

# **Baltimore City Family Recovery Program (FRP) Independent Evaluation: *Outcome and Cost Report***



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August 2008



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# **Baltimore City Family Recovery Program (FRP) Independent Evaluation: Outcome and Cost Report**

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**August 2008**

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## ACKNOWLEDGEMENTS

**N**PC Research thanks the Baltimore City Family Recovery Program for its ongoing support of this evaluation. In particular we thank Justin Reyna for coordinating the site visit, and for facilitating our access to the eQuest data system, because without this access, our evaluation would not have been possible; and to Judge Hargadon for graciously inviting us into his court.

This report was also made possible through the good work, cooperation and support of many people and organizations. NPC Research offers our deepest appreciation to:

- Frank Broccolina, State of Maryland Court Administrator
- Gray Barton, Executive Director, and Jennifer Moore, Deputy Director, Maryland Office of Problem-Solving Courts
- Hon. Jamey H. Hueston, Chair of the Judicial Conference Committee on Problem-Solving Courts
- Hon. Kathleen G. Cox, Chair of the Drug Court Oversight Committee
- Neil Shaffer, DP Program Manager, Department of Public Safety and Correctional Services
- Chad Basham, Database Administrator, and Bill Rusinko, Research Director, Maryland Alcohol and Drug Abuse Administration
- Finally, we thank the staff at NPC Research for their quality work on this study: Megan Redfield for data collection and coding, and Tiana Jacobson and Charley Korn for their administrative support.



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## EXECUTIVE SUMMARY

### Background

The Baltimore City Family Recovery Program (FRP) serves families involved with child welfare due to substance abuse. Through providing regular judicial monitoring, team support, comprehensive case management, and immediate access to substance use treatment, this program aims to bring sobriety and quality of life to parents and, in turn, increase the likelihood of reunification for families. The specific eligibility criterion for participating in the FRP is that the parent must have a substance use-related child welfare allegation (e.g., Drug Exposed Newborn, Neglect Due to Drug Use) on at least one child age 0 to 5.

NPC Research conducted an independent outcome and cost study of the Baltimore City Family Recovery Program. In summary, the evaluation:

1. Examined the extent to which the FRP is meeting its stated goals and desired child welfare and treatment outcomes (outcome study); and
2. Provided a cost analysis comparing the FRP to traditional case processing (cost study).

### Key Findings

The evaluation compared child welfare and treatment outcomes and cost savings for parents that received FRP services between August 2005 and December 2006 to comparable families that did not receive these services. Results from the evaluation found:

- **Less foster care:** On average, during the Child in Need of Assistance (CINA) case, children in families served by the FRP spent 252 days in non-kinship foster care as compared to 346 days for children in non-FRP served families;
- **Greater reunification:** FRP families were more than 1.5 times more likely to be reunited than non-FRP families: 70% of FRP families achieved reunification compared to 45% of non-FRP families;
- **More treatment completion:** Of the families that reached permanency, FRP parents were almost twice as likely to complete treatment than non-FRP parent: 64% of FRP parents completed treatment, while 36% of non-FRP parents completed treatment; and
- **More time in treatment:** On average, FRP parents spent 138 days in treatment, whereas non-FRP parents spent 82 days in treatment.
- **Reduced cost to the child welfare system:** Because FRP families utilized less foster care and were more likely to achieve reunification, FRP cases were less costly to the child welfare system than other CINA cases. Thus, the **total net cost savings per year** of Baltimore City FRP operations was nearly **\$1,004,456** or approximately **\$5,022** per served family.



## INTRODUCTION

**F**amily Drug Courts, or FDCs (also known as Family Treatment Drug Court and Family Recovery Programs), are an increasingly popular program designed to serve the multiple and complex needs of families involved in the child welfare system who have substance abuse problems. The National Association of Drug Court Professionals estimates that over 180 FDCs are currently operational in the United States (Bureau of Justice Administration's Drug Court Clearinghouse, 2006). A study funded by the Substance Abuse and Mental Health Administration (SAMHSA) conducted by NPC Research found that FDCs can be effective programs to improve treatment outcomes, increase the likelihood of family reunification, and reduce the time that children spend in foster care (Worcel, Green, Furrer, Burrus, & Finigan, 2007).

As part of the statewide Maryland Drug Court Evaluation, currently being conducted by NPC Research, the Baltimore City Family Recovery Program (FRP) was selected to receive independent evaluation activities. The evaluation of the FRP was unique from other evaluations in the statewide study because this drug court program, similar to other Family Drug Courts, serves families involved with child welfare due to parental substance abuse.

