

The Bronx Family Treatment Court 2005-2010

Impact on Family Court Outcomes and Participant
Experiences and Perceptions

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EXECUTIVE SUMMARY

The Bronx Family Treatment Court (FTC) is one of more than 50 family treatment courts across New York State. The Bronx FTC structure is loosely based on the adult drug court model. The court orders respondent parents with a child neglect case and an underlying substance abuse treatment allegation to treatment. The court supervises the treatment process through regular judicial status hearings, drug testing, intensive case management, and graduated sanctions and rewards. FTC participation is voluntary but requires an admission of “responsible” to the child neglect allegations. Departing from most drug courts, the Bronx FTC divides its caseload among three dedicated judges, each of whom presides over approximately one-third of the cases.

The current evaluation assessed the court by comparing outcomes of respondent children whose parents enrolled in the FTC with similar children whose parents did *not* enroll. In addition, based on structured interviews with FTC and non-FTC parents, we assessed the court’s impact on service experiences; perceptions of the judge, case managers, and court process; and drug use. To enrich the analysis, we also conducted staff and stakeholder interviews; a focus group with public defenders who represent the parents; and an analysis of FTC court administrative data.

PROGRAM VOLUME

Between November 2005 and December 2010, the Bronx FTC screened 880 child neglect cases and enrolled 211—an average of just over 40 per year. Volume was higher in the first two years of operations, with 139 parents enrolling from November 2005 through 2007. Between 2008 and 2010, enrollment declined precipitously, with only 18 new cases entering in all of 2010. Stakeholder interviews indicated that requiring respondents to plead “responsible”, which entails a loss of all rights to contest the underlying allegations, prior to enrollment in the FTC was a major barrier to participation. In response, the Bronx FTC has eliminated the plea requirement since the conclusion of this research.

PARTICIPANT CHARACTERISTICS

- Child Removal: The majority of participants (79%) had one or more children removed from their care as a part of the child neglect case.
- Demographics: The majority of FTC participants were female (87%), black (48%) or Latino (42%), and never married (61%), with a median age of 32 years. At the time of enrollment, the typical FTC participant had two to three children under the age of 18.
- Drug and Treatment History: The most common primary drugs of choice were marijuana (41%), cocaine (25%), and crack-cocaine (17%), with relatively few participants reporting a primary drug of heroin (7%), alcohol (7%), or some other drug (4%). More than two-thirds (68%) of participants had one or more prior treatment episodes.
- Social and Community Ties: The typical FTC participant had a high need for ancillary support services, with a large majority reporting less than a high school education (71%) and current unemployment (84%); and a substantial minority (18%) reporting that they were homeless at the time the child neglect case was filed against them.

FTC PARTICIPATION AND OUTCOMES

- Duration of Participation: On average, participants spent 19 months enrolled in the FTC, with graduates spending 20 months compared to an average of 19 months for failures.
- Substance Abuse Treatment: The vast majority of participants (90%) were initially placed in outpatient treatment; 10% were placed in long- or short-term inpatient.
- Compliance: Nearly all participants (98%) committed at least one infraction during their case, with a substantial majority committing five or more infractions (88%). The most common infractions were positive drug tests (85%) and missed attendance at treatment programs (85%). Respondents who failed the program were significantly more likely to have had *three or more* positive drug tests than those who graduated.
- Sanctions: Sixty-two percent of participants received at least one sanction during their case. The most common sanctions were increased required contact with case managers (35%), increased treatment intensity (20%) and essay writing (12%).
- Retention Rates: Retention rates measure the percentage of court participants that either graduated or remained active in the program after a given period of time. The Bronx FTC had a relatively high early retention rate of 91% at one year and 77% at 18 months. However, only 54% were retained at two years and 49% were retained at three years.

PROGRAM IMPACT ON CHILD PERMANENCY OUTCOMES

The study compared the permanency outcomes of all Bronx FTC subject children (n=404) with a statistically matched comparison group (n=404), composed of children who were involved in otherwise similar child neglect cases but whose parents were *not* FTC participants.

