

Show Me the Money: Child Welfare Cost Savings of a Family Drug Court

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ABSTRACT

Family drug courts are programs that serve the complex needs of families involved with the child welfare system due to parental substance abuse. This article summarizes the results of outcomes and selected costs of a system-wide reform located in Baltimore, Maryland. Results from this study found that parents served by the program entered treatment faster, stayed in treatment longer, and completed treatment more often than non-served parents. Children in program families spent less time in foster care and were more likely to be reunified with their biological parents. These outcomes resulted in cost savings, including reduced foster care expenditures.

The relationship between parental substance abuse and child welfare involvement is well evidenced in the literature. Between 25% and 80% of child welfare cases involve alcohol and other drugs indicated on the child welfare petition (Besharov, 1989; Child Welfare Information Gateway, 2003; Magura & Laudet, 1996; Murphy et al., 1991; National Center on Addiction and Substance Abuse, 1999; Young, Gardner, Whitaker, Yeh, & Otero, 2005). In the best interests of the child, child welfare and the substance abuse treatment community must work together to address the challenging needs of parents involved with child welfare who have substance abuse issues (Child Welfare League of America, 2001; Semedei, Radel, & Nolan, 2001). Parents involved with child welfare due to substance use are least likely to be reunified with their children, and these same children are likely to stay in substitute foster care longer (Gregoire & Schultz, 2001; Murphy et al., 1991; Tracy, 1994). Effectively serving these families is challenging, thereby demonstrating the importance of creative interventions focused on their unique needs (Young, Gardner, & Dennis, 1998). Finally, according to a new U.S. Department of Health and Human Services report, spending on foster care services is steadily

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increasing nationally each year (U.S. Department of Health and Human Services, 2010), a circumstance that underscores the policy implications for addressing the needs of these families.

BACKGROUND

Family drug courts (FDCs; known as Family Recovery Courts in the State of Maryland) are increasingly popular programs designed to serve the multiple and complex needs of families that become involved in the child welfare system due to substance use. The National Association of Drug Court Professionals estimates that more than 300 FDCs currently operate in the United States (National Drug Court Institute, 2008). Although evidence of the FDC model's effectiveness is emerging (Green, Furrer, Worcel, Burrus, & Finigan, 2009; Worcel, Furrer, Green, Burrus, & Finigan, 2008), additional evidence is warranted.

The FDC model developed from the adult drug court movement (Belenko, 2001; Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006; Roman, Townsend, & Bhati, 2003) and shares similar components with adult drug courts including regular, frequent court hearings; intensive judicial monitoring; timely substance abuse treatment; frequent drug testing; and rewards and sanctions linked to parental compliance with their service plan (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). FDCs tend toward a non-adversarial judicial setting in which parents hear a clear, repeated message about what they need to do to be successfully reunified with their children. FDCs include a drug court team that represents the judicial, child welfare, and treatment systems. This team works together to support and monitor the parent. Parents appear before the court more frequently, often weekly, than is the case in traditional child welfare processing.¹

Unlike adult drug courts, however, in which participants are motivated by avoiding jail time and/or criminal convictions, and where the program's ultimate goal is reducing criminal recidivism, the parents' primary motivation for participating in FDCs is reunification with their children. Research has shown that for parents involved in the child welfare system due to substance abuse issues, successful treatment entry and completion is positively associated with the likelihood of reunification (Gregoire & Schultz, 2001; Green, Furrer, Worcel, Burrus, & Finigan, 2007; Green, Rockhill, & Furrer, 2006; Smith, 2003). Therefore, two important questions for FDCs are whether they help parents access, engage in, and complete treatment and, if so, whether these treatment outcomes are linked to positive child welfare outcomes.

Evidence about the effectiveness of FDCs is growing (Green et al., 2009). A Center for Substance Abuse Treatment (CSAT)-funded longitudinal study found that participation in some FDC programs resulted in shortened time to substance use treatment entry, increased length of stay in treatment, increased likelihood of treatment completion, and increased likelihood of reunification (Green et al., 2007). Worcel et al. (2008) also found that mothers who participated in FDC had more positive treatment and child welfare outcomes than similar

¹ For more information, Edwards and Ray (2005) and Harrell and Goodman (1999) present a thorough overview of the FDC model.

mothers not served by the program. Specifically, this study, located in four sites (two in California and one each in Nevada and New York), found that mothers in FDC were more likely to enter treatment sooner and complete treatment more often (for example, at one site, 69% of the drug court clients completed treatment but only 32% of the comparison group did so). Children served by the drug court spent less time in substitute foster care (e.g., an average of 301 days vs. 466 days), and were more likely to reunify with their parents than children whose parents were not served by these programs (at one site, 91% reunified compared to 45% of the comparison group) (Worcel et al., 2008).

