to inform possible modifications.

FMJ FDTC Needs Improvement. At this point senior managers do review reports, but teams are not using them to inform possible modifications.

7. Process evaluation activities should be undertaken throughout the course of the drug court program. This activity is particularly important in the early stages of program implementation.

BEC FDTC Yes

FMJ FDTC Yes

8. If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting an evaluation design and for preparing interim and final reports .

BEC FDTC Yes

FMJ FDTC Yes



## **KEY COMPONENT # 9**

**CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.**

### ***PERFORMANCE BENCHMARKS:***

1. Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures should also define requirements for the continuing education of each drug court staff member.

BEC FDTC Yes

FMJ FDTC Yes

2. Attendance at education and training sessions by all drug court personnel is essential. Regional and national drug court training provide critical information on innovative developments across the nation. Sessions are most productive when drug court personnel attend as a group.

BEC FDTC Needs Improvement. There has been a significant amount of training, but there never seems to be enough. Recommendations for innovative approaches to obtaining training have been included.

FMJ FDTC Needs Improvement. There has been a significant amount of training, but there never seems to be enough. Recommendations for innovative approaches to obtaining training have been included. There is currently planning for the entire team to attend the 2014 NADCP Annual Training Meeting.

3. Continuing education institutionalizes the drug court and moves it beyond its initial identification with the key staff that may have founded the program and nurtured its development.

BEC FDTC Needs Improvement

FMJ DFTC Needs Improvement

4. An education syllabus and curriculum are developed, describing the drug court's goals, policies and procedures.

BEC FDTC No. A recommendation to this effect is included.

FMJ FDTC No. A recommendation to this effect is included.

## **KEY COMPONENT #10**

**FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.**

### ***PERFORMANCE BENCHMARKS:***

1. Representatives from the court, community organizations, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies and the faith community meet regularly to provide guidance and direction to the drug court program.

BEC FDTC Yes

FMJ FDTC Yes

2. The drug court plays a pivotal role in forming linkages between community groups and the criminal justice system. The linkages are a conduit of information to the public about the drug court, and conversely, from the community to the court about available community services and local problems.

BEC FDTC Needs Improvement This court should make informing the public more of a priority. A recommendation to this effect is included.

FMJ FDTC Needs Improvement This court should make informing the public more of a priority. A recommendation to this effect is included.

3. Partnerships between drug courts and law enforcement and/or community policing programs can build effective links between the court and offenders in the community.

BEC FDTC Yes

FMJ FDTC Yes

4. Participation of public and private agencies, as well as community-based organizations, is formalized through a steering committee. The steering committee aids in the acquisition and distribution of resources. An especially effective way for the steering committee to operate is through the formation of a nonprofit corporation structure that includes all of the principle drug court partners, provides policy guidance, and acts as a conduit for fundraising and resource acquisition.

BEC FDTC Needs Improvement. A recommendation is included concerning this benchmark.

FMJ FDTC Needs Improvement. A recommendation is included concerning this benchmark.

5. Drug court programs and services are sensitive to and demonstrate awareness of the populations they serve and the communities in which they operate. Drug courts provide opportunities for community involvement through forums, informational meetings and other community outreach efforts.

BEC FDTC Needs Improvement. A recommendation is included concerning this benchmark.

FMJ FDTC Needs Improvement. A recommendation is included concerning this benchmark.

6. The drug court hires a professional staff that reflects the population served and the drug court provides ongoing cultural competence training.

BEC FDTC Needs Improvement. A recommendation is included concerning this benchmark.

FMJ FDTC Needs Improvement. A recommendation is included concerning this benchmark.

