

2013

Policy Evaluation of Hillsborough County's Family Dependency Treatment Court

Shawn M. Martin
University of South Florida, smdmartin@gmail.com

Kathleen A. Moore
University of South Florida, kamoore@usf.edu

Follow this and additional works at: https://digitalcommons.usf.edu/mhlp_facpub



Part of the [Health Law and Policy Commons](#)

Scholar Commons Citation

Martin, Shawn M. and Moore, Kathleen A., "Policy Evaluation of Hillsborough County's Family Dependency Treatment Court" (2013). *Mental Health Law & Policy Faculty Publications*. 579.
https://digitalcommons.usf.edu/mhlp_facpub/579

This White Paper is brought to you for free and open access by the Mental Health Law & Policy at Digital Commons @ University of South Florida. It has been accepted for inclusion in Mental Health Law & Policy Faculty Publications by an authorized administrator of Digital Commons @ University of South Florida. For more information, please contact digitalcommons@usf.edu.

Running Head: POLICY EVALUATION

Policy Evaluation of Hillsborough County's Family Dependency Treatment Court

Shawn Martin

Kathleen A. Moore

Ezra Ochshorn

Louis de la Parte Florida Mental Health Institute

University of South Florida

Correspondence to: Kathleen Moore, Department of Mental Health Law and Policy,

Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301

Bruce B. Downs Blvd., Tampa FL 33612. E-Mail: kamoore@fmhi.usf.edu

TABLE OF CONTENTS

ABSTRACT.....	1
INTRODUCTION.....	2
Overview.....	2
Family Dependency Treatment Court.....	2
Hillsborough County 13 th Judicial Court: Family Dependency Treatment Court.....	4
Current Study.....	5
METHOD.....	6
Design and Procedure.....	6
Key Informants.....	6
FDTC Clients.....	6
Measures.....	7
Key Stakeholder Questions.....	7
FDTC Client Questions.....	7
Data Analysis.....	7
RESULTS.....	8
FDTC Client Track.....	8
Collaboration Between Agencies.....	8
Program Strengths.....	9
Program Barriers.....	10
Additional Client Findings.....	10
DISCUSSION.....	12
Recommendations.....	12
Funding and Resources.....	12
Client Criteria.....	13
Program Education and Training.....	13
Future Research.....	14
Conclusions.....	14
REFERENCES.....	15
TABLES	
Table One: Comparison of Drug Court Models.....	4
Table Two: Key Stakeholder Questions.....	7
Table Three: Client Questions.....	7
FIGURES	
Figure One: Family Dependency Treatment Court Model.....	3
Figure Two: FDTC Client Pathway.....	8
Figure Three: Collaboration Between Agencies.....	9
Figure Four: FDTC Program Strengths.....	10
Figure Five: FDTC Program Barriers.....	10
Figure Six: Client Identified Program Strengths.....	11

ABSTRACT

Child abuse and neglect is a troubling issue all too familiar with courts in the United States. The problem becomes even more complicated when substance abuse is involved. In 2004, approximately 500,000 children were removed from their homes because of abuse and neglect issues¹. In the past few years, a judicial model appeared to address both substance abuse and child dependency issues. This model, entitled Family Dependency Treatment Court (FDTC) enables the court to mandate treatment for parents and make reunification dependent on treatment compliance. The FDTC program in Hillsborough County, Florida is now in its second year and has raised a host of policy and procedural issues. As such, 20 key FDTC informants and 6 clients were interviewed to identify strengths and weaknesses of the program. Key areas identified as requiring improvement include increasing communication and collaboration among key stakeholders, training on FDTC inclusion criteria, and increased funding for treatment services and resources. Identified strengths included being a court-based treatment program, providing a supportive atmosphere for clients, and maintaining reunification as a goal. The results of this evaluation emphasize the importance of diverse organizations working collaboratively to achieve this often difficult objective within the child welfare setting.

INTRODUCTION

Overview

Over the past decade, parental substance abuse and chemical dependency have become significant problems in the United States. Studies suggest over 50 percent of parents in the child welfare system are affected by substance dependence². Until recently, most child welfare cases were handled through dependency court; while those involving parental substance abuse were referred to child welfare agencies. Typically, these agencies contracted with counseling providers for services, with treatment typically lasting eight to twelve weeks.