Programs in Pima County, Arizona, and Sacramento County, California, achieved similar results. In Pima County, 97% of drug court participants entered treatment compared to 69% of non-drug court participants, the reunification rate was 52% for FDC compared to 30% for the comparison group, and FDC participants achieved permanency more quickly (7.7 months vs. 8.4 months) (Ashford, 2004). In Sacramento County, the FDC reunification rate was 42% compared to 27% for non-drug court participants, and average time in out-of-home placement was 683 days for the FDC group and 993 days for the comparison group (Boles, Young, Moore, & DiPirro-Beard, 2007).

The current study continues to build the evidence of the effectiveness of these programs. Given the differences in reunification rates, the average time spent in out-of-home placement between the drug court and comparison groups, and the likelihood that the comparison group cases are likely to accrue increased financial burden on the child welfare system, this study adds an additional question: What are the child welfare cost savings of FDCs after accounting for the added program and treatment costs?

RESEARCH QUESTIONS

The current study examines the effects of FDC treatment and child welfare outcomes and analyzes the program and outcome costs. Specifically, this study addresses the following research questions:

1. Do FDC participants, compared to similar parents who did not receive FDC services, have more positive substance abuse treatment outcomes? Compared to non-FDC parents, are FDC parents more likely to: a) enter treatment more quickly; b) remain in treatment longer; and c) complete treatment?
2. Do FDC families, compared to similar families who did not receive FDC services, have more positive child welfare outcomes? Specifically, a) do the children of FDC participants spend less time in out-of-home placements; b) are these children placed in permanent living situations more quickly; and c) are reunifications more likely?
3. What is the cost implication of the FDC program? After accounting for FDC program and treatment costs, are there child welfare system cost savings due to: a) reduced foster care subsidy expenditures based on reduced time spent in out-of-home placement; and b) reduced long-term foster care and adoption subsidies based on an increased reunification rate?

METHODOLOGY

Site Information

Implemented in August 2005, the Baltimore City Family Recovery Program, located in Baltimore City, Maryland, serves families involved with child welfare due to substance abuse. Through regular judicial monitoring, team support, comprehensive case management, and immediate access to substance use treatment, this program helps parents achieve sobriety and thus increases the likelihood of reunification for families. The specific eligibility criterion for participating in the program is that the parent must have a substance use-related child welfare allegation (i.e., Drug Exposed Newborn or Neglect Due to Drug Use) concerning at least one child under five who had not been previously named on a Child in Need of Assistance (CINA) petition. The Baltimore City Family Recovery Program is modeled after system-wide reform efforts, and therefore has become the family court's "business as usual." Every family is offered the Family Recovery Program.

Sample Selection

The Baltimore City Family Recovery Program is a system-wide reform intervention designed to serve every eligible person. Thus, random assignment or concurrent comparison groups for this study were not feasible. The study utilized a quasi-experimental comparison group design that included 400 child welfare cases, 200 FRP program cases, and 200 comparison group cases of families that entered the child welfare system, with similar characteristics to the program group, during 2004-2005 (before implementation of the program). Comparison group cases were drawn from the State of Maryland Child Welfare eQuest Web-based data system and included only cases with a substance use allegation and at least one child age under five who had not been previously named on a CINA petition. Cases were matched to the demographic characteristics of the program parents, specifically to the primary parent's gender, race/ethnicity, and allegation, and to the age of the youngest child on the petition.

For this study, data were collected on one parent per case, usually the mother. If the father was the only parent named on the case, or the only program participant, then he was the subject of the data collection. The FRP program sample includes 100% of cases admitted to the program within six months from the date of petition for shelter. These cases entered the child welfare system between program inception (August 2005) and December 2006, and were followed for a 12-month follow-up period during the latter half of Fiscal Year 2006 and Fiscal Year 2007. Cases that entered the program more than six months after the date of petition for shelter were not included in the final sample because they were outliers (representing only 3% of program participants, and without 12 months of follow-up data or opportunity for full program participation compared to the rest of the study sample).²

² Six cases were not included in the final sample because they entered the program more than six months after the date of the petition.