- Child Removal: The majority of children in both the FTC (79%) and comparison group (78%) were removed from the respondent's care during the case, with 49% of FTC and 45% of comparison children removed at initial petition filing (differences not significant).
- Time to Permanency: Of those who were removed, FTC subject children took significantly *longer* to reach final permanency than those in the comparison group. For those who were ultimately reunified with their parents, the permanency process lasted an average of 16.1 months for FTC children compared with 12.6 months for comparison children. For those put up for adoption, the permanency process lasted an average of 42.1 months for FTC children, compared with 30.3 months for comparison children.¹
- Permanency Outcomes: Of those children who had reached permanency, the majority were reunified with their parents. However, reunification was significantly *less* prevalent

¹ All of these averages may understate the actual average times to permanency in both the FTC and comparison groups. At the time of the analysis, just under half of the subject children in both groups (48% of the FTC group vs. 47% of the comparison group) had reached a final permanency outcome. In general, those cases that had *not* yet reached a final permanency outcome are therefore taking a longer average time to resolve.

among FTC (72%) than comparison children (80%). Instead, FTC children were more likely to have been placed in the care of a fit and willing relative (12% vs. 5%, $p < .05$), which is generally considered the next best option to reunification; similar percentages from each group were approved for adoption (15% vs. 12%, not significant). Although a proper interpretation of these findings is difficult to establish, they clearly do not reflect a demonstrable positive effect of FTC participation.

PROGRAM IMPACT ON EXPERIENCES AND PERCEPTIONS OF PARENT RESPONDENTS

The research team also conducted a structured survey with a convenience sample of Bronx Family Court respondents who had a child neglect case involving substance abuse allegations. The survey took advantage of the unique structure of the Bronx FTC, under which three judges split the caseload, and those same three judges heard comparable cases that did *not* join the FTC. Thus, the survey was able to tease out the impact of the *FTC model*, while controlling for the influence of the specific judge. A total of 50 surveys were administered, 25 with FTC and 25 with non-FTC respondents.

1. Experiences with Treatment and Ancillary Services

The New York City Administration for Children's Services (ACS) issues a standard service plan for all parents accused of child neglect related to substance abuse, which at minimum involves a referral to substance abuse treatment and a parenting class. The study found that although parents are nearly always quickly placed in treatment, they are frequently *not* immediately placed in the parenting classes.

- **Substance Abuse Treatment:** At the time they were interviewed, a majority of respondents were currently enrolled in drug treatment (64%), with a minority having completed treatment (30%) or awaiting placement (6%). There was no major difference between the FTC and non-FTC respondents in terms of drug treatment enrollment status at the time of interview.
- **Parenting Classes:** Most respondents were still awaiting enrollment in a parenting class at the time of interview. For both the FTC participant and comparison group, 72% were currently enrolled in a parenting class.
- **Ancillary Services:** FTC respondents were more likely than comparison respondents to report receiving certain ancillary services, specifically anger management (32% vs. 8%), adult education (20% v. 8%) and family therapy (20% vs. 8%). Most respondents (e.g., 100% of those receiving adult education and 77% of those receiving anger management) reported receiving ancillary services through their drug treatment provider, rather than through the family court directly, suggesting that the providers utilized by the FTC may be more likely to offer ancillary services. One exception is that family therapy was typically provided by ACS (60%) or a private service organization contracted by ACS (40%).
- **Unmet Service Needs:** Respondents reported multiple service needs at the time their cases began. There was often a gap between service needs and services received. Across the entire sample, the percentages needing vs. receiving services were 50% vs. 6% for

housing assistance; 23% vs. 6% for job placement; 22% vs. 14% for adult education; and 26% vs. 10% for help qualifying for public benefits. The reported need for assistance finding stable housing may be particularly relevant in child permanency cases, as the court may require respondents to demonstrate they have established stable housing and employment before reunifying parents with their children.

2. Experiences with Case Management

In the Bronx Family Court, all respondents have an Administration for Children's Services (ACS) case manager, who is assigned when the child welfare investigation begins. In addition, the Bronx FTC assigns each participant to a court-based case manager, who provides support and assists with treatment and ancillary service linkages. Survey respondents were asked to agree or disagree with a series of statements regarding any of their case managers (i.e., whether the statements describe at least one case manager who is working with them).