Although the majority of parents in the child welfare system have substance abuse problems, in the past drug court was often a separate division within the judicial system. Drug courts were begun in the late 1980's as a means of providing long-term court-mandated treatment to persons with drug problems. According to the Bureau of Justice Assistance (BJA) Drug Court Clearinghouse Project, there were 1,699 operational drug courts in the United States in April 2007 and 349 in the planning stages³. Their success is impressive: it is estimated that more than two thirds of clients complete court-mandated treatment⁴. Drug courts also save communities money by reducing crime rates among the program clients. The savings are seen in legal, incarceration, and treatment costs⁵.

Family Dependency Treatment Court

In the past few years, there has been increased emphasis on developing dependency drug courts. A variation is the Family Dependency Treatment Court (FDTC) model devoted to cases of child abuse and neglect that involve substance abuse by the parents. These courts are intended to protect children while providing parents the necessary tools

Family Dependency Treatment Court

to become responsible caregivers⁶. As can be seen in Figure One, Family Dependency Treatment Courts can be defined as a “collaborative effort in which court, treatment, and child welfare practitioners come together in a nonadversarial setting to conduct comprehensive child and parent needs assessments”⁶. With these assessments as a base, the team builds workable case plans that give parents a viable chance to achieve sobriety, provide a safe nurturing home, and become responsible for themselves and their children.

Insert Figure One about here

These programs were developed in recognition that one of the biggest detriments to healthy family life is substance abuse. There are over eight million children in the United States who live with substance abusing parents⁷. This is of great concern as research indicates that such children are three times more likely to be victims of abuse and four times more likely to suffer from neglect⁸. According to a U.S. Department of Health and Human Services report, there were 32,669 substantiated investigations of child maltreatment in 2004 in Florida alone⁹.

As can be seen in Table One, the FDTC model operates much in the same way as the drug court model. These similarities include regular court hearings, intensive judicial monitoring, provisions of substance abuse treatment and other ancillary services, frequent drug testing, as well as sanctions and incentives that correspond with case plan compliance. In contrast to drug court where treatment is offered as an alternative to incarceration, the primary motivation for FDTC is family reunification¹⁰. The primary difference between dependency court and FDTC is that treatment may or may not be

Family Dependency Treatment Court

required in dependency court, whereas in FDTC treatment is mandated by the court and completion is required if reunification is to occur.

Insert Table One about here

In a national evaluation study of four FDTC programs, outcome results demonstrated that FDTC court was shown to be more beneficial than traditional child welfare court in several areas. The FDTC advantages include: parents enter treatment more quickly, complete treatment more often, and are more likely to be reunified with at least one of their children following completion of the program¹⁰. This is vital given that the 1997 Adoption and Safe Families Act mandates a one year time limit for permanent reunification¹¹. If a parent does not complete treatment or is still deemed unfit to care for the child, they may face permanent termination of parental rights (TPR).

Hillsborough County 13th Judicial Court: Family Dependency Treatment Court

In 2005, Hillsborough County developed a specific division to handle drug cases within dependency court. The Family Dependency Treatment Court (FDTC) was introduced in order to serve those who have had their children removed from custody due to drug related issues. (Before this, treatment was mandated by Hillsborough Kids, Inc [HKI]. Under this arrangement, HKI personnel assigned substance abusing parents to treatment and ensured they followed the case plan.) FDTC's purpose is to provide enhanced services to substance abusing parents, ensure the safety and well being of children, and expedite permanency for children. FDTC is a collaborative effort between HKI, substance abuse treatment providers, 13th Judicial Court of Hillsborough County,

Family Dependency Treatment Court

including dependency judges, the Office of the Attorney General, and contract attorneys.

The FDTC program has admission requirement for all clients. Inclusion criteria includes: 1) new dependency petition, 2) substance abuse problems, 3) child(ren) removed from the home, and 4) family reunification as the goal. Exclusion criteria includes: 1) previous termination of parental rights, 2) history of violent crimes, 3) alleged sexual perpetrator, and 4) refusal to take medication for serious mental illness. Once a client is admitted into the FDTC program, he/she is referred to a treatment provider for a variety of services including counseling for substance abuse, parenting skills, anger management, and life skills.

Current Study

The purpose of this study is to provide a policy and procedural evaluation of the Family Dependency Treatment Court (FDTC). Especially for a new program, outside assessment is crucial to facilitate the goal of increasing reunification rates. This evaluation will identify strengths and barriers, both for the program as a whole and for individual organizations involved, including the court, treatment providers, and child welfare services.

METHOD

Design and Procedure

This evaluation used a qualitative research design to identify strengths and barriers of the FDTC program before formulating recommendation to improve policies and procedures. We conducted interviews with 20 key stakeholder interviews and 6 clients. Additionally, as part of the process evaluation we observed numerous meetings and court proceedings including the FDTC steering committee, substance abuse treatment providers, FDTC court staffings and case reviews, shelter hearings, and disposition and arraignment hearings. The evaluation was approved by The University of South Florida's Institutional Review Board (IRB). Both informants and clients were explained the purpose of the study and signed an informed consent.