Data Collection Procedures and Data Sources

To collect administrative child welfare and treatment data, this study used a standard administrative data extraction tool used on two previous FDC studies. To ensure data collection accuracy, inter-rater reliability checks occurred on 20% of the data.

Child Welfare Data

Data collection staff accessed the eQuest Web-based Electronic Juvenile Case Court File to obtain child welfare data for both FRP program and comparison groups. Child welfare petitions and court case documents were reviewed to extract parent demographic information, date of petition, date of entry and exit into substitute care, and permanency decisions for each participant. Documents reviewed included the CINA petition, permanency order, and court records.

Treatment Data

Publicly funded treatment data were obtained from the Substance Abuse Management Information System (SAMIS); the Maryland Department of Health and Mental Hygiene (DHMH); and the Alcohol and Drug Abuse Administration (ADAA). These records are data provided to the State of Maryland from funded treatment providers and included dates of treatment entry and exit, treatment modality (e.g., inpatient and outpatient), and treatment completion if applicable.

Variables Collected

Parent Demographic Information, based on information from the court record, included the primary parent's age, number of children, race/ethnicity, education level, employment status, and marital status, and was collected at program entry and exit.

Family History of Child Welfare System (CWS) Investigation was a dichotomous variable that indicated whether there had been any prior child welfare investigation of the parent (yes/no).

Time to treatment was defined as the number of days from the case petition date to the first date of treatment for the first alcohol and drug (A&D) treatment episode.

Number of days in treatment was defined as the total number of days in substance abuse treatment during the case based on treatment start date to treatment exit date.

At least one successfully completed treatment episode was coded "yes" (1) if the treatment record indicated at least one substance abuse treatment episode as having been "graduated," or "completed, referred to other treatment" during the case, and "no" (0) if the parent had no completed episode(s), for those who entered treatment as indicated in SAMIS.³

Time spent in out-of-home placements was calculated as the number of days between the petition for shelter and date of return to parent's custody. This variable was calculated only for children who spent time out of their original parents' care.

³ This includes only parents who entered treatment during the child welfare case as indicated by the administrative data match.

Time to permanent placement was defined as the number of days from the case petition to the date the child was placed in a permanent placement.

Reunification with original parent(s) was coded as “yes” (1) if the child’s final case disposition indicated that s/he was reunified with her/his original parents, and “no” (0) if the child had another type of final case disposition. If permanency was not achieved during the study window, the permanency disposition was coded as missing.

Outcome Analysis Methodology

Approximately 25% of program cases included more than one child, and 32% of the non-program cases included multiple children. Having multiple children per family creates challenges for statistical analysis of child-level variables, because outcomes for children are not independent; that is, children in the same family are likely to have similar outcomes. To address this issue, the study applied a statistical technique called Linear Mixed Models, which allowed for nesting of multiple children, or episodes. Thus, outcome findings are reported at the case level, and include all children in the case. Treatment outcomes are at the parent-level and include parents (or cases) that had returned a record in the SAMIS system.⁴ Analysis of Covariance and Chi-Square statistics were applied as appropriate.

Cost Study Methodology

Program Costs

Because of the prescriptive nature of child welfare cases (that is, each case has a shelter hearing, 6-month review, 12-month review, and permanency hearing), this study assumed that, generally and across a variety of cases, child welfare hearing and case processing costs were similar for FRP program and non-program cases. Thus, to determine the costs of FDC program processing, this study examined the cost of operating the program above and beyond traditional child welfare case processing, and then compared the child welfare outcome costs, including the costs of foster care utilization, adoption and guardianship subsidies, and the treatment costs for non-program parents to those of program parents. The treatment costs for FRP program parents are included in the program costs.

Outcome Costs

Foster care, long-term foster care, guardianship, and adoption subsidy costs are part of the mandated appropriations in the Maryland budget as determined by the Maryland Legislature. The cost per month of foster care during FY 2007 was \$735.00 for children under 12 and \$750.00 for children over 12. Adoption subsidies are equal to foster care costs. Guardianship is reimbursed at the rate of \$585.00 per month. For children placed in long-term foster care, guardianship, or adoption, the number of months each child would be in placement until they turn 18 (at which time these subsidies end) was calculated. The total number of months was multiplied by the monthly cost of long-term foster care, guardianship, or adoption subsidy.

⁴ N = 142 FDC (in the study window); N = 93 Comparison (in the study window).

