

Pima County Family Drug Court Strategies and Trends 2001 - 2012

The logo for LeCroy & Milligan Associates, Inc. features a yellow square tilted to the right. Inside the square is a dark green rectangle containing a white stylized column with a capital and a yellow five-pointed star above it.

LeCroy & Milligan
ASSOCIATES, INC.

Prepared by:

LeCroy & Milligan Associates, Inc.
2020 North Forbes Blvd., Suite 104
Tucson, Arizona 85745
(520) 326-5154
FAX (520) 326-5155
www.lecroymilligan.com

Prepared for:

Pima County Family Drug Court
2225 E. Ajo Way
Tucson, AZ 85713

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The LeCroy & Milligan Associates, Inc. evaluation team are Kim D'zatko, ABD, Darlene Lopez, Ph.Dc., Olga Valenzuela, BA, and Courtney Waters, MS.

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Introduction

Pima County Family Drug Court (FDC) is a comprehensive family support program dedicated to serving children and their families separated as a result of parents' substance abuse.

Pima County Family Drug Court	
Vision	Mission
<i>All children will be raised in a nurturing and healthy environment with parents who are drug free.</i>	<i>To break the cycle of child abuse and neglect due to parental substance abuse.</i>

Pima County Family Drug Court has set these primary goals:

- Engage clients in appropriate treatment quickly;
- Assist clients in removing barriers to treatment;
- Respond to relapse in an immediate and therapeutic manner;
- Increase reunification rates and achieve permanency within statutory timelines; and
- Collaborate with the community to increase the effectiveness of services to families struggling with substance abuse issues.

Pima County FDC has been operating for twelve years, having graduated its first FDC client in August 2001. Since the program's inception, leadership and staff have been working to enhance the functional status and reunification success of families involved in the child welfare system and affected by substance use disorders.

Family treatment drug courts are substantially more complex than adult drug courts. Adult drug courts operate within the criminal adjudication arena; unsuccessful clients face the probability of criminal charges. Family treatment drug courts, however, operate within the civil arena of child protection. The objective is to ensure the wellbeing of the child, and as such necessitates that the issues of the parent be considered with the aim of increasing the parent's



ability to protect and care for their children. Rarely do substance abuse disorders occur in isolation, and the families served through Pima County FDC often have multiple related issues that require specialized treatment and case management services, as well as wraparound services such as mental health counseling, housing assistance, family support, and parent education. Success of this program requires well-qualified staff members who can identify parent treatment needs, provide treatment based on the best evidence available, connect clients to other critical supports and services, and motivate parents' commitment to sustained recovery. Success also depends on community partnerships that provide the range of supports these parents need in order to address their recovery and reunification goals.

Beginning with their first Substance Abuse and Mental Health Services Administration (SAMHSA) award in 1999, Pima County Family Drug Court (FDC), has been sustained through a variety of external funding sources. As required by the external funders, FDC and their contracted independent evaluators have collected data and reported on multiple performance indicators of adult client treatment success, parent and child reunification, and dependency reactivation for inclusion in the federal-level evaluations of family treatment drug court efficacy. In September 2011, LeCroy & Milligan Associates began performing the Pima FDC evaluation activities required for the federal evaluation of the SAMHSA Children Affected by Methamphetamine (CAM) grantee family treatment drug court programs. Evaluation activities include monitoring the data requirements of the funder and ensuring Pima FDC is in compliance with those requirements; data collection oversight; processing, cleaning, and uploading the required data to the grant administrator's online content management system; and reporting to the grant administrator, Children and Family Futures.

While these federal evaluations are invaluable in their role of contributing to the evidence regarding the effectiveness of family treatment drug courts overall, they are often less useful to individual family treatment drug courts interested in making program improvements, bringing new partners to the table, re-engaging previous stakeholders, or learning about their clients' interim progress. Therefore, it is desirable, when possible, to expand evaluation activities beyond the requirements of the federal funders to focus on one or two areas of inquiry that are of particular interest and especially



meaningful to key program staff and stakeholders. The focus of supplemental “local” evaluations vary by a program’s stage of development; evaluation approaches need to match the program’s stage of development and reflect its needs.

This historic review of the Pima County Family Drug Court describes the innovative strategies that have evolved over the past twelve years of implementation and trends in Pima FDC graduation, reunification, retention (voluntary and involuntary discharges), and dependency petition reactivation. This report is descriptive in nature and is intended as a tool to frame discussions regarding the development of strategies to increase the scale of Pima County FDC and engage key stakeholders in sustainability planning.

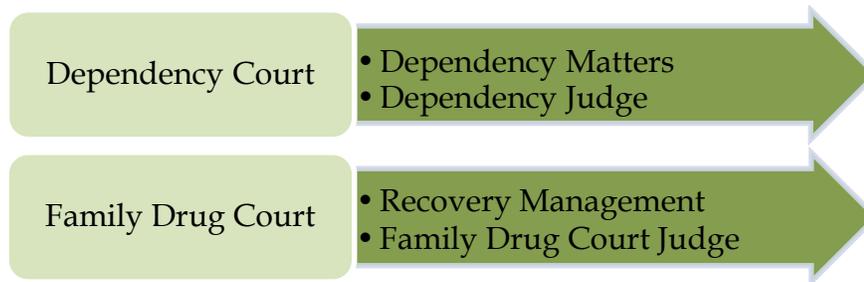
Framing the Evolution of Pima County Family Drug Court

The surge in implementation of family treatment drug courts in the US began in the late 1990’s, largely in response to the Adoption and Safe Families Act (ASFA) of 1997. This legislation mandated child placement permanency hearings be held within 12 months from the time a child entered foster care. This policy change challenged the court to find new ways of processing and dealing with substance-abusing parents. Reduced from 18 months, this timeframe did not adequately allow for parents with substance abuse disorders to obtain and complete substance abuse treatment services, a salient issue because parents who complete substance abuse treatment are significantly more likely to be reunified with their children, and their children spend considerably fewer days in out-of-home foster care (Green et al., 2007).

Family treatment drug courts focus on the underlying problem of substance abuse that precipitates parents’ involvement in child abuse and neglect (Winick & Wexler, 2003). As of June 2012, there were over 350 family treatment drug courts operating in the US (2012, Marlowe & Shannon). Implementation models vary widely due to differences in resource availability as well as community infrastructure such as local partnerships and legal jurisdiction. Detailed coverage of the various models implemented can be found at the National Association for Drug Court Professionals website, <http://www.nadcp.org/learn/about-nadcp/national-drug-court-institute>.