## **RECOMMENDATIONS**

### **1. BECOME A SMOOTH RUNNING TEAM FIRST**

There are a lot of trainings on team building. The ropes course at MSU has been used by some, but that is not my recommendation. Transparency and trust are linked together and necessary for effective teams. As I interviewed team members I heard a lot of compliments for the work of other team members, but I also heard concerns about whether or not a team member was a valued member of the team. These issues have to be dealt with. When a team member is not convinced that he/she is valued on the team it is less likely that he/she will voice an insight that may be important. Team members have to know that if you are on the team we need your voice and we value it. If a voice is not being heard on a regular basis the team must make sure it is heard. The structure of these courts is built on the importance of the interdisciplinary approach to working with participants.

### **2. TEAM BUY-IN, 100%**

It is essential that there is buy-in by team members. Recognize the difference between criticism that is constructive and deconstructive. Agreement over the mission and values incorporated into the FDTC program has to be developed. When there is disagreement it must be brought out on to the table and discussed and resolved. A lack of commitment to the effort by a few team members was evident in face-to-face interviews. This was more of an issue for the FMJ FDTC than was evident for BEC FDTC, but worth addressing for both courts. There are reasonable issues that are brought up concerning the feasibility and effectiveness of the FDTC especially for the FMJ FDTC, but those issues have to be aired out and resolved or there has to be agreement that these are issues that will be problematic until a resolution is found. They cannot be used as arguments that undercut the work of the FDTC. Being “grumpy like the bear” and finding things that are problematic can be useful if they are dealt with straight on.

“This is the problem. What can we do about it, how can we work around it.” The team must know that these specialty courts are the wave of the future. To give up on them because “some think they are the most recent fad” or because it is difficult to get them to do what we want them to do immediately has to be seen as short sighted. The data is clear on the fact that what we have been (business-as-usual) has been more expensive and less effective than what can be expected from a well operating FDTc. Do not deprive the citizens of rural areas the benefits of these courts. Make them work make them into well operating courts.

### **3. STRATEGIC PLAN**

Consider a strategic planning workshop with a facilitator.

### **4. DATA COLLECTION**

Consult with an evaluator familiar with your court to assist in a complete assessment of your data collection effort.

### **5. NEED TO KNOW EVALUATION QUESTIONS**

Have the coordinator keep a list of evaluation or research questions to which the team would like to have answers. For example: Is there an age component to success in FDTcs? What kinds of information helps participants engage in the program? In our court, do incentives work better than sanctions? Can we experiment with variations in incentives to determine what might work better than something else? Who is 100% bought in and why the variation in commitment? Seek a volunteer “researcher/evaluator” to research these questions, or set up a research committee on the team.

### **6. FORM A NONPROFIT**

The courts might consider the possibility of forming a nonprofit corporation structure that includes all of the principle drug court partners for policy guidance and to acts as a conduit for fundraising and resource acquisition. Consider a volunteer program associated with nonprofit.

### **7. BUY-IN**

This has already been recommended, but everyone has to buy-in to this effort. My recommendation is buy-in or get out. This opportunity is too valuable to let it be diminished by half-heartedness.

## **8. THE TONE OF YOUR COURT**

Consider the tone you want to take in the court. “Going to Court” is understood in our culture as a kind of scary experience. Most of the participants have not had good experiences with the justice system or with human services. (I don’t need to tell you that.) Staying focused on the tone you want to develop in the court is important. Research tells us that the relationship between the judge and the participant is one of the things mentioned most often as helpful by participants. The more the team can foster that good relationship the better. It might be helpful if the team would do more to prepare the judge for interaction with the participant by contributing to notes the judge can refer to during the status hearings. Here little things that are important to the participants could be included; those things that are known to a team member, but not by the judge. The note might include “Ask Nancy about her bowling team; or about the help she gave at church.” The idea is to help the participant talk to the judge about something that is important to the participant. We all like to talk about what is important to us and when a judge listens that is something. In this regard, take a look at the section on “engaging the participants” to consider the kind of tone your court sets. There is not one “best way.” The courts often reflect the personality of the judge, which is understandable and appropriate, but some reflection and discussion about tone might be helpful. As one judge puts it, “I am the voice of the team.” A discussion about tone and how to develop an effective, authentic and encouraging tone might be helpful.