- Assistance Reaching their Goals: FTC respondents were more likely than comparison respondents to report that they had a case manager who helps them reach their goals with regard to drug treatment (84% vs. 63%) and child custody or visitation (83% vs. 68%).
- Concern for Well-Being: FTC respondents were more likely than comparison respondents to report that they had a case manager who cares about *their* well-being (83% vs. 68%) and whose decisions had also been good for their children (83% vs. 73%).
- Understanding of the Court Case: Almost all FTC participants believed that they had a case manager who understands their family court case (96%), compared with 67% of comparison respondents.
- Instrumental Support: FTC respondents were more likely than comparison respondents to report receiving instrumental support from a case manager—specifically help getting needed services (75% vs. 55%) and help making and reaching appointments (75% vs. 55%). It should be noted that survey respondents, overall, were *more* likely to report that they received emotional support or support for their goals as opposed to instrumental support.

3. Perceptions of Procedural Justice

Previous research links perceptions of the fairness of court procedures and of litigants' interpersonal treatment in court to compliance with court orders. In general, the Bronx FTC did not appear to differ from the conventional family court in this regard. Key findings include:

- Overall Fairness: The majority of respondents in both samples believed that the family court handled their case fairly (75%), with 31% reporting it was handled “very fairly.”
- Respondent Voice: Only slightly more than half (57%) of respondents in both samples reported feeling that their voice was heard with respect to decisions made during their case (“the court took account of what I was saying when making decisions”). Comparison respondents were more likely to report that they were able to “express their views in

court” (64% vs. 55%), whereas FTC respondents were more likely to say that “people in the court spoke up on their behalf” (92% vs. 78%) and that they were able to “correct any facts” that the court got wrong (81% vs. 70%).

4. The Judge Effect: Influence of Presiding Judge on Experiences and Perceptions

The survey asked a series of questions specifically about the judge. Similar to the series of questions about case managers, the items about the judge asked respondents to agree or disagree with a series of statements (e.g., “the judge wants to see me reunified with my children”). Responses did not generally vary based on whether the case was in the FTC or not but did vary significantly according to which judge (Judge “A,” Judge “B,” or Judge “C”) was presiding over the case. Specifically, respondents whose cases were heard by Judges “A” or “B,” as opposed to Judge “C,” were significantly more likely to feel that the judge treated them fairly (100% vs. 100% vs. 64%), explained the “rules” of the court (100% vs. 100% vs. 77%), and cared about their relationship with their children (100% vs. 91% vs. 64%). This analysis should be interpreted with some caution, as there were only a small number of cases in each sub-sample after breaking down cases by judge. However, the findings suggest that the presiding judge in the case has more influence over respondent perceptions than whether or not they enrolled in the FTC.

CONCLUSION

This evaluation did not show positive impacts of the Bronx Family Treatment Court on traditional permanency outcomes, including time to permanency and prevalence of family reunification. However, it did find that enrollment in the FTC conveyed certain advantages to respondents. First, FTC enrollment resulted in assignment to a dedicated case manager, whose priority is to work with the parent respondent rather than the subject children in the case and FTC respondents had more positive perceptions of case management than comparison respondents. Survey results further suggested that FTC respondents were more likely to receive needed ancillary services such as family therapy and adult education—although respondents in both samples appeared to have substantial unmet needs as well. Finally, the way in which presiding judges implement the FTC model appeared to be associated with different perceptions, with two judges eliciting significantly more positive perceptions than a third judge.