Participants

Key informants. Twenty key informants were identified as having expertise about the FDTC program. These interviews lasted 45 to 60 minutes. Stakeholders included ten court staff, six child welfare personnel, and six treatment providers. The key informants' experience in the field ranged from three months to twenty-five years, with an average of about five years.

FDTC Clients. Six clients admitted into the FDTC program within the last five months also were interviewed. All clients were enrolled in the "Nurturing Parents" program at Goodwill Industries, a treatment provider who works within FDTC. "Nurturing Parents" is an evidence based program that treats the family as a whole; it has been used extensively in child welfare cases involving substance abuse problems. Client

interviews lasted 30 to 45 minutes. They were paid \$10.00 for their time. All clients interviewed were female and had been in the program an average of about 3 ½ months.

Measures

Key Stakeholder Questions. Ten questions were developed for key stakeholders by the study researchers involved (see Table Two). The questions were used to identify strengths and barriers associated with the FDTC program.

Insert Table Two about here

FDTC Client Questions. Ten questions also were developed for clients involved in this study (see Table Three). While some questions were very similar to those asked of key informants, others were unique to clients' such as program effectiveness and positive and negative outcomes.

Insert Table Three about here

Data Analysis

After entering interview data, researchers grouped participant responses based on common themes and word patterns. This grouping procedure was repeated several times in order to combine categories and make them more inclusive. The response totals for each category was then transformed into bar graphs for each interview question. (Many participant responses touched on multiple themes and thus appeared in multiple categories.)

RESULTS

FDTC Client Track

Key informants were asked to describe the client process from the initial child protective investigation to the beginning of treatment within in the FDTC program. As seen in Figure Two, once a call arrives at the Florida Abuse Hotline in Tallahassee, an investigation begins. In order for a child to remain in protective custody, within 24 hours the investigator and Attorney General’s Office must persuade a judge at the shelter hearing of imminent risk of harm to the child. Within 21 days of the hearing, the first arraignment takes place. Here the parents are screened for the FDTC program. Next is the initial case conference with HKI at which point they assume child services responsibility. Within 15 days afterwards the first disposition hearing occurs; this is when parents can consent to participate in the program. Next, the drug court case manager conducts an assessment to determine the appropriate treatment facility. Florida law stipulates that if at 12 months the program has not been completed and permanency obtained for the child, then the court must begin considering termination of parental rights (TPR). If during the FDTC program the parent completes the case plan, the courts can grant family reunification and discharge the parents from the program.

Insert Figure Two about here

Collaboration Between Agencies

Collaboration between various organizations within the FDTC program was rated as positive by the majority of respondents. However, opinion on this issues varied by the

type of agency. As seen in Figure Three, the majority of court system respondents rated the collaboration as positive, whereas most from the treatment and child welfare fields suggested a need for improvement. For example, it was stated that sanctions and incentives issued from the court are more immediate and effective when solid inter-agency communication exists. Many respondents felt good communication related to the number of times personnel from different agencies encounter each other during weekly court appearances required by the program. Those expressing an unsatisfactory view of the collaboration emphasized the newness of the program. Most respondents mentioned the newness of the program and the need to, as one person suggested, “Iron the kinks out.” Not everybody felt adequate communication existed between different agencies. Some respondents noted a good relationship with one agency but troubles with another.

Insert Figure Three about here

Program Strengths

Many aspects of the FDTC program were identified as strengths and essential to the success of the program. One often cited example was the court-based nature of the program, allowing agencies to mandate treatment under the threat of court sanction if the client was noncompliant. Also regarded as important was the program’s supportive atmosphere, allowing clients to feel more comfortable being open and honest. Most respondents felt that a program with the goals of substance abuse treatment and family reunification was far superior to simply incarcerating the client (see Figure Four). The

number of court appearances also aided clients to achieve a comfort level that encouraged honest and open rapport with program representatives.

Insert Figure Four about here

Program Barriers

Many of the identified barriers seem to contradict many of the previously identified strengths (see Figures Five). These perceived barriers include a lack of resources dedicated to various aspects of the program, such as a small selection of treatment facilities and inadequate overall funding. Another significant problem was overly stringent entrance criteria, excluding people who would benefit the most from the program and lowering recruitment levels. Respondents complained about a lack of widespread understanding about the program and its purpose, as well as addiction in general. Another barrier mentioned was personality conflicts within FDTC that made it difficult to efficiently serve the program clients.