The specific eligibility criterion for participating in the FRP is that the parent must have a substance use-related child welfare allegation (e.g., Drug Exposed Newborn, Neglect Due to Drug Use) on at least one child age 0 to 5 who has never been involved with child welfare prior to the current involvement. Through providing regular judicial monitoring, team support, comprehensive case management, and immediate access to substance use treatment this program aims to bring sobriety and quality of life to parents and, in turn, increase the likelihood of reunification for families. Thus, this evaluation focused on child welfare and treatment outcomes, and had two goals, which were to:

1. Examine the extent to which the FRP is achieving desired child welfare and treatment outcomes, and
2. Provide a cost analysis comparing the FRP to traditional case processing as applied to societal cost savings of FRP participation.

NPC designed an evaluation that included outcome and cost components to address the above goals. This report provides an overview of the methodology and a detailed description of the results from each evaluation component.



## OUTCOME STUDY

The focus of the outcome study was the examination of whether child welfare and treatment outcomes are different for FRP and non-FRP parents. Specifically, the research questions for the outcome study examined the characteristics of parents served by the FRP, and child welfare and treatment outcomes,<sup>1</sup> as outlined below.

*Research Question 1:* What are the characteristics of FRP parents compared to comparison group parents?

*Research Question 2:* Did child welfare cases involved with FRP obtain a permanent placement sooner than non-FRP involved child welfare cases?<sup>2</sup>

*Research Question 3:* Was kinship out of home foster care used more often for FRP cases than non-FRP cases?

*Research Question 4:* Did the children involved with FRP cases spend less time in non-kinship foster care as compared to non-FRP involved children?

*Research Question 5:* Were there differences in the frequency of permanency decision types between FRP and non-FRP involved child welfare cases?

*Research Question 6:* Did FRP parents enter treatment more quickly than non-FRP parents?

*Research Question 7:* Did FRP parents stay in treatment longer than non-FRP parents?

*Research Question 8:* Did FRP parents complete treatment more often than non-FRP parents?

### Outcome Study Methodology

The Outcome Study data collection began in February 2008, and continued through June 2008. This evaluation included a balanced sample of 200 FRP cases and 200 comparison cases. The data collection window for each case was the date of petition for shelter plus 16 months. This window was selected to allow the researchers to include permanency outcomes on the majority of cases based on Adoption and Safe Families Act (ASFA) timeline permanency compliance, which requires that permanency decisions be made within the first 12 out of the 18 months of out of home placement.

Because the FRP seeks to serve all families with a substance use allegation and at least one child age 0 to 5 that has never been named on a Child in Need of Assistance (CINA) petition prior to the current involvement<sup>3</sup>, random assignment or concurrent comparison groups for this evaluation were not feasible. Thus, the evaluation utilized a quasi-experimental comparison group design that included:

1. 200 FRP cases. For this evaluation, data were collected on one parent per case, usually the maternal parent figure. If the father figure was the only parent named on the case, or the only FRP participant, then the father figure was the subject of data collection. The

<sup>1</sup> The study originally included three research questions to examine differences in drug arrests and jail utilization between FRP and non-FRP cases. However, only eight cases in the study sample were matched to the criminal justice data, so due to confidentiality constraints, these results are omitted from this report.

<sup>2</sup> Permanent placement includes, but is not limited to reunification and long-term foster care.

<sup>3</sup> Although the parent may have prior child welfare involvement.

FRP sample comprises 100% of those cases that enrolled in the program within 6-months from the date of petition for shelter, between program inception (August 2005) and December 2006. Thus, this evaluation included most cases that entered the program during the first 16 months of program operation. Cases that entered the program more than 6 months after the date of petition for shelter were not included in the final sample because, based on previous research, a limit to the enrollment period is required so that enough time elapses for participants to receive program services within the study window.<sup>4</sup>

2. 200 comparison group cases. The comparison group included cases that entered the child welfare system with similar characteristics to the FRP group during 2004-2005 (prior to implementation of the FRP). Cases were drawn from the eQuest Web-based data system and included only those cases with a substance use allegation and at least one child age 0 to 5 that had not been previously named on a CINA petition. Cases were matched to the demographic characteristics of the FRP parents, in particular to the primary parent's gender, race/ethnicity, and allegation, and to the age of the youngest child on the petition. An initial review of the evaluation's FRP sample found the following characteristics reflected in the FRP sample; comparison cases were selected to ensure similarity across the two groups on these characteristics:
  - a. The average age of the youngest child on the petition was 12 months
  - b. 71% of the cases involved an African American mother, while 27% were Caucasian
  - c. 82% of the cases' allegation was Drug Exposed Newborn, with the remaining 18% Neglect from Drug Use
  - d. 50% of the children were male, and 50% female