CHAPTER ONE: INTRODUCTION AND LITERATURE REVIEW

INTRODUCTION

Family Treatment Courts (FTCs), also known as Dependency Drug Courts (DDCs) and Family Treatment Drug Courts (FTDCs), feature a problem-solving approach designed to address the particular needs of parents who have been charged with child neglect related to substance abuse or dependence.² FTCs emerged out of the larger problem-solving court movement, including drug courts, mental health courts and community courts, that began in the late 1980s (See Berman & Feinblatt, 2005; Huddleston, Marlowe, & Casebolt, 2008). In contrast to the conventional court system, the problem-solving approach is characterized by the use of community-based services in tandem with intensive judicial oversight to ameliorate the problems that often underlie justice involvement (e.g., substance abuse, mental illness, or domestic violence). While the FTC structure is based on the adult drug court model, the goal of the court is to reunify families by addressing parental substance abuse and related problems that contributed to their involvement in the child welfare system. Thus, the court must address the needs of both parents and children, and the ultimate measures of success require advancing the best interests of the child, more so than the respondent adult's progress in drug treatment (as in adult drug courts). To this end, FTCs typically involve collaboration among multiple stakeholders, including child welfare workers, court-based case managers, attorneys for child welfare agencies, and attorneys for parents and children.

The current study is an evaluation of the Bronx Family Treatment Court (FTC). We assess the court's impact by comparing the outcomes and experiences of individuals enrolled in the FTC with a comparison group composed of respondents with similar characteristics that did not enroll in the FTC. The research team utilized a mixed method approach, including: interviews with court staff and other family court stakeholders; a detailed analysis of court administrative data; and in-depth structured interviews conducted with 50 respondents who had a current neglect case involving substance abuse in the Bronx Family Court, half of whom were current participants in the Family Treatment Court.

LITERATURE REVIEW

In the mid-1980s, family courts and child welfare agencies across the country began witnessing dramatic increases in the number of child neglect and abuse cases filed each year (Young, Boles, & Otero, 2007). Several factors are thought to have contributed to this increase, including the crack-cocaine epidemic, reductions in cash welfare payments that placed a particular strain on poor and low-income families, and the increased incarceration of women (Swann & Sylvester, 2006). For policymakers, the increase in child neglect and substance abuse cases sparked particular concern for the well-being of children (National Drug Court Institute and the Center for Substance Abuse Treatment, 2004). This concern was reflected in a provision of the 1996 Adoption and Safe Families Act (ASFA) that requested a federal report on the scope of child neglect related to substance abuse, and possible strategies for addressing the thousands of drug-addicted parents that enter family courts each year.

Since the passage of ASFA, there has been growing debate concerning the role of family courts

² For the sake of clarity, this report uses the phrase "family treatment court" and the abbreviation "FTC" to refer to these courts generally, regardless of whether they are locally referred to as DDCs or FTDCs.

in responding to drug-addicted parents that enter the court system with accusations of neglect. On one end of the spectrum, child safety advocates have argued that the courts must hold parents accountable for their drug use by imposing stiff penalties, such as the termination of parental rights. On the other end of the spectrum, drug treatment advocates have argued that the courts should become more involved in encouraging parents to participate in substance abuse treatment and ancillary services, toward the goal of reunifying parents with their children. Finally, advocates from a problem-solving perspective have attempted to balance the goals of parent accountability and family unification by advocating the provision of drug treatment and court-based monitoring for parents, combined with court partnerships with child welfare agencies to meet the needs of neglected children. One prominent application of this problem-solving approach has been the development of family treatment courts (Haack, Alemi, Nemes, & Cohen, 2004).

As of 2009, there were more than 300 family treatment courts operating nationwide (Edwards, 2010; Huddleston et al., 2008). Although court models may vary from state-to-state, they share the goal of empowering the judicial system to address underlying substance abuse problems that threaten family functioning and children's well-being (Wheeler & Fox, 2006). At their core, FTCs are designed to protect child safety, support family reunification, and decrease time to permanency (i.e., either adoption or return to parental custody) for children, all priorities for the court system as articulated in ASFA. As such, there are three overarching components of the FTC model: 1) the provision of court-based case management and links to substance abuse treatment for parents (or guardians); 2) cooperation with local child welfare agencies to provide a range of health and social services for children; and 3) judicial monitoring to hold parents accountable for their recovery and to foster healthy parenting (Edwards, 2010; National Drug Court Institute and the Center for Substance Abuse Treatment, 2004).