Insert Figure Five about here

Additional Client Findings

Interviewed clients identified few barriers; most had no negative experiences or outcomes to report. However, HKI case workers were identified several times as being problematic. One client said she didn't feel she was able to see her daughter enough. Some also mentioned inconsistency in incentives offered by the program. One client

recalled an instance where two clients on the same level in the program, both attempted to gain unsupervised visits with their child(ren); one client was granted the visits while the other was denied. Another problem was rare instances of new or relapsing clients coming to treatment intoxicated, a burden to clients abiding by the program rules.

Many of the program strengths identified in Figure Six relate to services provided to clients. Many mentioned how the substance abuse education component showed them how drugs can control their minds and lives. The life education skills, such as anger management, also were identified as extremely beneficial. Most mentioned their peers as a strength as well. Interacting with other non-users experiencing similar challenges was regarded as aiding their progress. Mutual support often translated into changed attitudes. One client mentioned that she and other clients learned that they “can be something in life”; she said most of them did not believe this before beginning treatment.

Insert Figure Six about here

Interact with the judge on a weekly basis also seemed to contribute to client success, allowing for rapport to be built between court staff and the clients. This in turn enabled them to be more honest with the judge. Clients mentioned that positioning the judge at eye level rather than on a podium increased their comfort level. Another element of success was having all the clients in the court room at the same time, exposing successes and failures to group scrutiny. Besides serving as a motivator, clients reported these group appearances made treatment challenges more real in their minds.

Family Dependency Treatment Court

All clients mentioned the expected outcome of family reunification and the ability to raise their children. Clients declared they were looking forward to leading new “normal” lives without the use of drugs. Indeed, sobriety in all aspects of their lives was paramount. Most stated they would not tolerate further contact with anyone who abuses drugs or alcohol. Another reported benefit of the program was clients learning more about themselves and their child(ren), facilitating improved family communication. In addition, anger management, Narcotics Anonymous, and “Nurturing Parents” all made a significant impact according to client statements.

DISCUSSION

The findings from this process evaluation suggest that the FDTC program, although relatively new to Hillsborough County, has been broadly effective. The dual goals of treating substance abuse and teaching parenting and life skills are paramount to the program’s success. The availability of services not typically found in drug courts allow the client to more thoroughly address their addictions and all the associated problems. The program’s ultimate goal of reunification is a key success element as well. This component seems to work well as both a sanction and an incentive for completing the program, reinforcing the idea that sobriety effects more than the parent. The following program recommendations, based on respondent feedback; offer practical steps to reduce current barriers and shortcomings.

Recommendations

Funding and Resources. A lack of funding was repeatedly cited regarding several aspects of the program, including residential treatment and the “Nurturing Parents” program. Respondents suggested building community-based partnerships could aid in

Family Dependency Treatment Court

resource management and providing more mental health services, housing, and vocational training to the clients. A collective data tracking system, including all involved agencies, could provide specific numbers for the FDTC program when applying for grants and other funding. This would also help identify areas in need of improvement within different areas organizations and the program as a whole.

Client Criteria. Originally established to keep the client numbers manageable, the inclusion/exclusion criteria was cited as a major problem resulting in low recruitment numbers. Respondents suggested the current criteria keep out many potential clients who could benefit from the program. Suggested changes included reconsidering exclusion of people with criminal histories of violence, non-sheltered cases (child still in home), people on methadone maintenance, and previous TPR cases, including taking into account whether TPR was voluntary or not. Some of the criteria, such as a history of domestic violence, was considered nonnegotiable. Other criteria, such as methadone maintenance, might be, given the availability of treatment facilities to handle such cases.

Program Education and Training. The general lack of understanding about the program, its function, and criteria all contributed to low recruitment numbers. In addition, some agency personnel seem to possess limited understanding of addiction. Respondents suggested both these problems stem from both of training. A widespread lack of inter-agency communication and poor teamwork also was cited. Program-wide trainings along with trainings within the respective organizations, might alleviate many identified barriers, resulting in better cooperation and service for the clients.

Future Research

Follow up analysis on the clients in Goodwill's "Nurturing Parents" program, as well as longitudinal evaluation of clients in other treatment programs would likely provide valuable information on treatment provider effectiveness. Client studies tracing the course of treatment from beginning to completion may provide valuable additional information. Evaluations of individual organizations within the FDTC program may offer insights on how to improve the program as a whole. Continuous improvement is needed to meet the overarching goals of reducing substance abuse, increasing reunification rates, and promoting healthy families.