For this evaluation, NPC Research developed an administrative data extraction form<sup>5</sup> based on a tool developed for a national evaluation of Family Treatment Drug Courts. This extraction form was designed to collect all data elements required for the outcome study. To collect these data, NPC Research used the following data sources:

1. eQuest Web-based Electronic Juvenile Case Court File (accessed remotely)
2. FRP Drug Court MIS (accessed from program download)
3. OBSCIS I&II; Maryland Department of Public Safety and Correctional Services (DPSCS)] (accessed via data request)
4. Substance Abuse Management Information System (SAMIS); Maryland Department of Health and Mental Hygiene (DHMA); Alcohol and Drug Abuse Administration (ADAA) (accessed via data request)

## Outcome Study Analysis Strategy

Approximately 25% of FRP cases included more than one child, whereas 32% of the non-FRP 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

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<sup>4</sup> Six cases were not included in the final sample because they entered the program more than 6 months after the date of the petition.

<sup>5</sup> This form and all data collection measures are available upon request.

is, children in the same family are likely to have similar outcomes. To address this analysis challenge, a statistical technique called Linear Mixed Models was applied, which allowed for nesting of multiple children, or episodes, in one case and results in single independent observations. Thus, the findings presented below are reported at the case level, and include all the children in the case. For dichotomous events, such as an individual reunification, Pearson Chi Square tests were used to determine whether or not there were statistically significant differences between FRP parents and non-FRP parents. For parent-level treatment outcomes, *t*-tests were used to measure average (mean) differences between FRP and non-parents.

## Outcome Study Findings

### SAMPLE CHARACTERISTICS

*Research Question 1:* What are the characteristics of FRP parents compared to comparison group parents?

*Results:* FRP and non-FRP parents were compared across the following characteristics: gender of parent and child, parent's race, marital status, substance use allegation, current child welfare allegations, prior child welfare history, average age of all children on the case, and foster care as first placement. Results are summarized in Table 1 on page 6. Given the focus of the FRP to serve young children previously unnamed on a CINA petition, it is not surprising that children in the FRP sample, on average, are younger than children in comparison group cases. This difference is statistically significant, and will be discussed later in the report. The other 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. The similarities between the two groups suggest that any difference in outcomes cannot be attributed to differences on these measured demographic and case characteristics. However, it is also important to note that certain other characteristics, such as motivation for change, which may account for outcome differences, were not measured.

**Table 1. Sample Characteristics**

	FRP Cases (N = 200)	Non-FRP Cases (N = 200)
Primary parent is the mother	98%	100%
Gender of child: female	50%	50%
Percent of parents African American	71%	70%
Percent of parents Caucasian	27%	28%
Married or Partnered*	42%	58%
Substance use allegations: Drugs Only or Poly Use (Drug and Alcohol Use Combined)	99%	99%
Child welfare allegation: Drug Exposed Newborn	82%	78%
Child welfare allegation: Neglect due to drug use	18%	22%
Prior parental child welfare involvement	48%	52%
Average age of all children on the case at petition for shelter*	2	3.5
Foster care as first placement	51%	49%
Kinship care as first placement	25%	30%

\*Significant difference at  $p < .05$ .

### CHILD WELFARE OUTCOMES

*Research Question 2:* Did FRP cases obtain a permanent placement sooner than non-FRP child welfare cases? This question examined time to permanency and was defined as the number of days from the date of entry into substitute care to the last permanency order.

*Results:* 35% (n = 70) of the FRP cases and 38% (n = 78) of the non-FRP cases reached permanency within the 16-month study window. It is important to note that a greater number of FRP CINA case started later in the study window than non-FRP cases. Thus, these cases may not take longer to reach permanency than non-FRP cases, but they simply did not have the opportunity to do so during the study window.



However, of those cases that did reach permanency during the study window, the non-FRP cases reached permanent placement faster (average of 249 days) than the FRP cases (average of 325 days); this difference is statistically significant ( $F(1, 116) = 7.19, p < .01$ ). This finding is consistent with the results of the National FTDC Study conducted by NPC Research (Worcel et al., 2007).