Pima County FDC implements a parallel model, where the dependency matters are separate from the substance abuse recovery management, where two judges, a dependency judge and a FDC judge, attend to each in parallel separate courts.



The parallel model is not without challenges. The time demands on family case specialists can be particularly challenging. FDC family case specialists are involved in two separate sets of court proceedings, frequently finding it necessary to participate in the dependency court hearings as well as FDC sessions. An additional challenge arises when a parent is not in compliance with the mandates of the FDC. Judges may find it difficult to make appropriate sanctioning decisions without adequate information regarding the children and the parent's standing in the dependency case. A parallel model necessitates the timely and complete sharing of information between the two courts placing additional demands on the case workers. Perhaps the most salient challenge of the parallel model is that of sustainability. As resources become more limited, the parallel FDC may be especially vulnerable to loss of funding because it is not integrated into the larger dependency system.

Nevertheless, the parallel model offers a variety of benefits. At the systems level, the parallel FDC model allows for greater numbers of clients to be served, a critical factor in the Pima FDC, where dependency cases arising out of parental substance abuse have been rising steadily. At the case level, the parallel FDC model has a number of strengths. First, a separate family drug court affords the case worker the opportunity to focus on the parent's recovery and ensure access to treatment by convening the treatment providers. Additionally, the model provides a mechanism for tracking the parent's progression through the treatment plan. This model also allows for an open court process, where all parents in the program can participate



together, since children's matters are not discussed in the sessions. Parents hear from other parents, and benefit from a deeper understanding of the challenges and successes experienced by their peers in recovery.

Innovative Strategies

Since its inception, Pima County FDC has been implementing innovative strategies aimed at improving recovery and reunification for FDC parents and families. The sections that follow describe the intervention strategies and summarize trends in enrollment, graduation, and reunification of clients who enrolled during the periods in which those strategies were being implemented.

March 2001 – September 2003

Pima County Family Drug Court initially implemented a two-tiered model, where substance-abusing parents on dependency petitions would initially be enrolled in the Court Assisted Treatment Services (CATS) program. All CATS clients were assigned a Case Specialist who attempted to provide intensive case management. However, CATS clients varied greatly with respect to their level of engagement in their case management, which meant that only some clients benefitted from this service. The voluntary nature of the services meant that Case Specialists had little with which to leverage higher levels of engagement from clients who were lacking the necessary motivation. Clients could self-select into Family Drug Court for a higher level of services, which also included intensive case management provided by FDC Case Specialists for each of the FDC clients. The Case Specialists participated in pre-hearing conferences and preliminary protective hearings, conferred with contract attorneys, and initiated client assessment for recommended level of treatment and services. FDC contracted with CODAC Behavioral Health Services which opened Las Hermanas, a residential treatment facility for pregnant and post-partum women and their children, to serve eligible Pima FDC clients. Clients received individualized assessment and treatment plans, comprehensive substance abuse treatment, parent education, and a supportive residential community from Las Hermanas. Nine of the 11 residential treatment slots at Las Hermanas were funded through the initial Pima County FDC SAMHSA grant. Pima County FDC also contracted with TASC to provide Intensive Outpatient Services (IOS). IOS provided clients with comprehensive



assessments and treatment plans. Clients attended frequent and intense (six to nine hours per week) treatment sessions.

Studies show that individuals entering supported housing after substance use disorders treatment have significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates than those who do not (Jason, Olson, Ferrari, & Lo Sasso, 2006; Polcin, 2008). Recognizing the need for supportive housing for their clients, FDC contracted with New Beginnings in 2001 to provide transitional housing as clients worked towards permanency and self-sufficiency.

FDC enrollment and program trends are summarized in Exhibit 1. The number of graduates, parent-child reunifications, voluntary terminations, involuntary terminations, and cases reactivated, each refer to the number from that year's enrollment. For example, in 2001, there were nine clients enrolled in Pima county FDC. *Of those nine*, one graduated, one was reunited with their child, zero clients dropped out (voluntary termination), eight clients were involuntarily discharged from FDC (involuntary termination), and zero dependency petitions were reactivated. In 2002, 23 clients enrolled in FDC and of those 23, seven graduated, eleven reunited with their children, one voluntarily dropped out of the program, 15 were involuntarily discharged, and five dependency petitions were reactivated.

Exhibit 1. Family Drug Court Enrollment and Program Trends

Year Joined FDC	# of Clients Joined	# Graduated (%)	# of Parents Reunified with Children (%)	# of Children Reunited with Parent	# voluntary discharged (%)	# of Clients involuntarily discharged (%)	# of Dependency Cases Reactivated
2001	9	1 (11%)	1 (11%)	1	0	8 (89%)	0
2002	23	7 (30%)	11 (48%)	19	1 (4%)	15 (65%)	5 (22%)
2003	19	8 (42%)	8 (42%)	16	0	11 (58%)	3 (16%)
2004	34	14 (41%)	17 (50%)	34	0	20 (59%)	4 (12%)
2005	54	20 (37%)	25 (46%)	51	4 (7%)	30 (56%)	8(15%)
2006	38	16 (42%)	18 (47%)	37	5 (13%)	17 (45%)	5 (13%)
2007	47	29 (62%)	34 (72%)	76	4 (9%)	14 (30%)	3 (6%)
2008	79	38 (48%)	46 (58%)	79	12 (15%)	29 (37%)	9 (11%)
2009	100	50 (50%)	68 (68%)	120	12 (12%)	38 (38%)	5 (5%)