## **9. RITUALISTIC APPLAUSE FOR SOBRIETY**

The applause for sobriety might be discussed by the team. There is a danger that it becomes ritualistic and loses its desired effect. “They clapped for me” is a common sentiment expressed by participants, and it is important, but there has to be awareness of what it means to the participants, the judge and the team. As I sat in the court hearings I clapped along with others, but when I reflected on my clapping there were times when I it was just part of the ritual and then when it was heartfelt. How to keep it fresh and congratulatory? The team might discuss the way “sobriety” is announced. As I attended many courts I felt a difference in how this was done. It took a while to realize it. My recommendation is to have the judge announce the number of days sober or clean to allow a statement about the building toward a life of sobriety.

506 clean days is more to clap about than being clean and sober today. There is something back there that makes me wonder how often we clap for someone who may not be clean, but good at “beating the test”.

#### **10. ADD SOME HUMOR**

Laughter puts people at ease and shows our more humane side. When we laugh we are all on the same side, we enjoy something together; it helps make more solid relationships.

#### **11. REFERRAL PROCESS**

Make strong ties with social services. Listen to their concerns and adapt as much as possible to their needs. Convince them that this work can be done better together, that this court will help them with this work. Find out what other courts do to get referrals. Set some quotas for those responsible for referrals and ask for a report on how the process is going. Could make an agenda for “business” at staffings (just 10 minutes) and ask for reports, discussion and suggestions.

#### **12. AN INTRODUCTORY DVD**

An initiation and introduction DVD might be produced at a low cost to include some of the information on the NADCP website. The video stories of graduates presented at the NADCP annual training conference are persuasive stories. If done in an entertaining manner it might help set the tone for participation. A short video interview of each team member might be included.

#### **13. UAs HAVE TO BE DONE RIGHT**

UAs have to be done in accordance with strict protocol. This is not an easy thing to do, but if there is a specific pattern set and it is always followed the tests will have more validity. There are good recommendations for how to conduct UAs. The use of a mirror set up to provide necessary visibility, the painted foot prints on the floor, the removal of clothing, etc. I don't know all the best practices here, but whatever they are, they have to be followed wherever the tests are given. I ask, what would I do if I were addicted and “needed” these drugs?

Participants know when others are “beating” the test and that knowledge creates a tension in the court. The team might think about talking to the participants about this problem and ask

for their help in making sure these tests are valid because this monitoring is mentioned, often, as a very helpful part of getting off drugs.

#### **14. RANDOM TESTING**

Random testing is a must. Scheduled testing may be more convenient, and I understand that, but the goal of the tests is not to “catch them” it is to “motivate them” not to use. Preparing for a scheduled test is much easier than preparing to “beat” a random test. Scheduled tests are much more likely to be a waste of resources and the chance for participants to “make a plan for the test”. A credible threat of a test is the motivator to not use; increasing the credible threat level and decreasing the “I have to test on Tuesday” has a number benefits.

#### **15. ON PARTICIPANT ENGAGEMENT**

On the issue of engaging the participants there is much to consider. Team members and participants indicate that they don't know everyone. Participants are confused about what some of the people on the team do. Engagement has become an important concept in the field of medicine; when patients become “engaged” in their health concerns the outcomes are better. Team members explain that there is a point at which the participants “get it”. It is the point at which they become committed to their recovery and to working to create a better situation for their children. The goal here is to get everyone on the same side working against addiction, unhealthy relationships, problematic parenting, poor money management, unemployment/underemployment and working for sobriety, a supportive sober network, a good job, comfortable housing, etc.; in other words working for a livable future together. Making connections is crucial. Participants have a hard time understanding that they can be a “member of the team” working for that future, but when and if they get that sense of things we all have a better chance.

What steps can a team take?