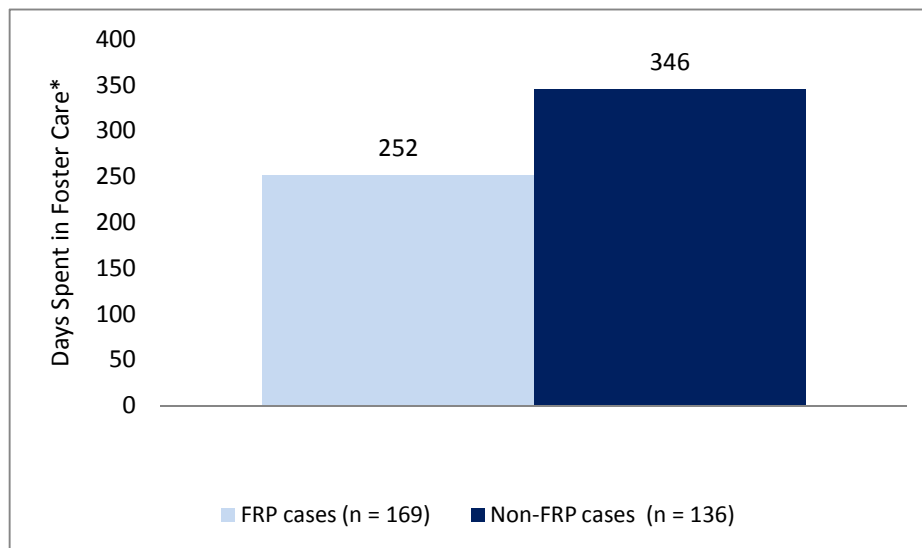
*Research Question 3:* Was kinship care used more often for FRP cases than non-FRP cases during the life of the case? This outcome was defined as the comparison of FRP and non-FRP groups on number of days spent in kinship foster during the study window.

*Results:* **No**, FRP cases were not more likely to utilize kinship substitute care than children in non-FRP cases. Rather, on average, children in non-FRP cases spent 414 days time in kinship substitute care as compared to FRP-served child who spent on average 381 days in kinship substitute care. However, while this difference did not reach statistical significance it is worth noting that FRP children spent less time, on average, in kinship substitute care than non-FRP children.

*Research Question 4:* Did children involved with the FRP spend less time in non-kinship foster care as compared to children of non-FRP involved cases? This outcome was defined as the comparison of FRP and non-FRP groups on number of days spent in non-kinship foster care during the study window.

*Results:* **Yes**, children whose parents attended FRP spent less time in non-kinship foster care ( $F(1, 303) = 14, p < .00$ ). In fact, as illustrated in Figure 1, on average, during the Child in Need of Assistance (CINA) case, children in families served by the FRP spent 252 days in non-kinship foster care as compared to 346 days for children in non-FRP served families.

**Figure 1. Number of Days Children Spent in Non-Kinship Foster Care**

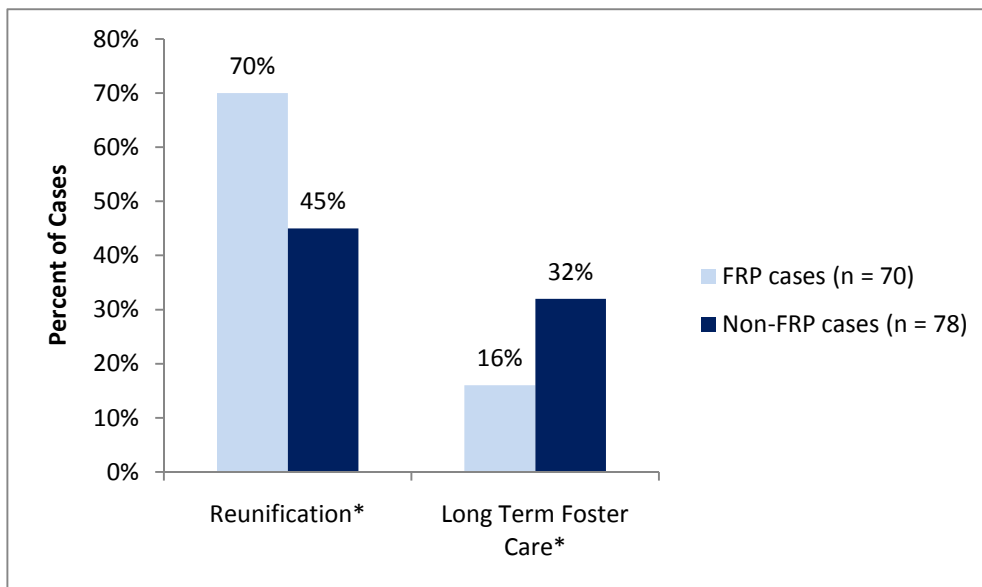


\*Statistically significant at  $p < .01$ .

*Research Question 5:* Were there differences in the frequency of permanency decision types between FRP and non-FRP involved child welfare cases? This analysis included cases that had reached a permanency decision by the end of the study window (n = 148).

*Results:* **Yes**, FRP cases resulted in more reunifications, and half as many placements in long-term foster care ( $X^2 = 13.5, p < .05$ ), as illustrated in Figure 2. Because there are multiple children in each case, percentages for each group may not add to 100%. That is, each case may have more than one permanency decision. Note: To protect confidentiality we do not include adoption permanency outcomes in this table because little incidence of this outcome occurred with the study window. However, these cases are included in the study cost calculations.