FTCs are a substantial departure from the approach of traditional family courts toward child neglect cases. While traditional family courts may mandate parents to drug treatment and place children in foster care in the interim, these parents may only see the judge every six months while their case is pending (Haack et al., 2004). Such infrequency of judicial monitoring in traditional family court is problematic, as previous research suggests that an actively engaged judge can make a difference in a respondent's recovery process (Haack et al., 2004; Wheeler & Fox, 2006). Moreover, long periods of separation from children during treatment may undermine one of the fundamental goals of family courts—to preserve families whenever possible. Because the FTC involves active collaboration among child welfare workers, treatment providers and court staff during frequent (i.e., monthly or more) compliance hearings, these courts are considered better equipped than traditional courts to develop appropriate visitation plans for parents who are participating in treatment (Wheeler & Fox, 2006).

Like the adult drug courts upon which they were based, family treatment courts utilize active judicial supervision, communication with treatment providers, frequent drug testing, and a system of graduated sanctions and rewards to encourage recovery for parents (Green, Furrer, Worcel, Burrus, & Finigan, 2007; Center for Substance Abuse Treatment, 2004; Edwards and Ray, 2005; Worcel, Green, Furrer, Burrus, & Finigan, 2007). However, in many respects cases in family treatment court are more complex, both legally and in terms of the treatment and social service needs of the involved family, when compared to cases in the adult drug court. In adult

drug court cases, the court is responsible for monitoring and treating one respondent. In FTC cases, the court must grapple with the issues of an entire family unit, which often involves multiple children, parents, and other relatives who may play a significant role in raising children. When a parent with a substance abuse problem is charged with neglect, the family court faces the dual task of reducing the risk of child maltreatment by securing the safety of child, while also addressing the parent's substance abuse (Haack et al., 2004).

In an effort to achieve both of these goals, two prominent models have emerged: 1) *integrated family treatment courts*, which are closer to the traditional adult drug court model in that one dedicated judge presides over the family court case and monitors the parent's progress in drug treatment and; 2) *dual track family treatment courts*, in which a dedicated referee or court officer monitors drug treatment progress while the child protective case remains in the regular family court (Boles, Young, Moore, & DiPirro-Beard, 2007; Wheeler & Fox, 2006). Under the integrated model, the FTC judge may take on other types of family cases (e.g., custody or guardianship cases) involving the same family.

Despite the rapid spread of FTCs since the late 1990s, the evaluation literature on these courts is still developing. Indeed, the earliest impact study of a family treatment court was not published until 2003, a full nine years after the first FTC was founded in Reno, Nevada. This study utilized a retrospective, quasi-experimental design to examine drug treatment and child welfare outcomes and the efficiency of the FTC model across five sites (Young, Wong, Adkins, & Simpsons, 2003). Results showed significant differences across each of these outcomes, with FTC participants more likely to be engaged and retained in drug treatment and more likely to be reunified with their children. FTC participants also had their family cases resolved more quickly, although this difference was moderate. Subsequent evaluations of FTCs in Lewiston, Maine (Ferguson, Hornby, & Zeller, 2007), Baltimore (Green, Furrer, Worcel, Burrus, & Finigan, 2009), and Sacramento (Boles et al., 2007) confirmed that FTC participants are more likely to be rapidly engaged and retained in drug treatment, and to be reunified ultimately with their children. Results concerning time to case resolution have been mixed, with some studies finding that the children of FTC participants reach permanency more quickly (Ferguson et al., 2007, Young et al., 2003), while others find that time to permanency is longer (Worcel et al., 2007). In one recent study where time to resolution for FTC participation was substantially longer, the authors theorized that since the reunification is higher among FTC participants, and reunification (as opposed to termination of parental rights) is contingent on successful completion of drug treatment, the finding of additional time to final resolution is not necessarily surprising (Barton & Burrus, 2009).