1. Assist the judge in fostering relationships by giving him conversation material as mentioned in the recommendation concerning engagement.
2. Team members should go out of their way to talk and get to know participants, take advantage of chance meetings. Participants speak about times

when “a cop just asked me about my son and we talked about grilling in the yard” or that smile from a judge.

3. It might help build these connections if the participant would visit with the team during an early staffing, after being accepted into the court. In this meeting team members could ask questions about what the participant likes or does for fun, what their goals are, maybe something about the children. Team members can introduce themselves and explain what he/she does on the team and why he/she is on the team. This conversation has the potential to begin the process of getting everyone on the same side. There has to be some humor in this meeting. You have to begin to convince the participant that they are important to you and you can help them realize their goals.

4. Bringing the participant into the staffing meeting on a regular basis will help with the engagement and with the buy-in by team members. Participants report that they like being able to talk to the team to give them a better sense of “who I am”. Participants comment on disliking being placed in “a category” (addict) or being “dirty,” “a loser” or “a criminal”.

## **16. FOCUS ON THE CHILDREN**

Those in the criminal justice system are used to dealing with adults or with juveniles, but not with the welfare of children. Judges are the closest to the issue of child welfare in the criminal justice system. The issue of child welfare is central to the FDTC and there is some tension between the goal of reuniting families and assuring a safe and supportive home for children. It is obvious that everyone wants both, but there is some concern that the court places too much on reunification as THE goal without seeing the real success in assuring that the children are properly placed in a timely fashion. The issue of recruitment is in play here. To get the consent of parents under a CHIPS petition to accept participation in the FDTC they are given the expectation that the court may be the fastest and most effective way to reunification. “I will do anything I have to get my kids back.” The court does make that happen sometimes. It might make sense to bring participants in with the explanation that the court is designed to work for



reunification, for sobriety, for better employment, for better housing, for better money management, for better parenting, for more education; in a nut shell, to help make life more enjoyable, stable and comfortable for you and your children. To help you contribute to your community the skills and talent you have. One more observation: as data were being collected it became obvious that the number of children seemed to be related to reunification. More children seemed to be related to a failure to have the family reunited.

Steps that could be taken:

1. Make it a priority in the staffing meetings to know how the children are doing. The guardian and or the social service worker might have a rating system for the children upon which others could reflect. If participants understood the ranking system (maybe a 1 -10) the judge could talk with the participant about how the team thinks the children are doing and what the parent might do to deal with the issue.
2. Make sure the participant understands the package: sobriety, housing, job, stability, mental health under control, supportive network and then the children.
3. If the children are going to be given more concern, the guardians and the social service worker is going to have to have more of a voice on the team.
4. It might be important for the entire team to get to know the children.
5. Child care has to be a very high priority.
6. Make deliberate adjustments to the FDTC experience for individuals with more (4-5) children.

#### **17. NEED TRAINING ON THE IMPACT OF FOSTER CARE ON CHILDREN**

In interviews with the child protection workers and guardian ad litem it was made clear that the team needs a wider and more in-depth understanding of the impact of taking a child out of the home and placing him/her in foster care. The reasons why the issue of the time it takes to have the child permanently settled is so important should also be understood and why it is better, if possible, to reunite children with parents. The research literature finds that children placed in foster care have a three times higher arrest rate, a three times higher delinquency

rate, a two times higher teen motherhood rate and a 40% lower rate of employment than children nor placed in foster care. These concerns must be taken into account by the team in order to “break the cycle”.

#### **18. WHEN TO GRADUATE?**

It was noted that after participants feel that they have “learned enough” or “got their lives together” the demands of the FDTC is “too much” and they can make it without participation in the court. Some speculate that the demands of the court may create unnecessary stress when participants see no benefit in using required services. The discussion is one that puts length of time in treatment (“the longer treatment is more effective”) up against the increased stress that having to make appointments may bring about. The balance is with fairness (why can she graduate at 12 months and I have to wait 18?), treatment assessment (completion of treatment) and the degree of support the team provides (how much of the weight does the team carry?). Maybe here the team might consider increasing the after care, relapse prevention, enhanced alumni effort.