**Figure 2. Frequency of Different Types of Permanency Decisions**



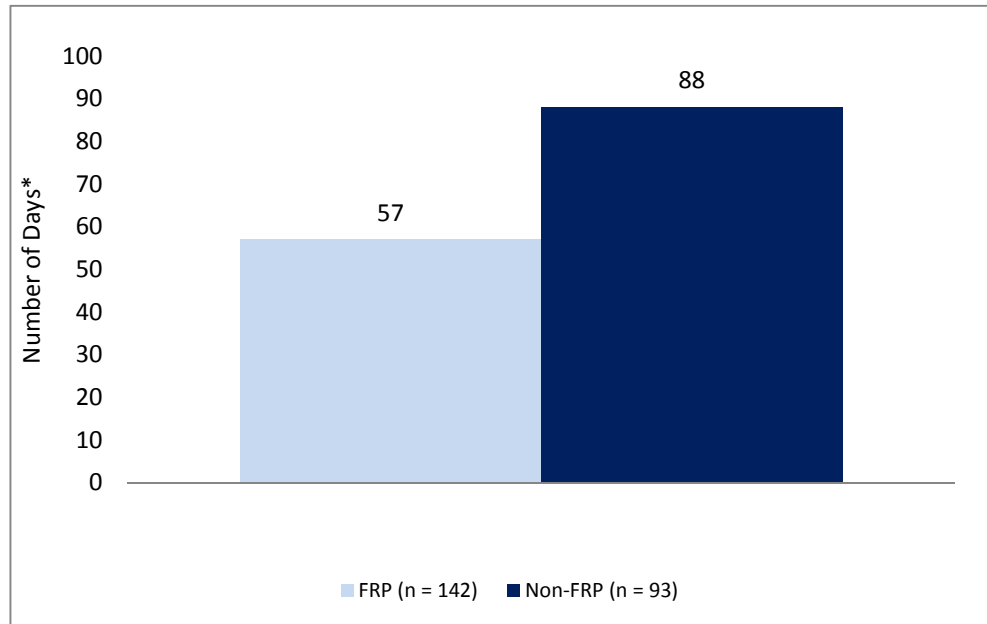
\*Statistically significant at  $p < .01$ .

## TREATMENT OUTCOMES

*Research Question 6:* Did FRP parents enter treatment more quickly than non-FRP parents?

*Results:* **Yes.** On average, FRP parents entered their first treatment episode 57 days after the date of petition for CINA, whereas non-FRP parents entered their first treatment episode 88 days after the date of petition for CINA ( $t(233) = -2.43, p < .01$ ).

**Figure 3. Time to Treatment Entry**

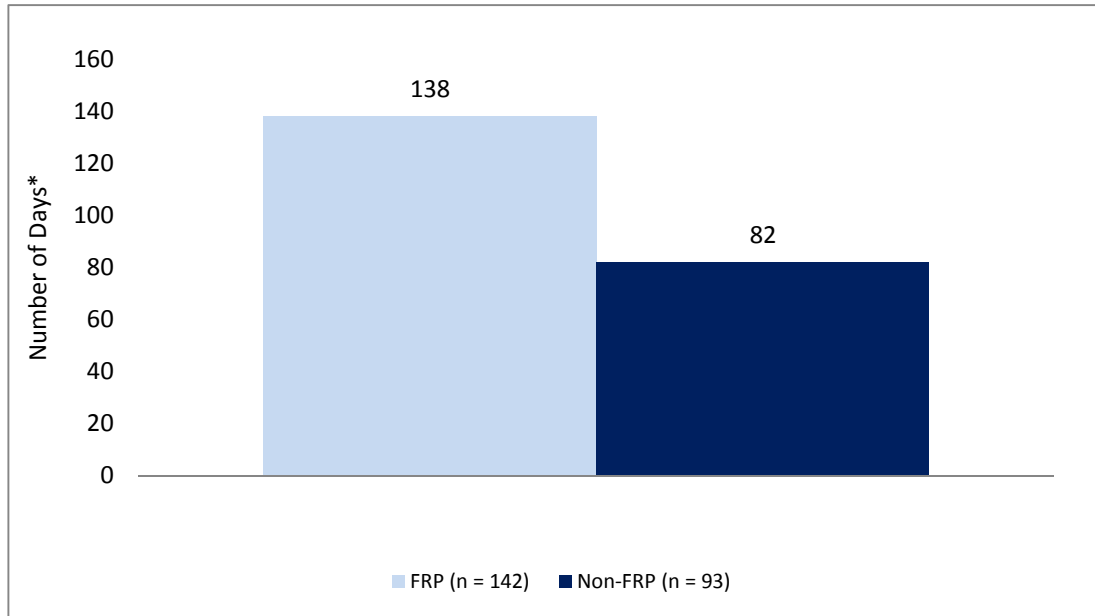


\*Statistically significant at  $p < .01$ .