To date, the most comprehensive Family Treatment Court study is a four-site evaluation, conducted by NPC research in 2007, that involved both major models of FTC and took place in three different states (Worcel et al., 2007). This evaluation featured a FTC sample size of more than 800 families and a comparison sample of more than 1,100 families. Unlike previous impact studies, NPC researchers used a propensity score analysis technique to mitigate the influence of socioeconomic factors or addition severity on the compatibility of the samples. The outcomes examined included: child welfare (likelihood of family reunification, time spent in foster care); case processing (time to permanency); and treatment outcomes (likelihood of entering and completing drug treatment). Findings from this study generally confirmed the results of previous

research, thereby adding additional support for the idea that family treatment courts have a positive impact on both drug treatment and child welfare outcomes. Indeed, participants in all three sites were more likely to enter and complete treatment and become reunified with their children, when compared to parents with similar cases in the control group, although average time to reunification did take longer (Worcel et al., 2007).

Aside from strict outcome studies, emerging research is beginning to investigate which components of the FTC model are most influential in leading to positive outcomes, and the types of families for whom FTCs are most effective. As part of their multi-site study, NPC researchers also found that children whose mothers participated in the family treatment drug courts spent significantly less time in “out of the home” or foster care placements while the case was pending—a finding thought to promote positive development for children and family stability (Worcel et al., 2007; Stoneman, Brody, Churchill, & Winn, 1999). Further, in 2008, dissertation research conducted at the University of Florida identified several demographic and socioeconomic factors associated with predicting success in FTCs. Specifically, this research isolated: the abuse of drugs other than marijuana; the older age of participants; and strong social support as associated with success in a family treatment court in Florida (West, 2008). Finally, two recent studies have examined the type of treatment that is most beneficial for FTC participants. Research conducted in the Miami FTC used an experimental design to compare traditional FTC case management services with a more intensive, gender specific intervention (the “Engaging Moms Program”) and found that the experimental intervention was significantly more effective in engaging and retaining mothers with substance-abuse related neglect cases in drug treatment.

The 2007 multi-site study conducted by NPC Research is the only FTC-specific research thus far to include participant interviews (Worcel et al., 2007). In this study, approximately 200 parents with FTC cases were interviewed on a range of topics, including: their relationship with the judge; perceived fairness of the court process; experiences in drug treatment and other mandated programs; and the overall impact of participation in the FTC on their family. Interviewees reported that consistent judicial monitoring helped them stay on the right track in treatment (Worcel et al., 2007) and that rewards such as increased visitation with children gave them a sense of accomplishment and affirmation. Finally, parents cited access to instrumental support such as housing and employment as extremely helpful—a finding that underscores the need for FTCs to address not only substance abuse, but the intersecting dilemmas that challenge family stability (Worcel et al., 2007).

In line with the research cited above, a substantial body of research on problem-solving courts has shown that the judge presiding over a case may have a significant impact on the perceptions of the respondent/defendant as well as their success in treatment and thus the outcome of their case (Frazer, 2006; Marlowe et al., 2003; Picard-Fritsche, 2010; Roman et al., 2011). However, it is often difficult to ascertain the extent to which outcomes may be attributed to the interpersonal characteristics and skills of a particular judge, as opposed to the structure and processes of the family treatment court model. In the current study, we set out to more closely examine the potential “judge effect” and to distinguish it from the effects that are inherent in the role of the judge within the court model.

CHAPTER TWO: RESEARCH METHODS

The research team utilized a mixed-methods approach to evaluate the development and impact of the Bronx Family Treatment Court.

PROCESS ANALYSIS

Given that the Bronx FTC was operational for more than four years before we began this study and that a main goal was to analyze impacts, we did not conduct a comprehensive process analysis. However, we did employ a qualitative research strategy to capture a snapshot of current policies, procedures, and processes within the court, and to develop a better understanding of the perspectives of key stakeholders (i.e., dedicated judges, FTC court staff, respondent attorneys) regarding the goals and impact of the FTC. In addition to examining archival documents, such as the Bronx FTC policy manual, planning documents, and family court guides, our process analysis included a robust set of court observations and in-depth interviews with court staff and other key stakeholders.