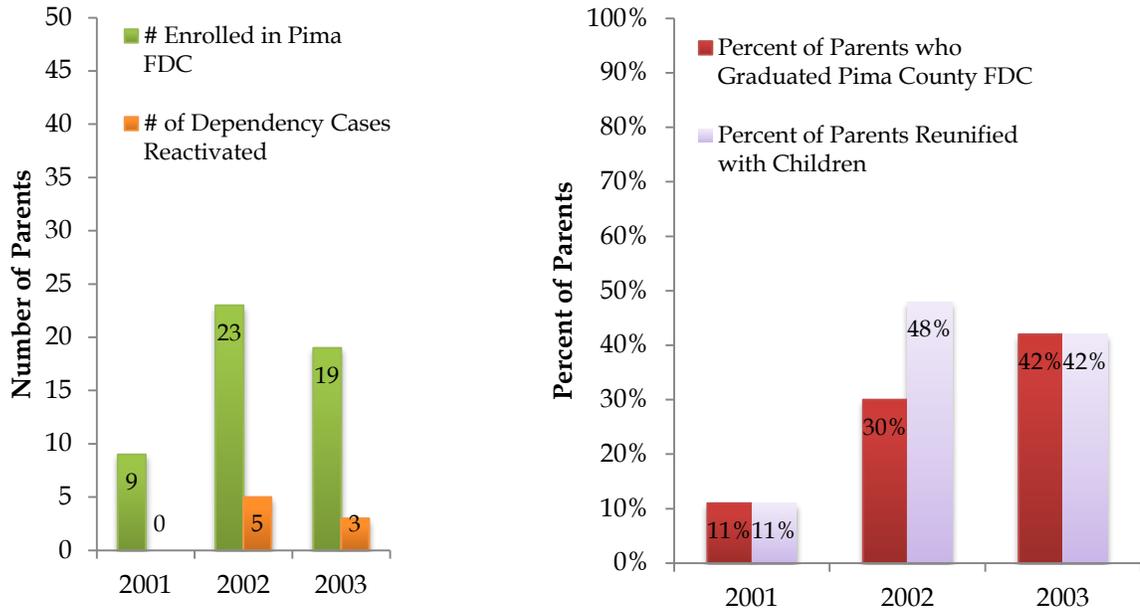


Year Joined FDC	# of Clients Joined	# Graduated (%)	# of Parents Reunified with Children (%)	# of Children Reunited with Parent	# voluntary discharged (%)	# of Clients involuntarily discharged (%)	# of Dependency Cases Reactivated
2010	90	33 (37%)	48 (53%)	95	15 (17%)	42 (47%)	0
2011	90	47 (52%)	74 (82%)	129	19 (21%)	24 (27%)	0
2012 (Through 9/30/2012)	76	--	--	--	--	--	--

Initial low enrollment in FDC has been attributed to multiple factors, most of which are associated with the newness of the program. Pima County FDC was the first of its kind in Arizona, and was at the forefront of family treatment drug programs nationwide. Three primary influences have been articulated by veteran FDC staff as: (1) While substance-abusing parents with dependency petitions were automatically enrolled in CATS, enrollment in FDC was voluntary, (2) Attorneys and judges were not yet promoting FDC due to lack of education/understanding of this new program and perhaps some hesitancy to subject parents to a possible jail sentence, (3) Parents' attorneys were (correctly) concerned that additional information obtained by FDC staff could work against the parents' legal case, and (4) Clients could receive all contract services, including residential treatment, even if they were only enrolled in CATS. In spite of these challenges, enrollment in FDC did begin to grow in 2002. While enrollment numbers did drop somewhat from 2002 to 2003, enrollment in 2003 was still more than twice 2001 enrollment. The proportion of parents reuniting with their children experienced a similar spike in 2002 and a slight drop in 2003, however the proportion was nearly four-fold that of 2001. The percentage of parents graduating from FDC increased steadily over these three years, where, again, the percentage was nearly four times that of 2001 (Exhibit 2). Overall, Pima FDC graduation is on par with family treatment drug courts nationwide, where average completion rates range from 25% - 48% (Marlowe, D. B. & Carey, S. M., 2012).



Exhibit 2. 2001 – 2003 Enrollment, Reactivation, Graduation, Reunification



October 2002 – September 2005

In 2002, contracts with CODAC Las Hermanas and TASC Intensive Outpatient ended, as did the New Beginnings Transitional Housing Contract.

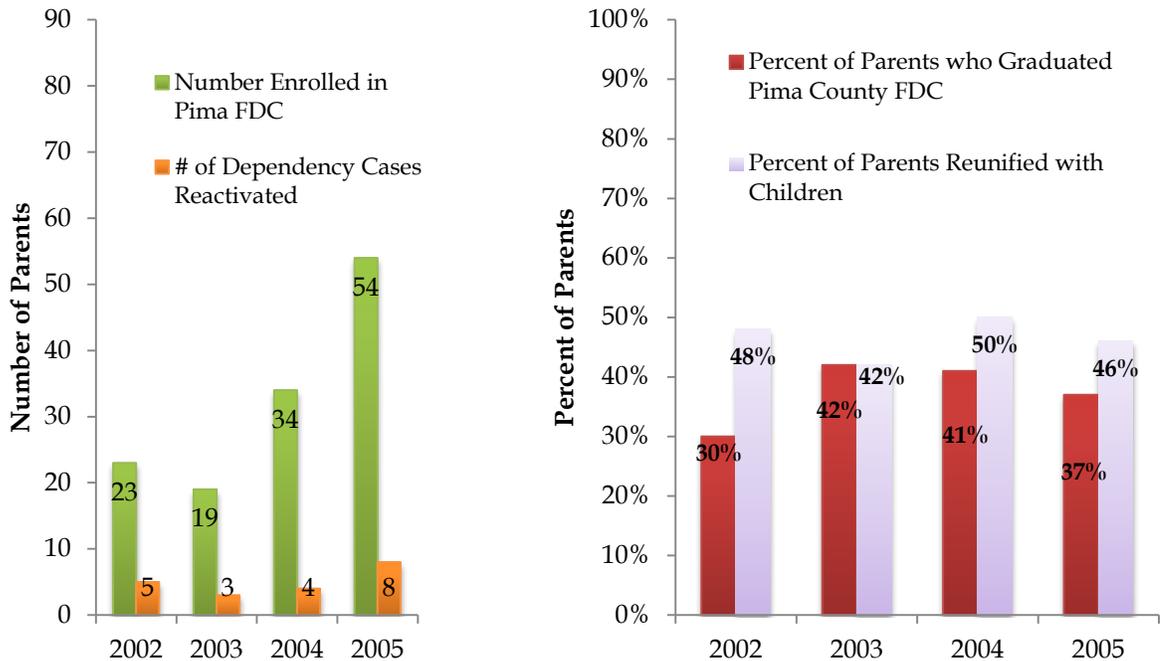
In 2003, informed by the recommendations from Dr. José Ashford’s evaluation of FDC’s first three years, the stakeholders made the decision to restructure the program. Two-tiered services were eliminated; all cases were to be FDC cases, with CATS Specialists. Enrollment in FDC was opened to all eligible CPS-involved substance-using parents within Pima County, whereas prior to this time, FDC had been offered only to parents from a subset of communities within the county. Carryover funds from the second (2001) SAMHSA grant were allocated to expand services, and tracking and monitoring capacity was improved through the development of an enhanced database.