#### **19. KNOW WHY THEY DON'T GRADUATE**

Conduct a study of why participants do not complete the FDTC. Bring in alumni and conduct focus groups to uncover possible weaknesses that could be strengthened with their insight and advice. This study could be suggested as a Master’s Thesis for a graduate program. In an interview with a graduate I was asked, “What are we missing? Why do some of us make it and hold to it and others don’t.”

#### **20. THE “NO-NONSENSE” PLAN**

It might make sense to have a “no-nonsense” plan for participants being accepted into the FDTC. The plan would explain what the participant will have to do along with an explanation of why the team thinks these things are important. This is what we think it will take to get your children back, your life back. Once it is laid out you ask the question, “Can you engage in this plan?” If not how should the plan change? If you can get “buy-in” to the plan, if it is a plan they agreed to, it might make it easier. The more they understand the reasons behind what the team is doing, the less arbitrary the reaction to the participant’s behavior becomes.

## **21. THERAPEUTIC SANCTIONS**

Sanctions are important mechanisms if they move participants forward. Punishment does more harm than good unless it is done within the context of a caring relationship. The recommendations have been for a four to one ratio; four incentives to one sanction. When the team decides on a sanction they should be able to explain how the sanction will help move the process toward the goal. A team member suggested having a small committee of team members work on developing a list of therapeutic sanctions that might be appropriate for various issues. Essay writing is a good foundation because it can involve reflection and the development of alternative behavior options. Of course there is the problem of, "I see them scribbling an essay 15 minutes before court with the help of others. It's a joke." The issue is how to structure a reflection that has an impact on the person writing it and on the participants that listen. It might make sense to develop a more structured process for writing an essay.

1. Explain what this therapeutic sanction is being given for.
2. Explain why this behavior is an issue to the team.
3. Explain why this behavior is an issue for you.
4. Explain why you behaved in an inappropriate manner. What factors contributed to your behavior?
5. Explain what will happen if you continue to behave in this manner.
6. What is your plan to avoid this in the future?
7. How has this assignment helped you move toward your goals?

1. Examples of possible therapeutic sanctions were suggested in face-to-face interviews.
2. Have participants interview team members and report on what they do and why they do it.
3. Have participants do "case studies" of situations that FDTC participants may confront and provide advice about dealing with the situation.
4. Interview a person on probation (a person chosen by the team) that has recently been released from prison and ask what it means to end up in prison.
5. Have a person who uses meth report to the court on the "side effects" on using meth.
6. Interview a person who as a child lived through being taken away from his/her parents on a CHIPS petition that went to termination and led to an adoption.

7. Explain how your victory over this problem is a victory for your children, the FRDTC team and for the community.
8. Explain what would have to change for you to work with this team on building a more positive life?
9. Do you know a happy 45 year old addict? What kind of a life does he/she have?
10. In this situation give yourself your best advice and explain how to be sure the advice will be followed.
11. Interview an older person in a shelter and explain how the person got there and what prospects they have for building a livable situation. Explain what happened to the person's children.
12. Read the letters of past graduates and report on what they went through to graduate.

## **22. PARTICIPANT COMMITTEE ON SANCTIONS**

A consideration: at the NADCP annual training conference the idea of participants deciding on sanctions for non-compliance by another participant was presented as a way to make the process of giving sanctions more therapeutic. They called it the "Community Group". This group deliberated on sanctions that might work for participants. It was considered a way to move participants into the effort of helping foster the sobriety and compliance of others.

## **23. THERAPEUTIC GRADUATION**

A consideration of the graduation ceremony as a therapeutic and celebratory event is recommended. In some courts the reading of the graduate's letter documents the experience of growing from being trapped in addiction to gaining sobriety. These stories do much to solidify the resolve of the graduate, offer guidance, encouragement and hope to participants and enhance the morale of the team. If community members are in attendance, it tells them important things about the court.