Conclusions

Hillsborough County's Family Dependency Treatment Court was developed in response to the large number of drug cases within dependency court. The dedication of agency personnel to the clients and their success is perhaps the program's strongest suite. However, as with any program, there is always room for improvement. Many current shortcomings seem to stem from the newness of the program. More training on a variety of pertinent issues will likely produce staff better equipped to aid the clients achieve lasting sobriety and permanently reunite with their families.

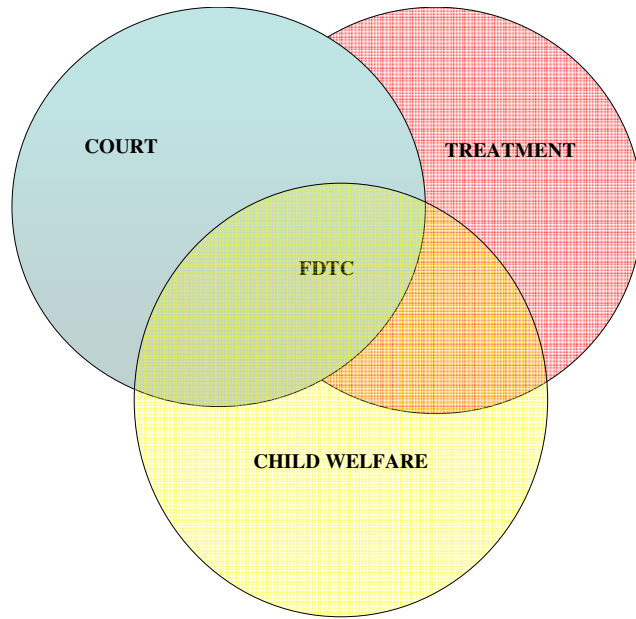
REFERENCES

- ¹ Child Welfare League of America (2006). *Advocacy: National Fact Sheet*. Retrieved June 27 2007 from www.cwla.org/advocacy/nationalfactsheet06.htm.
- ² Breshears, Yeh, and Young. (2004). *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers*. DC: National Center for Substance Abuse and Child Welfare.
- ³ U.S. Department of Justice. (2007). *Drug Courts - Facts and Figures*. Retrieved June 27, 2007, from http://www.ncjrs.gov/spotlight/drug_courts/facts.html.
- ⁴ Huddleston, C. W. (2005). *Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*. Washington: U.S. Department of Justice.
- ⁵ Huddleston, C. W., Freeman-Wilson, K., and Boone, D.L.,. (2004). A National Report Card on Drug Courts and Other Problem Solving Court Programs in The United States. *Painting The Current Picture, I(I)*, 1-4.
- ⁶ Bureau of Justice Assistance. (2004). *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*. DC: Department of Justice.
- ⁷ Johnson and Wenger. (n.d.). *Child Abuse/Neglect: National Association for Children of Alcoholics*.
- ⁸ Susan M. Pope, J. R. W., Wanda K. Katinszky, Elizabeth A. Sirles, Eileen M. Lally. (2005). *Exploring the Link Between Parental Substance Abuse and Child Welfare*. Anchorage University of Alaska.
- ⁹ Administration for Children and Families. (2005). *Child Maltreatment: Department of Health and Human Services*.

¹⁰ Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). *How Effective Are Family Treatment Drug Courts? Outcomes From a Four-Site National Study: Child Maltreatment* Vol 12(1) Feb 2007, 43-59 Sage Publications.

¹¹ Adoption and Safe Families Act. (1997). *Public Law 105-89 Titles IV-B and IV-E, Section 403(b), Section 453, Section 1130 (a) of the Social Security Act.*