Specifically, over the 12-month research period we interviewed two of the three judges dedicated to hearing FTC cases (the Honorable Gayle Roberts and the Honorable Sidney Gribetz); the FTC project director (Ms. Liliana Montana); and the supervising judge of the Bronx Family Court (the Honorable Monica Drinane). We also facilitated a focus group with attorneys from the Bronx Defenders Family Justice Project, who represent approximately 75 % of respondents with neglect cases in the Bronx Family court. Finally, we engaged in a series of direct observations in the courtroom of each of the three dedicated judges, both during the specialized family treatment court calendar and during traditional family court calendars. The primary purpose of these direct observations was to obtain firsthand insight into the operations of each of the three courtrooms and the interactions between each of the judges and the FTC participants. (*The courtroom observation and judge interview protocols are included in Appendix A and Appendix B of this report, respectively.*)

Quantitative data for the process analysis was also collected from the New York State Family Treatment Court Universal Treatment Application (UTA). The UTA is used in all FTCs statewide and stores participation data for each respondent, including:

- Psychosocial assessment information including demographics, socioeconomic status, family details, criminal and family court history, drug use and treatment history;
- Participant status and relevant dates, including final status (i.e. graduate or failure);
- Treatment information – dates of attendance in treatment, drug test results;
- Compliance information – infractions, sanctions, achievements, rewards; and
- Court monitoring – meetings with case managers, judicial status hearings.

In addition to explicating the policies and daily operations of the court in Chapter Three, results of the process analysis provide important context for understanding the impact of the court—both according to standard performance measures (time in drug treatment, program retention and graduation, rate of family reunification, time to permanency) and according to the perspectives of FTC participants. These results will be presented in Chapter Four of this report.

IMPACT STUDY

Chapters Five and Six focus on the impact study of the Bronx Family Treatment Court. Chapter Five is an impact study looking at more than five years of neglect petitions in Bronx County, comparing those who entered the FTC to those who did not, but who had comparable case and personal characteristics. Chapter Six reports the results from an overlapping study with a sub-sample of 25 FTC and 25 non-FTC respondents, who participated in a survey focused on their family court experience and perceptions of the court. To be clear, the impact study described in Chapter Five will be referenced as the “administrative data” impact study, whereas the one in Chapter Six will be referenced as the “survey” impact study.

1. Administrative Data Impact Study

The administrative data impact study examined the following questions:

1. Does enrollment in the FTC affect the time to final permanency?
2. Are respondents enrolled in the FTC more or less likely to be reunified with their children at the end of their family case? And
3. Are there other significant differences in FTC and non-FTC permanency outcomes?

The impact study in Chapter Five drew data almost exclusively from the New York State Universal Case Management System (UCMS), which is used to record administrative data in all family court cases across the state. We also consulted the New York State Family Treatment Court Universal Treatment Application (UTA), the statewide Family Treatment Court database in New York State, solely to identify participants in the FTC. Further data from the UTA was not used in the impact study because comparable data was not available for comparison group cases.

All neglect cases filed in Bronx County from November 1, 2005 through December 31, 2010 were part of the initial sample. We identified which petitions were linked to FTC cases and identified them as the participant sample. To match the selection criteria of the FTC, the remaining petitions were selected if there was an allegation of drug or alcohol abuse, and no allegation of domestic violence, excessive corporal punishment, or parental mental illness/retardation. Finally, only the first neglect petition per child in this sample was selected to avoid duplication. At this point, there were 404 FTC subject children and 3,585 potential comparison children.

To address the significantly larger sample size for potential comparison children than participant ones, we randomly selected 998 potential comparison cases, privileging those with valid data on key variables of interest. A logistic regression was conducted to calculate the predictors of participation in the FTC among the 1,402 petitions in this intermediate sample (998 comparison and 404 participant children.) One-to-one nearest neighbor propensity score matching followed, using the results of the logistic regression to select the 404 comparison children who were most similar to in their baseline characteristics to the 404 participant ones. Further details and documentation of this process are provided in Chapter Five.