Treatment costs for this study were based on the Maryland 2007 Medicaid Substance Abuse Treatment Services, Fee-for-Service Rates, for the Substance Abuse Improvement Initiative. This study examined the percent of participants in both groups who attended outpatient and inpatient treatment and found no statistically significant difference between the groups. Across all episodes during the case, or during the study window, 75%⁵ of the treatment episodes for both the drug court and comparison groups were outpatient treatment. Interestingly, the comparison group appeared more likely to enter inpatient treatment as the first episode (35% as compared to 22% of drug court cases), but this difference did not reach statistical significance. This study accounted for the number of days in inpatient treatment and applied the average daily cost of outpatient and inpatient treatment costs to outpatient and inpatient treatment to each person. The average daily cost of outpatient treatment was \$96.04; for inpatient treatment, the average daily cost was \$129.50.

Cost Study Analysis Strategy

To determine whether program participation resulted in total net cost savings to Maryland's taxpayers, the study asked several questions.

Question 1: What was the total cost of foster care during the case?

Total number of days of foster care use was defined as the number of days between the date of foster care entry to the date the child returned to the parent, or to the close of the data collection window, whichever came first. Unlike the outcome study, which examined the average length of stay in foster care for each case, the total number of foster care days used for each child during the study period was calculated for the cost study. Then, the number of foster care days used was multiplied by the per-day foster care cost (\$24.16 for children under 12 and \$24.66 for children 12 and over). Based on prior research, this study calculated outcome costs by assuming that children placed in long-term foster care remained in long-term foster care once placed. While it is known that between 30% (kinship) and 52% (non-kinship) of placements end up disrupted (meaning the children change to another location), these children remain in long-term foster care, which means foster care reimbursements are still being disbursed (Webster, Barth, & Needell, 2000).

Question 2: For children placed in long-term foster care, guardianship, or adoption, how many months will they be in foster care or their adoptive placement before they turn 18?

For this question, the study computed the number of months between the age of each child at the time of the permanency decision and the child's 18th birthday. This calculation resulted in a total number of months for each sample (program and non-program). The total number of months was multiplied by the monthly cost of long-term foster care, guardianship, or adoption subsidy.

Question 3: What was the cost of drug court programming and treatment?

The study included cases that were served over a 16-month period during the latter half of FY 2006 and FY 2007. Based on the FY 2006 and 2007 FRP program budgets, the cost of each family in the program was \$7,272 (study sample). This study also included the state-

⁵ $\chi^2(1, N = 186) = .00, p = .993$.

TABLE 1
Sample Characteristics

	<i>FRC cases</i>	<i>Non-FRC cases</i>
	(<i>N</i> = 200)	(<i>N</i> = 200)
Primary parent is the mother	98% (n = 196)	100% (n = 200)
Percentage of parents African American	71% (n = 142)	70% (n = 142)
Percentage of parents Caucasian	27% (n = 54)	28% (n = 56)
Married or partnered*	42% (n = 84)	58% (n = 116)
Substance use allegations: Drugs only or poly use (drug and alcohol use combined)	99% (n = 198)	99% (n = 198)
Child welfare allegation: Drug-exposed newborn	82% (n = 164)	78% (n = 156)
Child welfare allegation: Neglect due to drug use	18% (n = 36)	22% (n = 44)
Prior parental child welfare involvement	48% (n = 96)	52% (n = 104)
Average age of all children on the case at petition for shelter	2	3.5
Foster care as first placement	51% (n = 108)	49% (n = 98)
Kinship care as first placement	25% (n = 50)	30% (n = 60)

*Significant difference at $p < .05$.

funded alcohol and drug treatment services of \$4,557 per family utilized during the study window by program parents that were in addition to the treatment resources provided through program dollars. For the non-program sample, the total number of days this group spent in alcohol and drug inpatient and outpatient treatment was multiplied by the average daily cost of that treatment. The total cost of treatment over 16 months of service for the comparison group was \$6,836 per family.

RESULTS

Sample Descriptions

As shown in Table 1, the parents served by the program were similar to the comparison group across most measured characteristics. The main difference between the two groups is that the comparison group parents were more likely to be married or partnered at the time of case inception. However, some other characteristics, such as motivation for change, which may account for outcome differences, were not measured.

Do FDC Parents Have Different Treatment Outcomes Than Comparison Parents?

The first set of analyses focused on estimating the differences between comparison and FDC parents on three treatment outcomes: a) time to treatment, b) days spent in treatment, and c) completion of at least one treatment episode. All outcomes are presented below.