Figure 1: Family Dependency Treatment Court Model



Family Dependency Treatment Court

Table One. Comparison of Drug Court Models

	Adult Drug Court	Traditional Dependency Court	Family Dependency Treatment Court
Client	Adult or parent who is charged	Children who have been abused and or neglected	Both the adult and the children who are affected
Gender of Adult or Parent	Majority males	Majority females	Majority females
Type of Proceeding (Civil or Criminal)	Criminal	Civil (Parent may face criminal charges in another court)	All are civil, but some may also be criminal
Family Involvement	Nuclear and extended family members are often included in the case plan.	Extended family helps provide care and supervision of children.	The spouse or significant other is often involved in the treatment process. Extended family is included in the case plan as appropriate.
Treatment	Parent- or adult-focused	Children are provided treatment if appropriate. Treatment of parent may be required by the court but occasionally is not provided through nor supervised by the court.	Treatment focuses on the parent but is also extended to the children, who are at risk for substance abuse, mental illness, developmental disabilities.
Sanctions	Parent-/adult-focused	Not applicable. The child is not sanctioned. Accountability is focused on the parent.	Accountability is focused on the parent. The court must consider the impact of a parent sanction on the children and family as a unit.
Role of the Judge	Leader of a team; therapeutic	Determine best interest of the children; leader of a team	Leader of a team; nurturing with children; therapeutic
Review Hearings	Frequent and regularly scheduled (varies from monthly to weekly)	As scheduled on court docket, mandated by state or federal statutes, or as needed in emergency situations	Frequent and regularly scheduled (varies from monthly to weekly)
Drug Testing	Frequent and random drug testing of parents	Drug testing done as ordered	Frequent and random drug testing of parents

Source: (Bureau of Justice Assistance, 2004)⁶

Table Two. Key Stakeholder Questions

<ol style="list-style-type: none">1. What is your role in the FDTC program?2. Describe the process/ track that a client follows within FDCT from beginning to end within your respective organization.3. In your opinion, how effective or ineffective are the sanctions and initiatives mandated by the program / FDTC court?4. How would you describe the collaboration between agencies who work within FDTC?5. What are the strengths of FDTC?6. What are the strengths of your organization as they relate to FDTC?7. What are the barriers of FDTC?8. What are the barriers of your organization as they relate to FDTC?9. What is your view of the intended purpose of FDTC as a whole?10. What are some improvements that could be made to FDTC to better facilitate its' intended purpose?
--

Table Three. Client Questions

<ol style="list-style-type: none">1. How long have you been in the Family Dependency Treatment Court program?2. What is your view of the intended purpose of the Family Dependency Treatment Court?3. What are some strengths of the Family Dependency Treatment Court?4. What are some Barriers of the Family Dependency Treatment Court?5. What are some Positives from your time in the Family Dependency Treatment Court program?6. What are some negatives from your time in the Family Dependency Treatment Court program?7. How effective or ineffective are the sanctions and incentives of the program?8. In your opinion, how effective or ineffective is the Family Dependency Treatment Court program and why?9. Do you feel the program, court and treatment providers have your best interest in mind and why do you feel that way?10. What is your intended/expected outcome from this process?