Pima FDC was also successful in engaging new community partners and a number of innovative strategies were implemented. Providence Specialized Parenting, AVIVA visitation, Compass Detox, regular urinalyses, PHASE Vocational Assessment and Training, and Old Pueblo Stabilization Housing were all implemented from October 2002 through September 2005.



Enrollment, graduation, reunification, voluntary termination, involuntary termination, and reactivation for this period are presented above in Exhibit 1. FDC enrollment in 2005 was more than double that of 2002, as was the number of graduates, and the number of parents reunified with their children. The percentage of clients who graduated from FDC, having risen over 10% from 2002 to 2003, and again from 2003 to 2004, decreased 5% from the 2003 high of 42% to 37% in 2005. The percentage of reactivated cases decreased somewhat during this period. The percentage of clients terminated from FDC decreased slightly, and the percentage of clients who voluntarily dropped from the program remained well below 10% (See below).

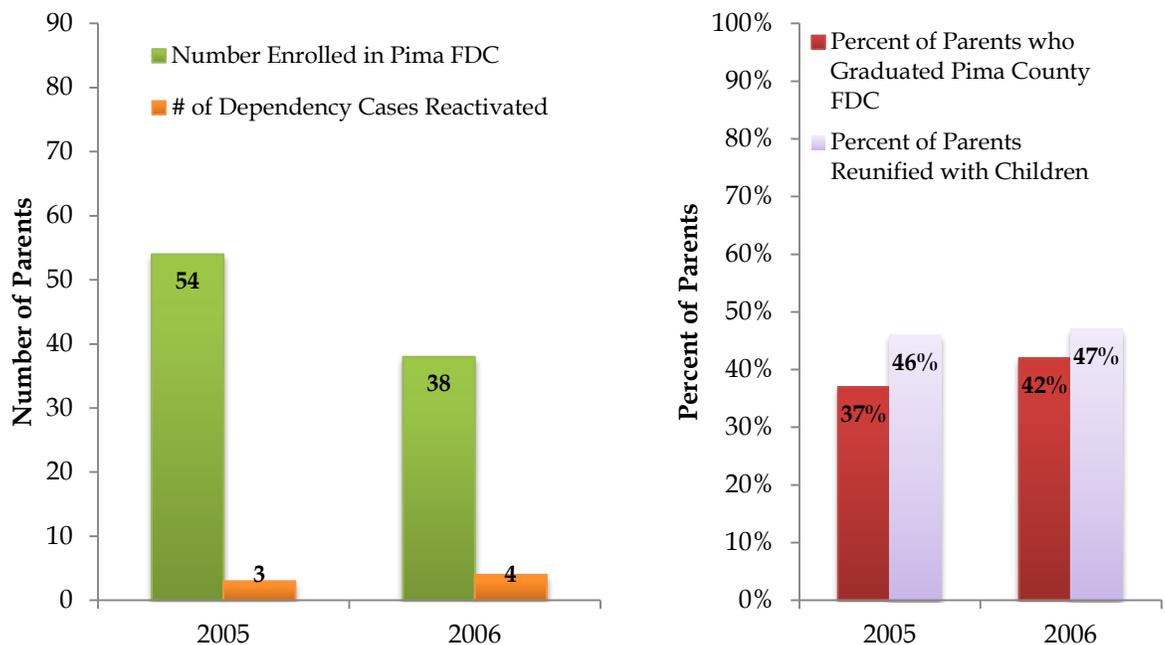
Exhibit 3. 2002 - 2005 Enrollment, Reactivation, Graduation, Reunification



October 2005 – October 2006

At the end of September 2005, the majority of contracts initiated in 2002 came to an end, the lone exception being Old Pueblo Stabilization Housing. From October 2005 through October 2006, enrollment numbers decreased by 30%, while the percentage of clients who graduated increased 5%. The number of clients who voluntarily withdrew from FDC increased from four to five. (See Exhibit 4 below).

Exhibit 4. 2005 – 2006 Enrollment, Reactivation, Graduation, Reunification



October 2006 – October 2010

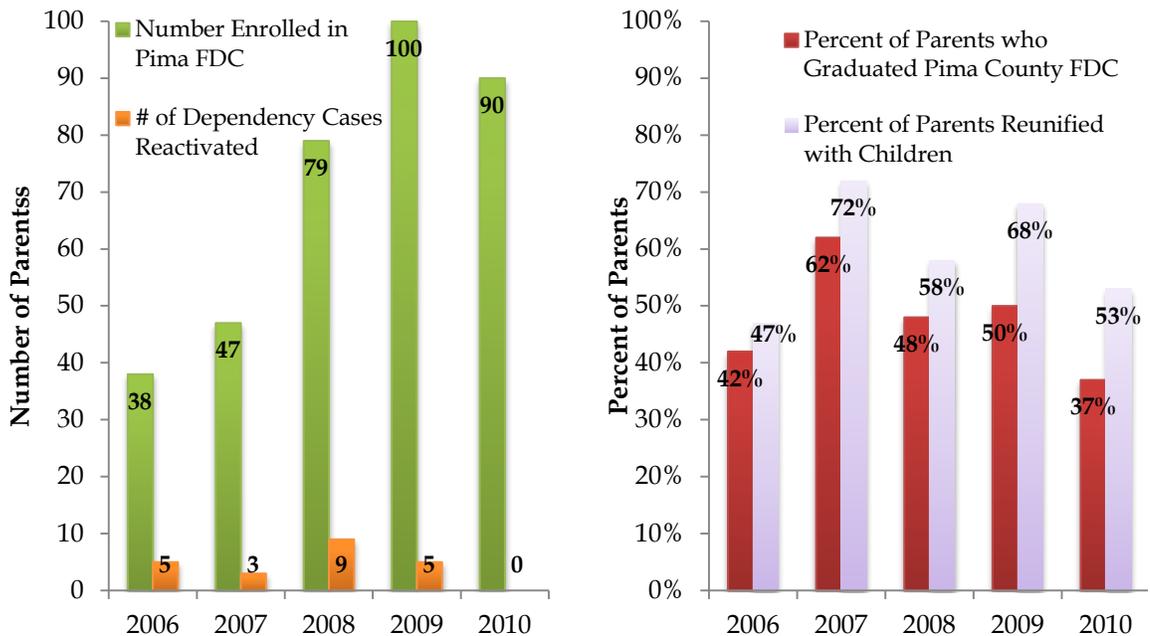
Trauma therapy is an intervention aimed specifically at recognizing and acknowledging the effects of trauma in individual clients and supporting the client's healing. Trauma treatment models approach healing and recovery with the recognition that individuals seeking behavioral health services often have histories of physical and sexual abuse and other types of trauma. These experiences often precipitate mental health and co-occurring disorders, including substance abuse. In October 2006, Pima County FDC contracted with Las Familias to provide trauma therapy to their clients. During the