*Research Question 7:* Did FRP parents stay in treatment longer than non-FRP parents?

*Results:* **Yes**, the average length of stay in outpatient treatment for FRP parents during the first 12 months of the CINA case was 138 days, whereas the average length of stay in outpatient treatment for non-FRP parents during the same time frame was 82 days ( $t(226) = -3.89, p. < .01$ ).

**Figure 4. Treatment Length of Stay**

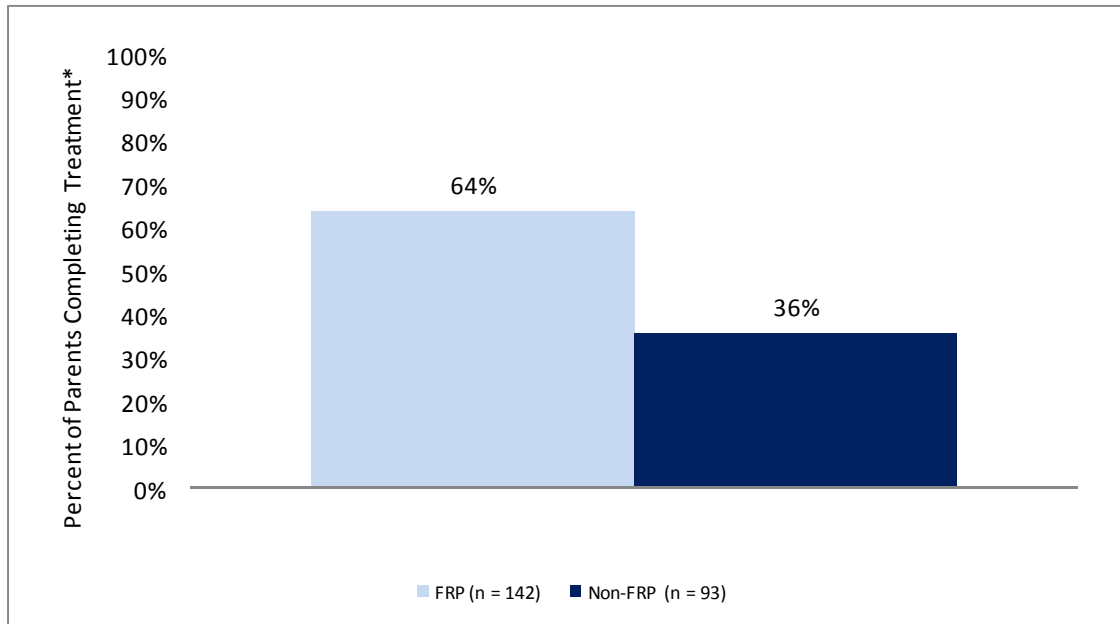


\*Statistically significant at  $p < .01$ .

*Research Question 8:* Did FRP parents complete treatment more often than non-FRP parents? Treatment completion, for this study, was defined as parents with at least one episode with one of two SAMIS discharge codes: “graduation,” or “completed, referred to other treatment.”

*Results:* **Yes**, 64% of FRP parents completed treatment, compared to 36% of non-FRP parents ( $X^2 = 5.8, p < .01$ ).

**Figure 5. Treatment Completion Rates**



\*Statistically significant at  $p < .01$ .



## COST STUDY

The cost study utilized a modified version of NPC's Transactional and Institutional Cost Analysis (TICA)<sup>6</sup> methodology to determine the relevant transactions associated with the Family Recovery Program and the costs of those transactions. Using TICA, cost estimates were applied to the data collected for the outcome study in order to determine the costs and cost savings associated with the FRP compared to traditional child welfare case processing.

The cost component of this evaluation focused on potential cost savings from reduced short-term and long-term foster care utilization and reduced adoption and guardianship subsidy expenditure after taking into account FRP program costs.

### Cost Study Methodology

The cost study involved assigning costs to the operation of the FRP over and above traditional child welfare case processing, as well as assigning costs to the child welfare and treatment outcomes for the FRP and comparison groups. Because of the prescriptive nature of child welfare cases (that is, each case has a shelter hearing, 6-month review, etc.), this approach assumes that, in general, across a variety of cases, the child welfare hearing and case processing costs are similar for FRP and non-FRP cases. Thus, to determine the costs and cost savings of FRP processing, this study examined the cost of operating the FRP above and beyond traditional child welfare case processing, and then compared the child welfare outcome costs (the costs of foster care utilization and adoption and guardianship subsidies) and the treatment outcome costs for non-FRP parents. The treatment costs for FRP parents are included in the program costs for FRP parents. Cost results were based on fiscal year 2007 dollars for child welfare costs and treatment data.