Figure Two. FDTC Client Pathway

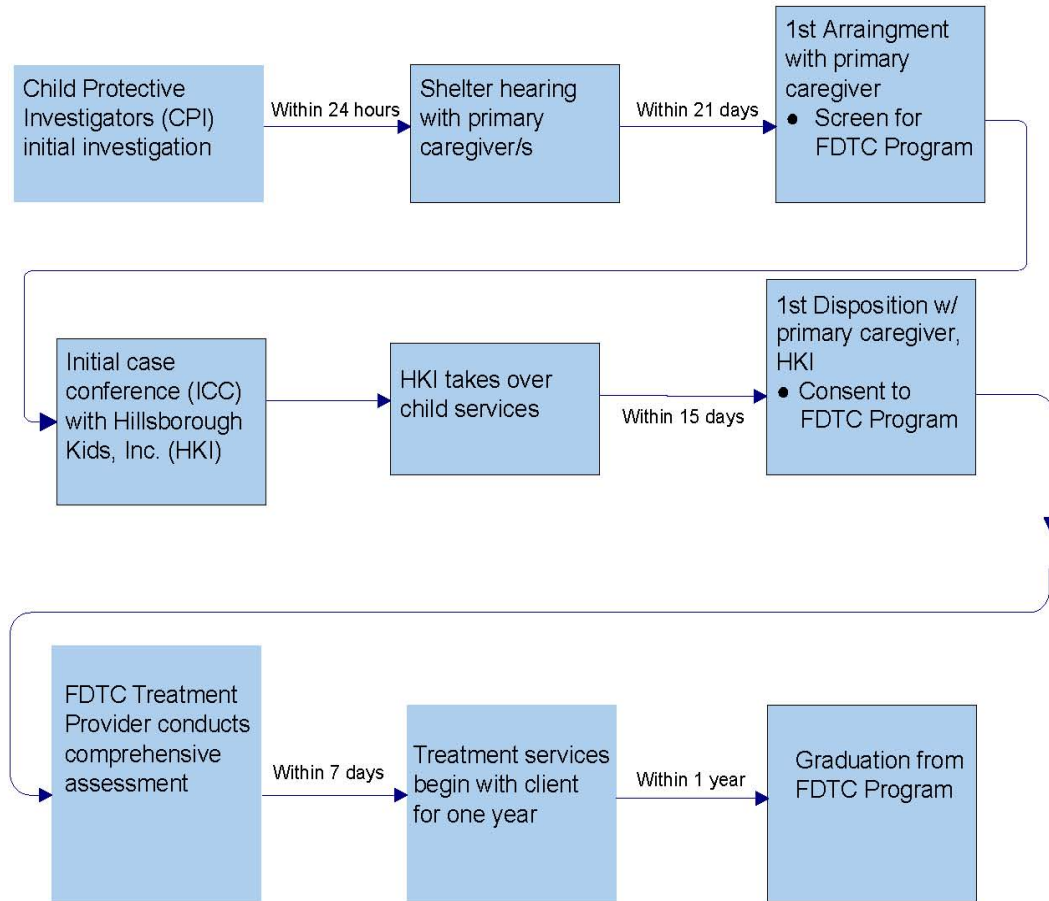


Figure Three. Collaboration Between Agencies

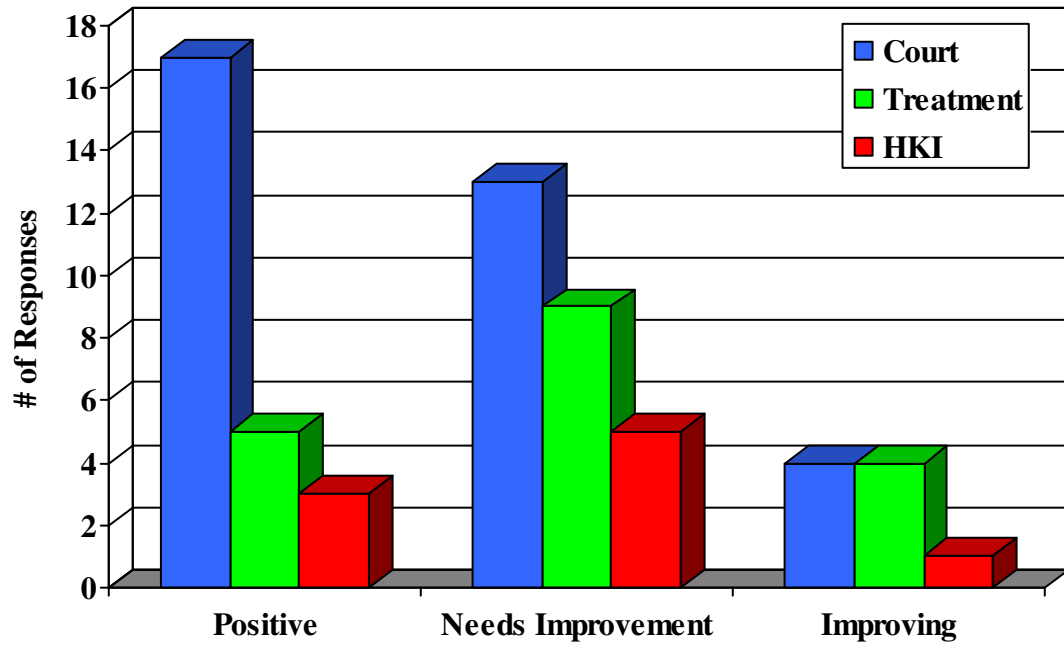


Figure Four. Program Strengths