## **24. FOCUS ON SPONSORS**

Having an effective sponsor has been accepted as an important part of recovery. Participants indicate that they can "sort of" have a sponsor and "it's alright" with the FDTC. One participant put it like this, "I could say I have a sponsor and not go to her just to look good, but I choose to

use her.” The teams might discuss making having a sponsor more important and ask for some assurance from participants that a sponsor is “out there” and interacting with the participant. The court might consider some celebration to honor sponsors. The court could make it a “sober event” in which the sponsors could be more closely linked with the FDTC.

#### **25. BABYSITTING/CHILD CARE**

These courts puts a lot of effort into seeking child care, but a more reliable and less time consuming process for assuring the availability of child care during treatment is recommended. Some innovative and inexpensive program could be developed.

#### **26. DON'T LET TRANSPORTATION BE A PROBLEM**

In the FMJ FDTC transportation is an issue that has been addressed. Provisions are made for transportation, but given the distances involved in this three-county court, it should be a priority in the initiation of new members to explain these provisions. It is important that the team understands the transportation issues and the participants understand the accommodations that this court has made for this issue.

#### **27. PREPARE THE PARTICIPANT**

So often participants have no questions, no concerns and no comments when the judge asks. Might think about the case manager, coordinator or other team member preparing the participant to ask the judge a question or maybe explain some problem of issue they are having. It might help develop the conversation that fosters the relationship between the judge and the participant if the participant was ready to tell the judge about some event or something about their child.

#### **28. THE “LITTLE FISH” BOWL**

Consider the little fish bowl. Some participants like it, others think it is demeaning. Some courts rely on the “big fish bowl” in which the names of participants are submitted for successes and then at the end of a month a drawing for a significant incentive is conducted. Some courts rely on the praise and congratulations offered by the judge along with the opportunity to select a prize out of a bag of inexpensive but fun items. It might make sense to

form a committee on incentives that would consider a variety of approaches. The committee could be made up of team members and participants.

### **29. THANK YOU CARDS AS INCENTIVE**

Might consider providing an inexpensive box of thank you cards as an incentive and another incentive when the box is used up and a report of who they thanked and for what is given in court.

### **30. ACKNOWLEDGE HOW HARD IT IS**

Acknowledge how hard it is and how hard participants work to get sober, get a job, get a GED, get a sober network and get rid of non-sober “friends,” get a stable home, get control of finances and get structure in their lives.

### **31. GIVE THE COPS MORE VOICE**

Ask for reports from the cop that does the knock and chats. Ask him/her to report what they talked about, the condition of the house, how the participant presented him/herself and anything else of note.

### **32. TRAINING CURRICULUM**

Training should be better planned. An education syllabus and curriculum might be developed to assure that the drug court’s goals, policies and procedures are understood. Topics suggested by the NADCP include:

- Goals and philosophy of drug courts.
- The nature of AOD abuse, its treatment and terminology.
- The dynamics of abstinence and techniques for preventing relapse.
- Responses to relapse and to noncompliance with other program requirements.
- Basic legal requirements of the drug court program and an overview of the local criminal justice system’s policies, procedures and terminology.
- Drug testing standards and procedures.
- Sensitivity to racial, cultural, ethnic, gender and sexual orientation as they affect the operation of the drug court.

- Interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as “dual diagnosis”).
- Federal, Stat and local confidentiality requirements.

### **33. MORE TRAINING**

Training is always an issue. The opportunity to cross train with these teams is a worthy consideration. Neither team is taking full advantage of the resources at their disposal in the team themselves. If each team member would develop 10-15 minute mini-training sessions on the foundations of the work they do with the courts a lot of time could be saved heading down blind alleys in discussion about options that are not possible because of something one member knows that is not obvious to the rest of the team. The interdisciplinary education provided by this effort would help to develop a shared understanding of the values, goals and operating procedures of treatment, mental health and justice system components.