period from October 2006 through October 2010, Las Familias Trauma Therapy and Old Pueblo stabilization housing were the two contracted services offered to Pima County FDC clients. While Las Familias Trauma Therapy has been a critical recovery support component of Pima County FDC, it is a grant-funded strategy and will no longer be available to FDC parents once this grant ends unless funding can be secured.

2007 graduation increased nearly 20% from the percentage of 2006 clients who graduated and the percentage of parents who were reunified with their children rose by 25% (Exhibit 5). While 2010 enrollment was still high at 90 joiners, the overall success rate across each of the indicators for the cohort of clients who joined FDC during 2010 dropped precipitously. Graduation was back down to below 40%, reunification down to just above 50% of parents, the percentage of clients who dropped out of FDC had risen to 17%, and the percentage of clients involuntarily terminated from FDC had risen up to 47% (Exhibit 5). Tragedy struck for the 2010 cohort as there were three deaths among the 90 clients, the highest number of deaths since Pima County FDC was established.

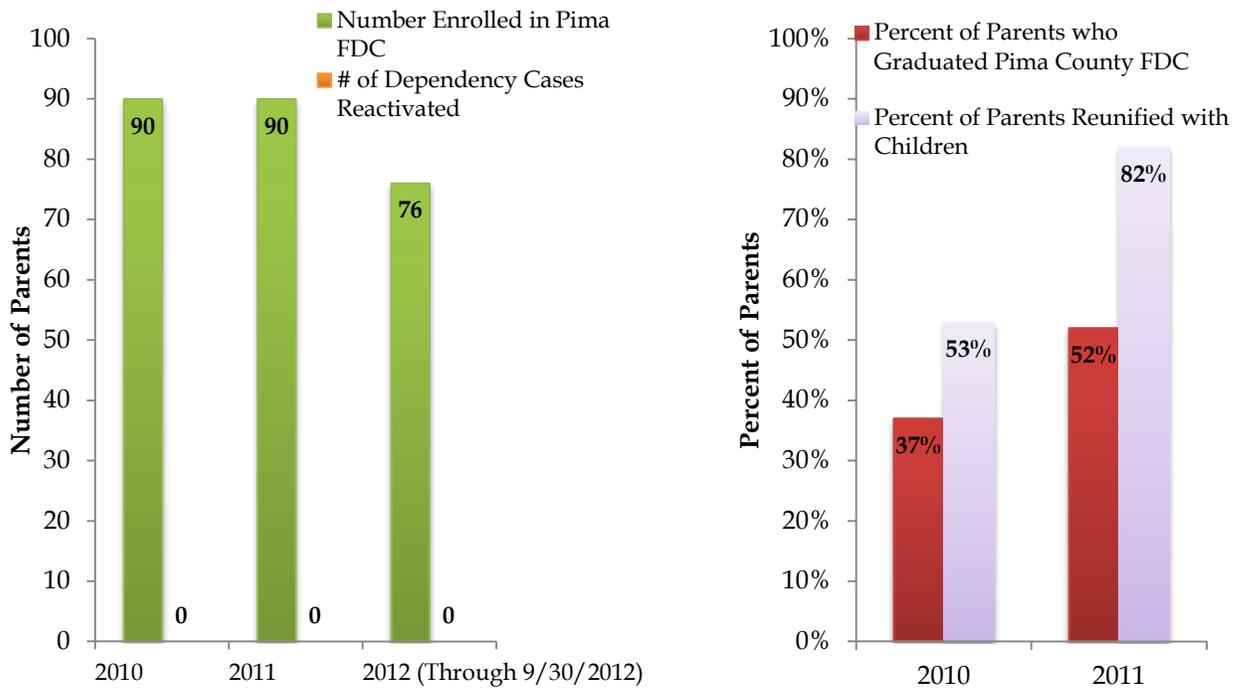
Exhibit 5. 2006 - 2010 Enrollment, Reactivation, Graduation, Reunification



August 2010 – September 2012

For this report, data were available through September 2012. Graduation and reunification data were not available for clients enrolled during 2012 because clients would not have progressed to graduation in nine months. Therefore, for 2012, only enrollment numbers are presented (Exhibit 1). In 2011 graduation rates increased substantially over 2010, reunifications are on track to do the same, and the percent of parents terminated from FDC decreased by 20% (Exhibit 6).

Exhibit 6. 2010 – 2012 Enrollment, Reactivation, Graduation, Reunification



In 2010, Pima County FDC was awarded a SAMHSA grant to help existing family treatment drug courts expand and enhance services, with a primary focus toward providing services directly to the children and to provide supportive services for parents, caregivers, and families. Pima County FDC implemented two strategies through this award, both evidence-based practices. Preliminary indications are that these two strategies are having a positive effect on graduation rates and family reunification rates.

Recovery Support Specialists (RSS) fulfill a unique role in the support and recovery from substance abuse disorders. The RSS is a person in recovery from a substance abuse disorder, a peer, who has been trained to work with other FDC clients on their individual road to recovery. Their role incorporates the RSS's recovery experience as a means of inspiring hope in the clients with whom they work, as well as providing a positive role model. The RSS works in collaboration with the clients FDC serves and the FDC staff in the best interests of the client's recovery process. Recovery Support Specialists offer the advantage of lived experience from substance abuse. In 2010, when the first Pima County Recovery Support Specialist began her work with clients, peer recovery support was an emerging best practice in substance abuse treatment. Pima County FDC was able to hire two additional RSSs.