Time to Treatment Entry

After accounting for marital status, FRC program parents entered their first treatment episode, on average, significantly sooner (57 days after the date of petition for CINA) than non-program parents, who entered their first treatment episode 88 days after the date of petition for CINA ($F(1, 233) = -4.72, p < .001$).

Time Spent in Substance Abuse Treatment

After accounting for marital status, the average length of stay in treatment for FRC program parents during the first 12 months of the CINA case (138 days) was significantly longer than the average length of stay in treatment for non-program parents during the same time frame (82 days) ($F(1, 233) = 6.84, p < .001$).

Likelihood of Treatment Completion

As previously stated, according to the received treatment data, during the study window, 142 drug court parents and 93 non-program parents entered treatment (or matched with the treatment data). Of parents who entered treatment, 64% of FRC program parents completed treatment, a significantly larger percentage than the 36% of non-program parents who completed treatment ($X^2(1, N = 233), = 5.8, p < .01$).

Do FDC Cases Have Different Child Welfare Outcomes Than Comparison Cases?

The second set of analyses examined differences between comparison and FDC children on three child welfare outcomes: a) time spent in out-of-home placements, b) time to permanent placement, and c) likelihood of reunification with original parents.

Time Spent in Out-of-Home Placements

Children whose parents attended the program spent significantly less time in non-kinship foster care ($F(1, 303) = 14, p < .00$) than children of comparison cases. On average, during the CINA cases, children in families served by the program spent 252 days in non-kinship foster care, compared to 346 days for children in families not served by the program.

Time to Permanent Placement

Less than half (35% ($n = 70$)) of the FRC program cases and 38% ($n = 78$) of the non-program cases reached permanency within the study window. However, of cases that did reach permanency during the study window, the non-program cases reached permanent placement significantly faster (average of 249 days) than the program cases (average of 325 days) ($F(1, 116) = 7.19, p < .01$).

TABLE 2
Cost Study Results

	<i>FRC cases</i>	<i>Non-FRC cases</i>
	<i>(N = 200 cases)</i>	<i>(N = 200 cases)</i>
Child welfare		
Foster care	\$2,834,782 (116,132 days)	\$2,947,337 (120,743 days)
Long-term foster care, guardianship, and adoption subsidies	\$1,777,545 (2,394 months)	\$3,759,278 (5,063 months)
Total child welfare costs	\$4,612,327	\$6,706,615
Total child welfare cost difference	\$2,094,288 \$10,471 per case ⁶	
Treatment		
FRP program costs ⁷	\$1,454,400	\$0
Non-FRP treatment costs	\$911,420	\$1,367,130
Total treatment cost difference	\$-998,690 \$-4,993 per case	
Total net cost savings	\$1,095,598 for 200 cases \$5,478 per case ⁸	

Likelihood of Reunification

Program cases resulted in significantly more reunifications ($X^2(1, N = 148) = 9.49, p = .00.$). The proportion for this finding was 70% of the program families in comparison to 45% of the non-program families.

What Are the Child Welfare Cost Savings of Participating in FDC Services After Taking Into Account FDC Program and Treatment Costs?

Table 2 presents the results from the cost study calculations. First, this table lists the child welfare outcome costs for foster care, long-term foster care, guardianship, and adoption subsidies. The long-term foster care costs are projected, or estimated, costs. Then, the table presents the program (or investment) costs, which include drug court staff, program operating costs, case management, alcohol and drug treatment costs, supportive housing costs, and other wrap-around services that are part of the program, as well as non-program alcohol

6 Represents a child welfare system savings of \$10,471 per FRP case.

7 This category includes not just alcohol and drug treatment costs, but drug court staff and operating costs, supportive housing and transportation assistance, and other wrap-around services. We did not have access to these costs for the comparison group within the parameters of this study.

8 Represents an overall savings of \$5,478 per FRP case.

and drug treatment costs that occurred during the follow-up period. The cost savings, after subtracting the investment of FDC program costs, attributable to the 200 served families by the Baltimore City FDC program, are \$1,095,598 (\$5,478 per family).

The bulk of these savings will be realized in future years with reduced long-term foster care, guardianship, and adoption subsidies. Some of these avoided costs are actually “opportunity resources” available for use in other contexts. For example, if FDC involvement reduces the number of days a child spends in foster care, an opportunity resource will be available to child welfare in the form of a foster care placement that may now be filled by other children. This result could mean that child welfare may see no change in foster care use and that overall budget expenditures will remain the same. However, the savings generated due to decreased foster care use will likely continue to accrue over time, repaying investment in the program and providing further savings and opportunity resources to public agencies.