### **34. CARE AND FEEDING OF THE TEAM**

There should be a process for caring for team members. The work in these FDTCs can be frustrating and thankless. The team has to thank each other, has to have methods for recognizing good work and the effort that goes into this work. Team members have to know that they are valued. During face-to-face interviews I heard about how valuable some team member is to others on the team and then while interviewing that valued person I heard doubt about whether or not he/she was valued. During the staffing meetings I heard individuals coming up with ideas or resources that helped solve a problem. I thought it would have been nice to hear a thank you. Not that it never happened, but there should be a focus on thanking team members for good work. These two teams do good work, with commitment and they have to be recognized.

### **35. BRAG ABOUT EACH OTHER**

When you're out in the community brag about your team members, about the judge and about the success of your participants. Sharing positive images of things associated with the FDTC will help to develop the community support that will sustain this effort.

**36. THE FDTC SPEAKER'S BUREAU**

The FDTC might operate as an information source to inform the community about the role and the success of the courts. The development of a speakers' bureau would offer community organizations the chance to become informed about the courts. The courts might look for opportunities for community involvement through forums, informational meetings and other community outreach efforts.

**37. PEER REVIEW FROM OTHER COURTS**

Invite members from other FDTCs to do a peer review of your program and talk about ideas you can share that helped make things work better.

**38. RELAPSE PREVENTION; ALUMNI ORGANIZATION**

Select a committee of team members and graduates to develop a plan for a viable alumni organization. Budget some money for this group. Find a corporate sponsor for the group.

**39. SIX MONTH CHECKUP**

Conduct a focus group session with participants every six months to assess their input on how the court is doing for them. Could bring in a volunteer evaluator to conduct the focus group. Team members could suggest items for which they would like participant input.

**40. EXPERIMENT**



DEAR FRIEND OF DRUG COURT:

Welcome to the NEW National Association of Drug Court Professionals (NADCP) website. It is our desire to provide a window into the benefits of Drug Courts and provide you a unique opportunity to get involved in a number of ways.

The NADCP, a national not-for-profit organization, was founded in 1994 by a group of visionaries to **reduce the negative social impact of substance abuse, crime, and recidivism** by:

- promoting and advocating for the establishment, growth and funding of Drug Courts;
- providing for the collection and dissemination of information; and
- providing sophisticated training, technical assistance and mutual support to professionals.

We recognize the need to alter the way citizens who are addicted to alcohol and other drugs and who emerge in the justice system are addressed. Our philosophy is that **judicially supported treatment works**, that we serve society best by addressing the underlying reason(s) crime occurs. We know that continuously incarcerating alcohol and other drug-addicted citizens has no long term benefit. We know that these challenges can best be addressed through a **blending of judicial accountability and effective treatment**.

The promise Drug Court includes:

- substantial reductions in addicted citizens;
- positive impacts on poverty, homelessness, crime, public safety, HIV/AIDS, Hepatitis C, emergency room episodes, mortality rates, health care, and workplace productivity; and
- significant cost-savings.

The impact of Drug Court has far exceeded the promise of those early visionaries and pioneers such as Judge Stanley M. Goldstein (FL), Judge Jeff Tauber (CA), Tim Murray (FL) Judge Patrick Morris (CA), Senator Claire McCaskill (MO), Judge John Schwartz (NY), Judge Bill Meyer (CO), Judge Henry Webber (KY), Judge Robert Ziemian (MA), Judge Bob Fogan (FL), Judge Jamie Weitzman (MD), Tammy Woodhams (MI), Judge Harl Hass (OR), Judge Jack Lehman (NV) and Frank Tapia (CA).