Essential Functions of the Pima County Family Drug Court Recovery Support Specialists

- Attend Dependency court hearings to conduct outreach with potential Family Drug Court clients.
- Participates in FDC intakes with the assigned Family Case Specialist;
- Ensures that clients complete their substance abuse and mental health assessments, psychological and psychiatric evaluations as needed and ensures they attend all medical monitoring appointments and share necessary information with the providers.
- Provides information and referral to community-based support groups and wrap-around services.
- Provides one-on-one peer support to clients during frequent face-to-face and telephone contacts.
- Transports clients as needed to Family Drug Court and other court hearings, treatment intakes and wrap-around services appointments.



Celebrating Families! is an evidence-based cognitive behavioral, support group curriculum model for families in which one or both parents have a serious problem with alcohol or other drugs and in which there is a high risk for domestic violence, child abuse, or neglect. *Celebrating Families!* works with every member of the family, from ages 3 through adult, to strengthen recovery, break the cycle of addiction, and increase successful family reunification. *Celebrating Families!* fosters the development of safe, healthy, fulfilled, and addiction-free individuals and families by increasing resiliency factors and decreasing risk factors while incorporating addiction recovery concepts with healthy family living skills. Through the support of the Arizona Governor's Office Parents Commission on Drug Education and Prevention, Pima FDC began offering *Celebrating Families!* to FDC families in October 2010. The curriculum consists of 16 sessions and a typical cohort will have between six and 12 families. FDC families attend once per week. Each session begins with a family meal. Afterwards family members break into age groups for developmentally appropriate activities led by the group facilitators. At the end of each session, all family members re-connect in activities to learn how to apply new skills and practice interacting in healthy ways. Initially, *Celebrating Families!* was offered to FDC parents early in their recovery and progress through FDC. Timing was later reconsidered and FDC staff decided that because parents were heavily focused on their recovery during the early phases of the FDC program, families would be better served by participating in *Celebrating Families!* only after they had progressed adequately through their treatment.

Celebrating Families! has been extensively evaluated under experimental conditions, and has demonstrated a positive impact on family-level outcomes such as family cohesion, communication, family strengths and resilience, organization, and reduced family conflict (for example, see Sparks, Tisch, Gardner & Sparks, 2011; Lum, 2008; Quittan, 2004). The curriculum has likewise been shown to positively impact parenting outcomes such as parent involvement, supervision, efficacy, and positive parenting style. In keeping with their vision and their mission, Pima County FDC developed this strategy for integration of children's services, which is essential to the work for the families involved in dependency cases with substance-abusing parents. Participation in *Celebrating Families!*. Program data for *Celebrating Families!* FDC clients are summarized in Exhibit 7.



Exhibit 7. Celebrating Families! Enrollment and Completion

Start Date	# Families Enrolled	# Families Completed	# Parents Enrolled	# Parents Completed	# Kids Enrolled	# Kids Completed	# Families Reunified	# Graduated
6/16/10	12	9	15	11	25	18	8 (67%)	7 (47%)
10/13/10	8	5	11	7	9	6	4 (50%)	7 (64%)
3/9/11	12	9	16	12	23	15	7 (58%)	8 (67%)
7/20/11	10	6	10	6	14	9	7 (70%)	7 (70%)
11/30/11	7	7	8	8	13	13	4 (57%) 1 pending (14%)	4 (57%)
1/23/12	8	4	13	6	16	9	6 (75%)	6 (75%)
5/21/12	5	3	5	3	17	13	1 (20%) 3 pending (60%)	1(20%) 2 current (40%)
8/8/12	8	5	9	6	14	11	1 (13%) 7 pending (88%)	3 (38%) 5 current (63%)
Totals	70	48	87	59	131	94	38 (54%) 11 pending (16%)	43 (8 current)



Pima FDC Outcome Trends

The previous sections of this report described the innovative strategies implemented by Pima County FDC and the outcomes achieved for families enrolled during those periods when the strategies were implemented. This section presents graphic displays of the outcome trends as they occurred across time. Exhibit 8 shows Pima County FDC enrollment data points and a steep upward trend through 2011. Dips in enrollment occur during periods of decreased funding.

Exhibit 8. Pima County Family Drug Court Enrollment and Innovative Strategies Timeline