### FRP COSTS

The cost of operation of the Baltimore City Family Recovery Program is 1.2 million dollars per year. During FY 2006-2007, the program served approximately 165 families. Thus, the average cost per served family is approximately \$7,272. Program dollars cover the operating costs of the drug court, including drug court coordinator staff and case managers, and direct services, including certain alcohol and drug treatment, supportive housing and transportation assistance, and other wrap-around services.

### 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 is \$735.00 for children 0 to 11 and \$750.00 for ages 12 and over; therefore this study used an average cost per month of \$742.50. Adoption subsidies may be up to 100% of the foster care subsidy and therefore the same \$742.50 cost per month was used as an estimate. Guardianship is reimbursed at the rate of \$585.00 per month. For those children

<sup>6</sup> For more information on NPC's TICA methodology see Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and avoided costs, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.

placed in long-term foster care, guardianship, or adoption, the number of months each child will be in their placement until they turn 18 was calculated. The total number of months was multiplied by the average monthly cost of long-term foster care, guardianship or adoption subsidy.

**Outpatient treatment** costs for this report are based on the Maryland 2007 Medicaid Substance Abuse Treatment Services, Fee-for-Service Rates, For the Substance Abuse Improvement Initiative. The calculated average daily outpatient treatment cost is \$96.04. This cost is applied to the non-FRP sample only because treatment costs are accounted for in the FRP program costs.

## Cost Study Analysis Strategy

To determine whether FRP participation results in total net cost savings to the State of Maryland taxpayer, several questions were asked.

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 parent, or to the close of the data collection window, whichever came first. Unlike the outcome study where the average length of stay in foster care for each case was examined; for the cost study, the total number of foster care days used for each child during the study period was calculated. Then, the number of foster care days used was multiplied by the per-day foster care cost.

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

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

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

The outcome study included cases that were served over a 16-month period. Based on the FY 2007 budget provided to NPC Research by the FRP, the average cost of serving one family in the program is \$7,272, with a total program cost of treatment of \$1,454,400 for 200 families (study sample). For the non-FRP sample, the total number of days this group spent in outpatient alcohol and drug 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 \$1,093,704. We also included the state-funded alcohol and drug treatment services utilized during the study window by FRP parents that were in addition to the treatment resources provided through FRP program dollars.

NPC Research did not have access to data on the non-FRP 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-FRP use of these services. Moreover, the calculations used in this report are based on 16 months of programming, not a Fiscal or Calendar Year, and therefore the dollar amounts are likely different than the amounts reported in program reports, thus drawing direct comparison between this report and reports produced by the program should be done with caution.



## Cost Study Findings

Table 2 below presents the results from the cost study calculations. First, this table lists the child welfare outcome costs for foster care and adoption subsidies paid during the case, and long-term foster care, adoption, and guardianship subsidies. Then the FRP program costs, which include drug court staff, and operating costs, case management, alcohol and drug treatment costs, supportive housing costs, and other wrap-around services are listed along with non-FRP alcohol and drug outpatient treatment costs.

The cost savings, after taking into account the FRP program costs, attributable to the 200 served families by the Baltimore City FRP program is **\$1,004,456 (\$5,022/family)**.

The bulk of these savings will be realized in future years in the form of reduced long term foster care, guardianship, and adoption subsidies. It is also important to note that some of these avoided costs are actually “opportunity resources” available for use in other contexts. For example, if FRP involvement reduces the number of days that 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 by drug court participants 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.

**Table 2. Cost Study Results**

	FRP (n = 200 cases)	Non-FRP (n = 200 cases)
<b>Child Welfare</b>		
Foster Care	\$2,834,782 (116,132 days)	\$2,947,337 (120,743 days)
Long-Term Foster Care, Guardianship, and Adop- tion Subsidies	\$1,777,545 (2,394 months)	\$3,759,278 (5,063 months)
Total Child Welfare Costs	\$4,612,327	\$6,706,615
<b>Total Child Welfare Cost Difference</b>		<b>\$2,094,288 \$10,471 per case<sup>7</sup></b>
<b>Treatment</b>		
FRP Program Costs <sup>8</sup>	\$1,454,400 (16 months)	\$0
Non-FRP Outpatient Treatment Costs	\$729,136	\$1,093,704 (16 months)
<b>Total Treatment Cost Difference</b>		<b>-\$1,089,832 \$-5,499 per case<sup>9</sup></b>
<b>Total Net Cost Savings</b>		<b>\$1,004,456 for 200 cases \$5,022 per case<sup>10</sup></b>

<sup>7</sup> Represents a child welfare system savings of \$10,471 per FRP case

<sup>8</sup> 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.