Within its short 15-year history, NADCP has become the premier national membership and advocacy organization for over **2,300 drug courts** by:

- serving as the only national organization representing over **25,000** multi-disciplinary Drug Court professionals, community leaders and concerned citizens before Congress and state legislatures;
- annually hosting over **100 Drug Court training and technical assistance events** that have benefited tens of thousands of Drug Court practitioners;

- writing, publishing, and disseminating scholastic and practical publications that are critical to the ongoing growth and fidelity of the Drug Court model; and
- creating a ***vision of a reformed justice system*** by impacting policy and legislation.

NADCP has been so successful in its endeavors that many officials have aggressively pursued the implementation and ***expansion of the Drug Court model*** to address other problems that emerge in the court system. NADCP has been at the forefront of applying the Drug Court model to issues such as juvenile delinquency, child abuse and neglect, drug endangered children, impaired driving, mental illness, homelessness, domestic violence, prostitution, and community reentry from custody.

Primary to NADCP's work among these other Drug Court models is its constant drive toward ***healing broken families*** devastated by substance abuse. One of the most significant and devastating consequences caused by substance abuse in the family is the victimization of innocent children who are endangered, abused or neglected by drug-addicted parents. These children are sometimes found, at great risk, in homes and other environments (hotels, automobiles, apartments, etc.) where ***methamphetamine and other drugs*** are used and produced.

NADCP also understands the absolute benefit of a ***restored, healthy family***. That is why NADCP has developed and led the nation in a new model of family court. Today, over 400 "Family Dependency Drug Courts" exist with the dual mission of protecting the child and diligently working to ensure long-term sobriety for the parent(s). By fast-tracking services, keeping drug-addicted parents engaged in treatment for longer periods of time and through the accountability mandated by the family drug court judge, NADCP's vision of clean and sober parents reunited with their healthy children is being realized.

NADCP is a proven ***organizational-change agent*** in both the public health and safety arenas. Together, Drug Court professionals and citizens alike are committed to the long-term sobriety and restoration of hope in individual lives. While changing lives, Drug Courts also change the face of addiction in our communities. Addicts are people with solvable problems. Drug courts offer the necessary tools and support for the addict to conquer their addiction.

### **The Future of Drug Courts**

If society is truly going to save the lives of its addicted brothers and sisters, break the familial cycle of addiction for future generations, have a substantial impact on associated crime, child abuse and neglect, reduce poverty, alleviate the over reliance on incarceration for the addicted, and reduce many of the public health consequences in the United States, ***we must put Drug Courts within reach of every American in need.*** There is no greater opportunity for a systemic social change in the justice system than this.

Drug Courts are demonstratively effective. According to a decade of research, drug courts significantly improve substance abuse treatment outcomes, substantially reduce crime, and produce greater cost benefits than any other justice strategy. Drug courts transform over 100,000 addicts each year in the adult, juvenile, and family court systems into drug-free, productive citizens. ***Drug courts are the vaccine.*** Yet drug courts are not being prescribed to everyone who needs it. Despite their immense success, drug courts have been unable to obtain mass implementation and institutionalization.

***Drug courts should serve as the model for how to address the broadest population of substance abusers involved in the justice system.*** NADCP will accomplish this by instituting sustainable drug courts in all 3,143 counties in the United States that serve the vast majority of the highest-need citizens in the justice system. Short of this, we fail to provide the best solution to America's greatest justice problem, addiction.

### **Join Us**

If you are a concerned citizen who wants to make a difference in the lives of addicted people, their families and communities, please consider donating to NADCP by clicking "Give" or "Give Now".

If you are contemplating a Drug Court in your community or if your Drug Court is already in operation, please visit the links to services and resources by the National Drug Court Institute so that we may assist you.

If you are a corporation providing products or services to Drug Courts, we would love to introduce you to our membership benefits. We invite all of you to join us as members and partners as we forge ahead together to change the face of the justice system and put Drug Courts within reach of every American in need.

Thank you for your interest in NADCP. Feel free to contact me at (703) 575-9400, ext. 13 anytime.

Sincerely,

C. West Huddleston, III

Chief Executive Officer