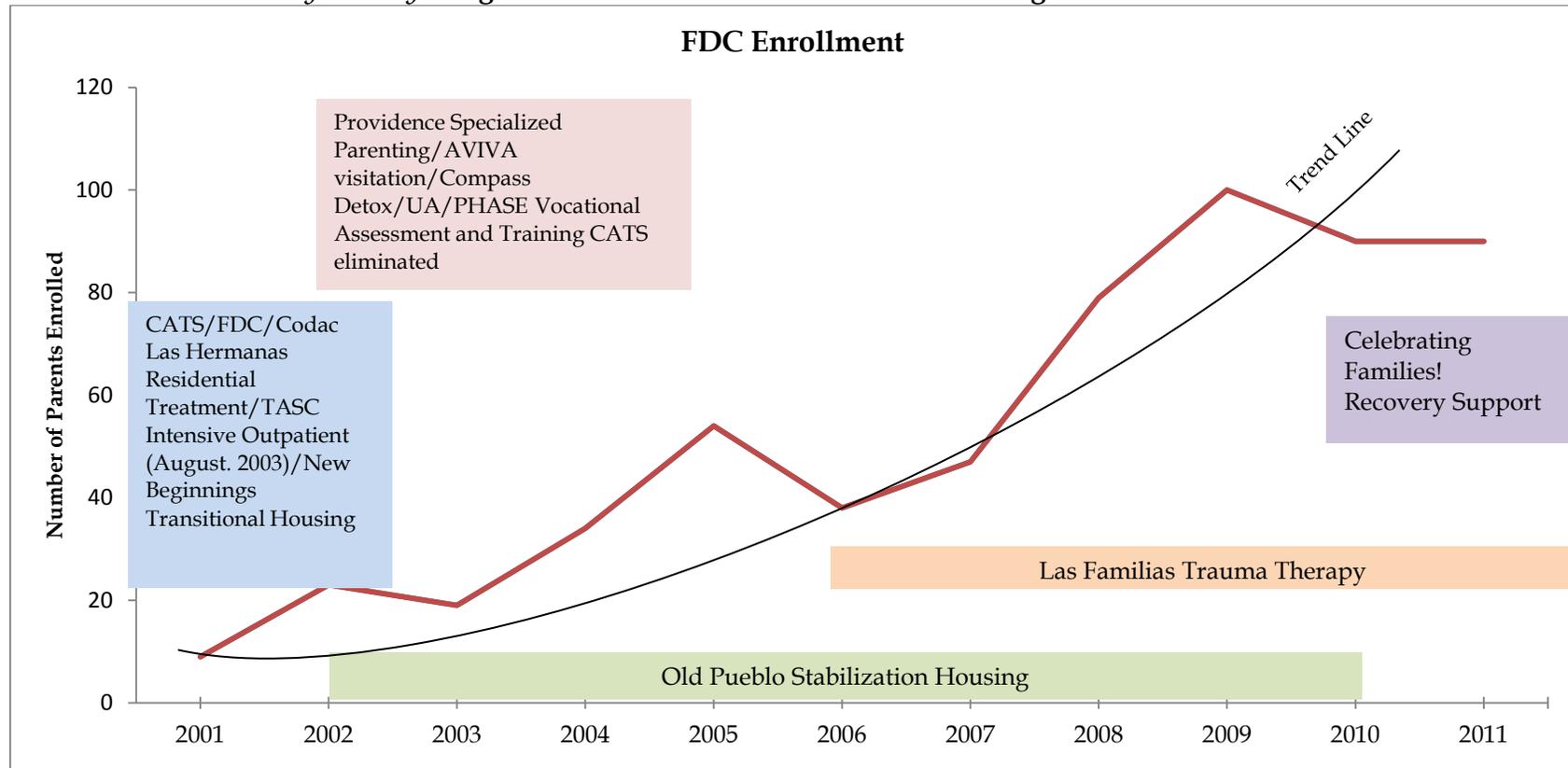


Exhibit 9 shows FDC a gradual upward graduation trend for clients enrolled through 2011. A spike in graduation for clients enrolled during 2007 is followed by steadily decreasing graduation for the next three years. Graduation begins to rise again for the cohort of FDC clients enrolled during 2011.