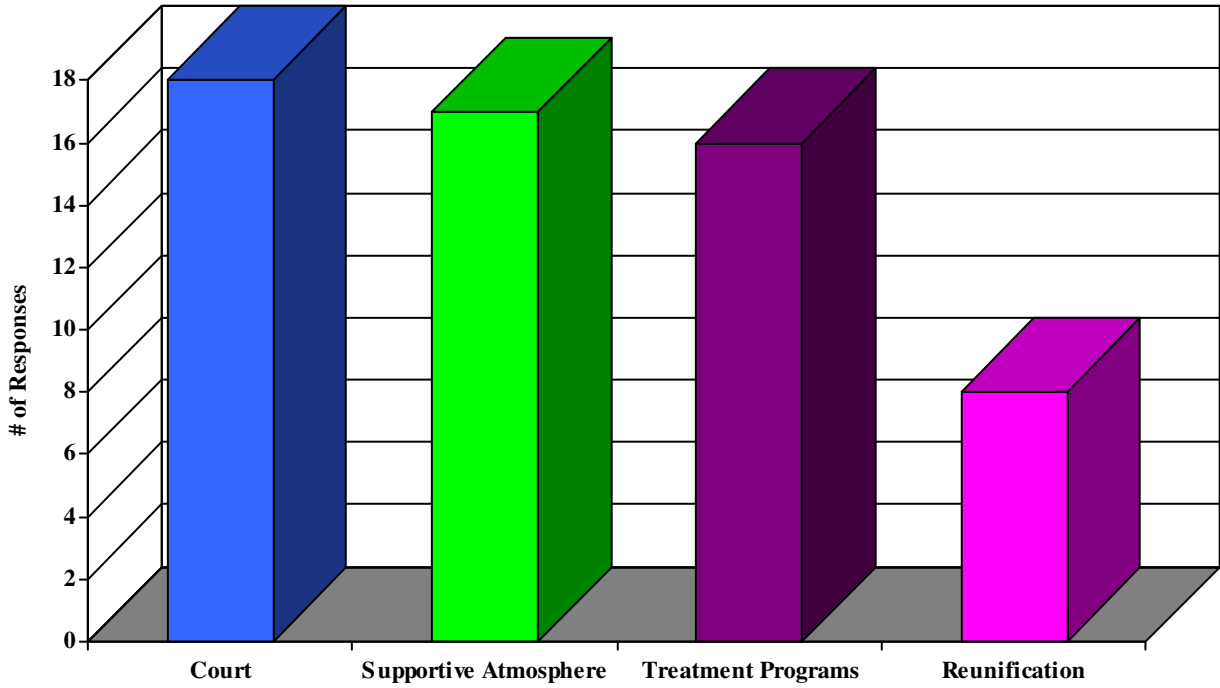


Figure Five. Program Barriers

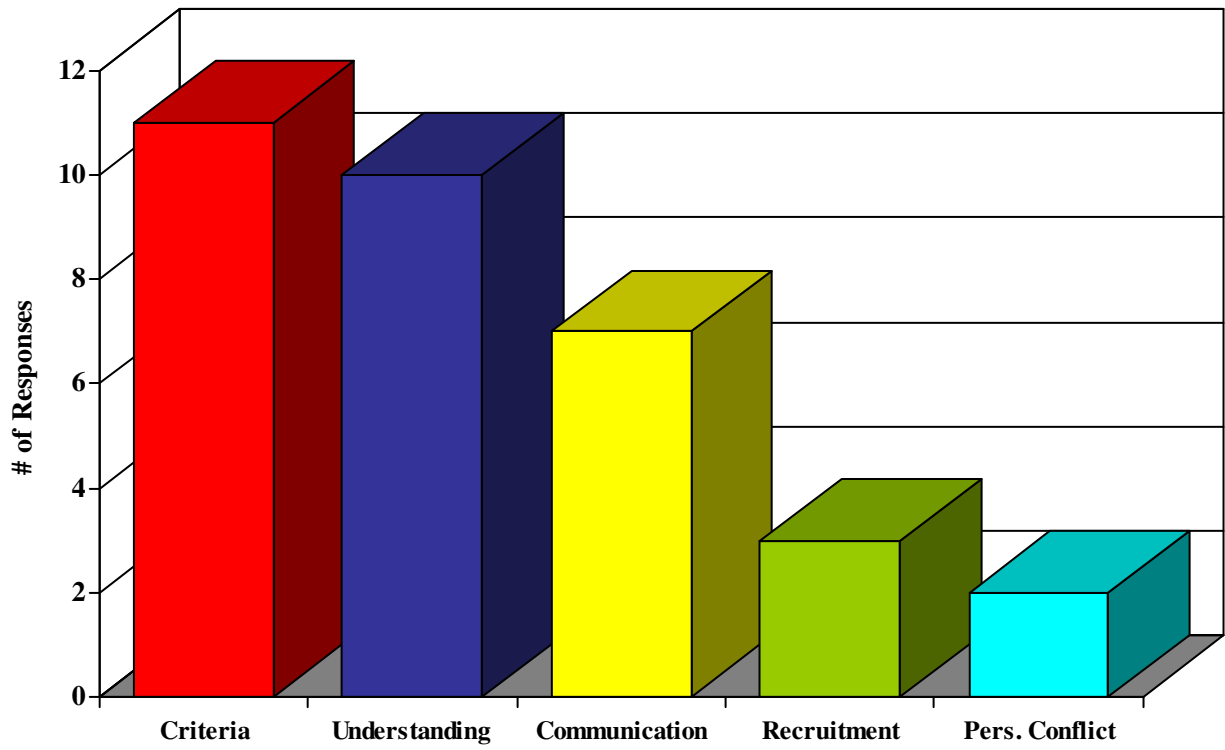


Figure Six. Client Identified Program Strengths