<sup>9</sup> Represents a services cost of \$1,773 more per FRP case

<sup>10</sup> Represents an overall savings of \$5,022 per FRP case

## DISCUSSION

The Baltimore City Family Recovery Program strives to impact the lives of parents and families in a number of ways. Through the efforts of a dedicated team, this program aims to bring sobriety by successfully providing quick entry into treatment, and encouraging treatment retention and completion; therefore increasing the quality of life to parents and, in turn, improving the likelihood of reunification for many families. The unique features of the FRP, which are not present in the traditional court process, are crucial to the success of the program.

The Baltimore City FRP has a long history of self evaluation and reporting to the State of Maryland and other stakeholders. Results from this independent evaluation confirm the positive child welfare and treatment outcomes and cost savings due to the FRP. Child welfare outcomes demonstrate that the FRP is achieving important child welfare benchmarks: reduced foster care use and increased reunification.

- On average, children in families served by the FRP spent less time in both kinship and non-kinship out of home placement. In particular, FRP children spent 252 days in non-kinship foster care as compared to 346 days for non-FRP served families. Spending less time in both kinship and non-kinship out of home placement resulted in a savings to the child welfare system of \$112,555 dollars for this group of 200 families.
- 70% of FRP families achieved reunification compared to 45% of non-FRP families. This increase resulted in a savings to the child welfare system of \$1,981,733 dollars.

In regards to time to permanent placement, the patterns found in this study are similar to findings from other studies conducted by NPC Research (Green, Furrer, Worcel, Burrus, & Finigan, 2007; Worcel et al., 2007). Families served by drug court programs tend to have longer times to permanency, yet they are more likely to reach permanency.

It is worth noting that on average, children in the non-FRP sample are slightly older than children in FRP families. While it may be argued that younger children are more likely to be reunified with their biological parents, the difference in ages between FRP and non-FRP children is slight (2 vs. 3.5, on average), and both are considered young, that is, under age 5. To ensure that age did not account for difference between non-FRP and FRP families, we examined the outcomes for non-FRP families 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 we looked at outcomes for non-FRP families with children under the age of 2.5 and FRP families under the age of 2.5 and found the outcomes similar to the entire sample. Thus, we concluded that age did not make any difference and included the entire sample in our findings above.

This study also addressed several key treatment outcomes, including time to treatment entry, time spent in treatment, and likelihood of treatment completion. These outcomes were examined because the National Evaluation of FTDC found that these outcomes predict reunification (Green et al., 2007).

- On average, FRP parents entered treatment at a faster rate than non-FRP parents (57 days from the date of CINA petition vs. 88 days);
- FRP parents spent more time in treatment on average (138 days vs. 82 days); and

- FRP parents were more likely to successfully complete treatment, with 64% successfully completing treatment compared to 36% of non-FRP parents.

Clearly the FRP is succeeding in each of the important treatment outcomes relevant to Family Drug Courts.

Because FRP families utilized less foster care and were more likely to achieve reunification, FRP cases were less costly to the child welfare system than other CINA cases. Cost analysis that included the FRP 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 FRP cases may result in child welfare cost savings over 16 months of FRP operations of approximately **\$1,004,456**, or **\$5,022** 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 evaluation indicate that parents served by the FRP and parents not served by the FRP are similar across several important characteristics. While one may not be able to say with absolute certainty that outcome differences are solely because of FRP involvement, it does appear that given how similar the two groups are across a variety of characteristics, FRP involvement may uniquely contribute to outcome differences between the two groups.

The National FTDC Evaluation explored whether program effects varied across certain groups and discovered that Family Treatment Drug Courts work for persons regardless of gender, age and race/ethnicity. We explored the case characteristics of FRP-served clients (as discussed in Research Question 1 of this report) and also found that case characteristics, including parent's prior child welfare involvement, age of child, and race/ethnicity of the parent do not predict whether the case ends in reunification. In other words, each FRP served person has an equal chance of reaching reunification regardless of these presenting case characteristics.

Finally, this evaluation included all parents that entered the program regardless of whether or not the parent(s) completed the program. The National FTDC Evaluation found that graduation, or program completion, predicts reunification. In this study we noticed that just 22% of the FRP participants graduated from the program. Clearly, FRP participants receive benefits from participating in the program, including reunification and increased treatment length of stay, even if they do not complete the program. Given the positive results associated with program participation, and the added potential benefits of graduation, further evaluations might investigate not only what motivates program participation and engagement, but also explore those barriers that hinder completion.

## REFERENCES

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