DISCUSSION

Results from this study are similar to those of earlier family drug court studies, and in particular found both positive treatment outcomes for parents and child welfare outcomes for families. Parents served by the Baltimore City Family Recovery Court during the study period entered treatment more quickly, stayed in treatment longer, and were more likely to complete treatment than parents who did not enter the program. Further, families served by the program appeared to have more positive child welfare outcomes than families not served by the program; specifically, they experienced shortened foster care length of stay and greater rates of reunification. This study found significantly longer average time to permanent placement for the FRC program group, but this finding may not be a negative outcome, as it could be postulated that increased time to permanency is related to increased time in treatment, which Worcel et al. (2008) found was related to increased likelihood of reunification. It could also be argued that increased time in program results in better overall service delivery by these programs, and therefore more well informed permanency decisions.

Because program families utilized less foster care and were more likely to achieve reunification, FDC cases were less costly to the child welfare system overall than other CINA cases, even with the increased time to permanency. Cost analyses that included the FDC program costs; foster care utilization costs; and the costs of long-term foster care, guardianship, and adoption subsidies for children who are not reunified with their parents found that FDC cases may result in child welfare cost savings of approximately \$5,478 per family served. The bulk of these savings will be realized in future years in the form of reduced long-term foster care, guardianship, and adoption subsidies.

Results from this study indicate that parents served by the program and parents not served by the program were similar across several important characteristics. While one may not be able to say with absolute certainty that outcome differences were solely because of program involvement, it does appear that given how similar the two groups were across a variety of characteristics, program involvement may uniquely contribute to outcome differences between the two groups. On average, children in the comparison sample were slightly older than children in the FRC sample. While it may be argued that younger children are more likely to

be reunified with their biological parents, the children in both of these groups are under five. To ensure that age did not account for difference between the two groups, this study examined the outcomes for both groups with children under the age of 2.5 and those with children over the age of 2.5 and found no difference between these families. Further, this study looked at outcomes for non-FDC families with children under the age of 2.5 and FDC families with children under the age of 2.5 and found the outcomes similar to the entire sample. Thus, this study concluded that age made no difference in the outcomes found in this study and included the entire sample in the findings above.

Study Limitations and Conclusions

This study applied a rigorous non-randomized comparison group design with well-matched comparison groups; however, it is possible that differences in outcomes were influenced by differences in the cohort of families involved in the child welfare system during the different years of the study, or by other unknown or unaccounted-for factors or characteristics in the comparison group. A randomized study or additional quasi-experimental studies to continue to build the evidence for this important intervention are needed to finally answer whether these programs are effective.

This study could not measure motivation for change and whether—or to what extent—motivation may influence the child welfare and treatment outcomes that relate to the cost savings attributed to this program. Future studies may want to include a measure of readiness for treatment or motivation for change to determine the difference, if any, between the drug court program group and the non-drug court group.

Regarding the cost study component of this evaluation, the researchers did not have access to data on the non-program sample's utilization of housing, other treatment, employment, case management services, or mental health services/treatment. Therefore, these cost calculations do not take into account the costs associated with non-program use of these services. However, inclusion of these costs would only increase the benefit of the program by illustrating a greater cost to the system by non-program families.

Moreover, the current study projected cost savings from reduced use of long-term foster care subsidies (that is, projecting costs for children until they turn 18), rather than from cost savings within the current follow-up period. Because the program's outcomes were better even during the follow-up period, program involvement still contributed to savings when looking at outcome costs during this time. However, the program does not see a return on its investment until after this follow-up period, using the available data. It is possible this return would be demonstrated if non-program families' other service costs were available and included.

This study had limited ability to examine a full range of cost savings above those of child welfare outcomes alone, whereas a full-cost study might look at cost savings associated with increased employment and education, and reduced criminal justice recidivism that might result from program participation. Despite limitations, this study provides an initial glimpse at the potential cost savings of FDCs after accounting for program costs. These programs not only result in potential cost savings to the taxpayer, but also demonstrate the added benefit of increased time spent in treatment, reduced time spent in foster care, and increased opportunity

for reunification, which contributes to potential benefits outside of costs, such as improved quality of life and attachment between parents and their children, and less traumatic disruption for children in the child welfare/foster care system. This study provides a foundation by which other studies may begin to investigate how and whether FDCs provide these and other benefits in jurisdictions throughout the country.

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