Exhibit 9. Pima County FDC Graduation and Innovative Strategies Timeline

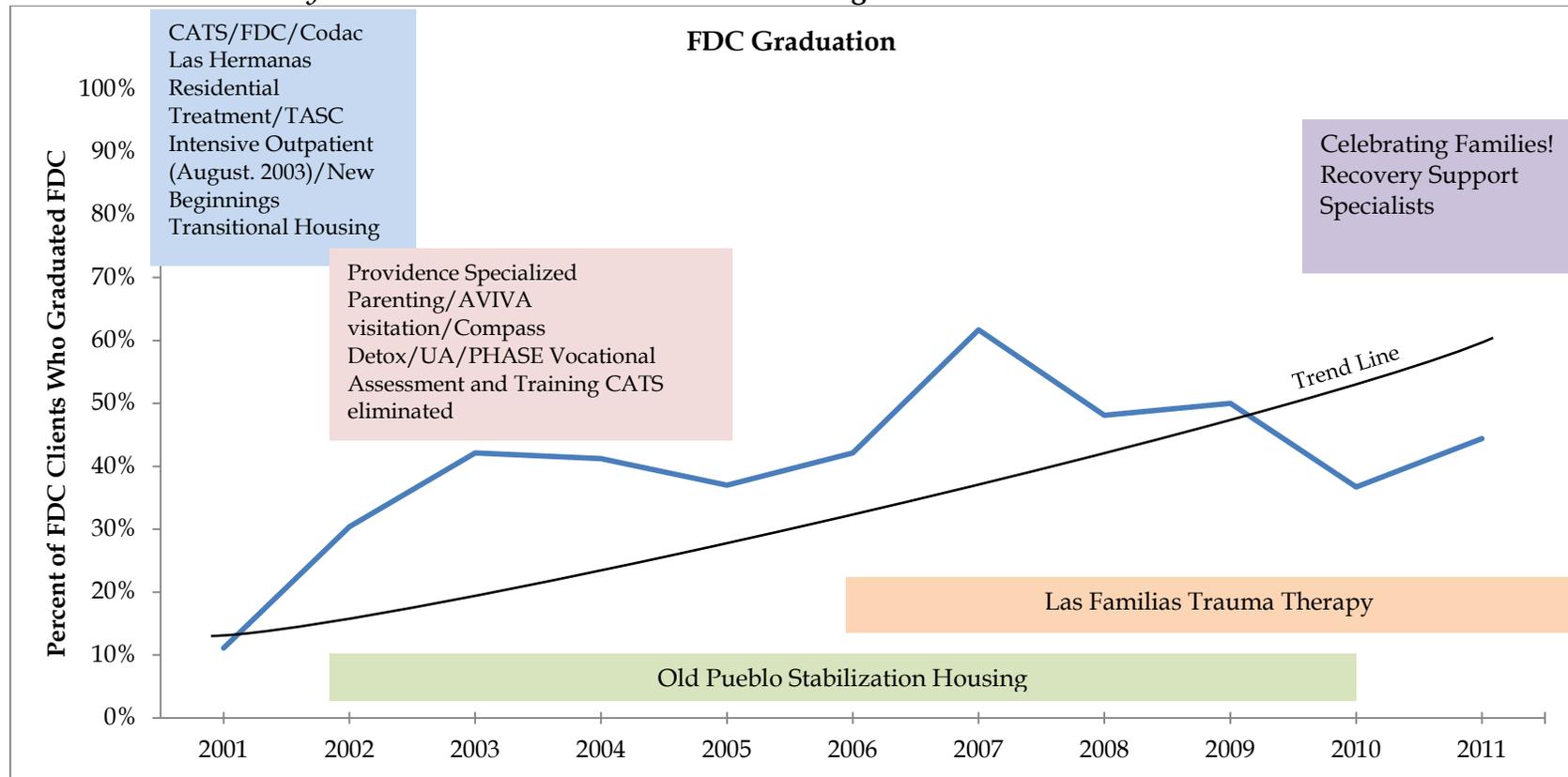
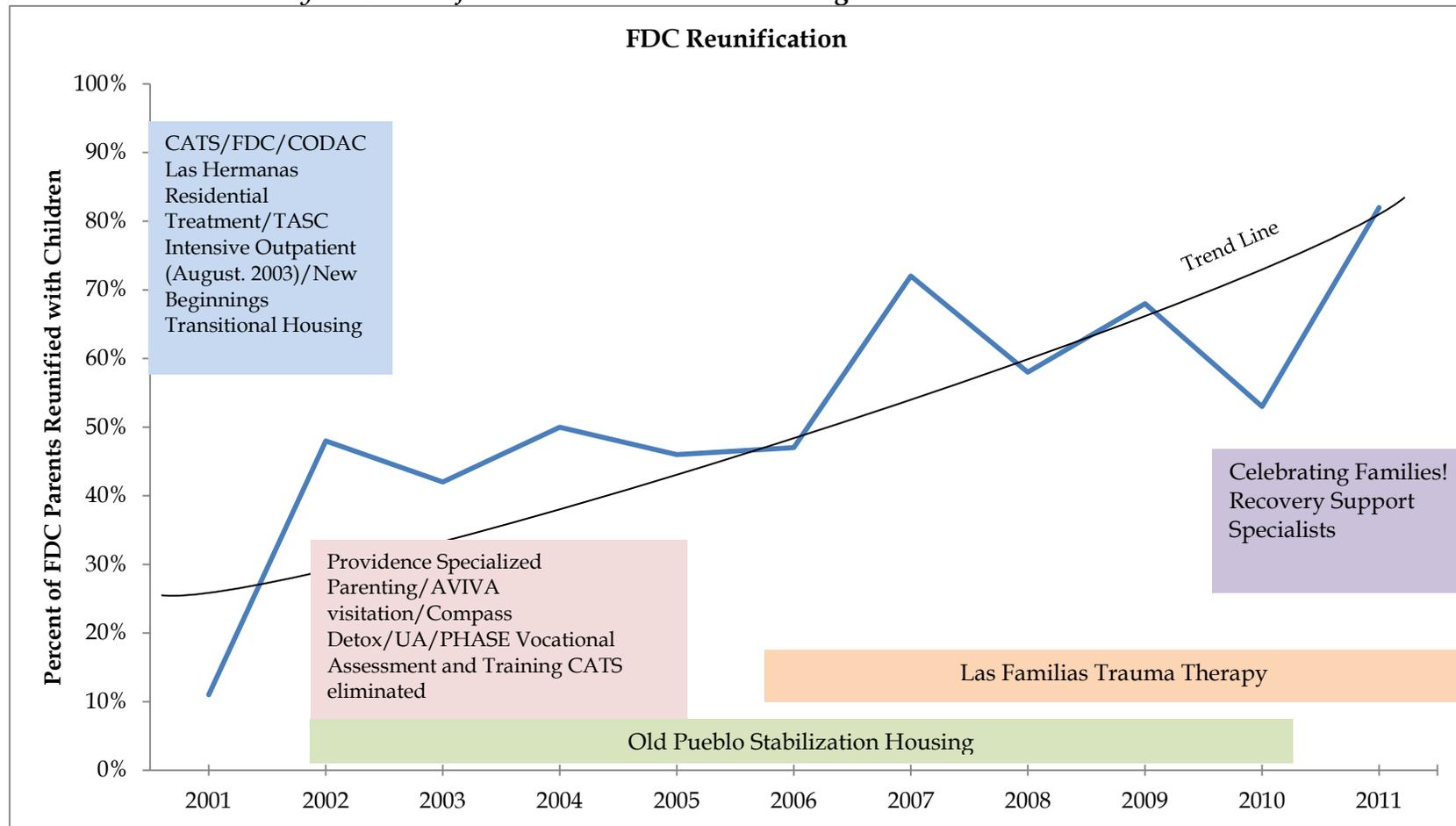


Exhibit 10 shows the upward trend in reunification was steeper than graduation for clients enrolled in FDC from 2001 through 2011.

Exhibit 10. Pima County FDC Reunification and Innovative Strategies Timeline



Discussion

This report focuses on the innovative strategies implemented in the Pima County Family Drug Court over the years since it was first established. Trends in enrollment, client graduation rates, family reunification, and dependency case reactivation in the context of these strategies are presented as a frame of reference to guide FDC staff and stakeholder groups as they develop their plan for continued sustainability.

Pima County FDC has become increasingly sophisticated in implementing refined strategies aimed at maximizing outcomes for families in the program. Continued implementation of evidence-based strategies such as *Celebrating Families!* is highly recommended. The rise in graduation rates and family reunifications since implementing *Celebrating Families!* should serve as a guide for deeper evaluation of this strategy to determine its effects on outcomes. The evaluation plan for the third and fourth years of the current SAMHSA grant should include the following components related to this strategy:

- *Celebrating Families!* fidelity evaluation
- Evaluation of efforts to engage FDC clients in *Celebrating Families!*
- Analysis strategy to examine the effects of the *Celebrating Families!* program controlling for such family-level characteristics such as number of children, ages of children, family structure, and employment.

While early indications are that *Celebrating Families!* may be associated with more positive outcomes in Pima County FDC, the effects must be clearly demonstrated as sources of sustained funding for this strategy are sought.

The current SAMHSA CAM grant included funding for full implementation of an evaluation tool, the North Carolina Family Assessment Scale, to assess how families enrolled in Pima FDC are functioning, in the context of families' strengths and problems. FDC staff received training on the administration of the instrument, as well as data entry into the spreadsheet-style data base provided to program staff during training. Family Case Specialists use the instrument to rate the influence of multiple scales as a strength or problem for a given family. Scales include the family's environment, parental capabilities,



family interactions, family safety, and child well-being. The evaluation plan for the third and fourth years of the current SAMHSA grant should include analysis strategies for testing of pre- and post- group North Carolina Family Assessment Scale (NCFAS) (Reed-Ashcraft, Kirk, & Fraser, 2001) differences between families who have participated in the Celebrating Families! sessions and families who did not, as well as for group differences between parents who graduated FDC and those who did not.



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