2. Survey Impact Study

We also conducted an overlapping study with a sub-sample of 25 FTC and 25 non-FTC respondents, who participated in a survey focused on their experiences and perceptions of the

family court. The interview protocol was designed to address the following questions:

1. What are benefits and drawbacks of enrolling from the perspective of respondents who were eligible for the Bronx FTC?
2. How do FTC and non-FTC respondents differ with respect to:
 - a. Demographics and drug use at baseline (point of petition filing)?
 - b. Ancillary service needs and provision (e.g., individual or family therapy, employment assistance, housing etc.)?
 - c. Perceptions of procedural justice (including perceptions of the court process, the judge, and case management)?
 - d. Satisfaction with case management, substance abuse treatment and other services?
 - e. Drug use at follow-up (i.e., in the 30-days prior to the interview).
 - f. Perceptions of their child's well-being and outcomes to date?

As discussed previously, findings from the respondent surveys offer a unique contribution to the literature on family treatment courts by presenting the perceptions of FTC participants in comparison to similar respondents that did not enroll in the specialized court. Specifically, by comparing the perspectives and experiences of FTC participants and traditional family court litigants, these surveys provide a rich context within which to assess the specialized court's effectiveness.

Sampling Frame: As mentioned previously, the original Bronx FTC model involved three dedicated judges who each heard FTC cases on one afternoon per week while also presiding over the traditional family court cases of respondents who were technically eligible for the FTC but did not enroll. To be eligible for the survey, respondents had to have an open neglect case in the Bronx Family Court with an allegation of substance abuse *and* be assigned to one of the three dedicated FTC judges. The participant subsample was defined as any respondent with an eligible case type who was enrolled in the FTC program during the survey period (May 2010-October 2010). This was a comprehensive sample of FTC participants for the time period, since according to FTC policy, all participants were to be assigned to one of the three dedicated judges (New York State Office of Drug Court Programs, 2005). The comparison sample was made up of any respondents who met the eligibility criteria for the FTC but did not enroll and were assigned to one of the three dedicated FTC judges. Given that the FTC screens out defendants with a documented history of domestic violence or serious mental illness, these respondents were also excluded from the comparison sample.

Survey Design: The close-ended instrument used in this research was developed by research staff at the Center for Court Innovation. The final survey instrument consisted of 67 questions divided into ten content areas: Background and Demographic Characteristics; Education and Employment; Recent Substance Abuse History; Procedural Understanding and Perceptions of Fairness in the Court; Case Management; Program Participation and Perceptions of Programs; Outcome Measures; Current Drug Use; and Criminal Activity. The survey was modeled in part on the survey designed by NPC Research for its multi-site evaluation of FTCs in Oregon, California and Maryland (Worcel et al., 2007). It was also based on an in-depth understanding of the Bronx Family Treatment court process, as described in the Bronx FTC policy documents and through an in-depth interview with the Bronx FTC project director. Finally, the Outcome Measures and Procedural Fairness portions of the survey instrument were developed based on

previous research examining the perceptions of litigants and respondents in courts in New York State and nationwide (Picard-Fritsche, 2011; Frazer, 2006; Worcel et al., 2008). The final interview took approximately 40 minutes to administer, with questions asked face-to-face. The complete survey instrument is included in *Appendix C* of this report.

Survey Implementation: Close-ended interviews were completed with a purposive sample of 50 respondents, who were recruited onsite at the Bronx Family Court between May 19, 2010 and October 12, 2010. Potential respondents from the Family Treatment Court were identified through review of the FTC docket for that week as provided to the research team by the project director. All FTC participants were considered eligible. In order to establish the comparison sample, research staff performed weekly reviews of neglect cases to be calendared before each of the three FTC judges during the upcoming three to four court dates. Original ACS reports were examined to see if the case involved an allegation of substance abuse and to ensure that the case should not be excluded due to domestic violence or severe mental illness, or concurrent child abuse cases (since child abuse cases were also considered ineligible for the FTC). For all cases that appeared to qualify at the file review stage, researchers noted the name, petition number and next appearance date. Through this method, the research team maintained a calendar of court dates where a significant number of potential interviewees from either the FTC or comparison samples were scheduled. Using the calendar compiled through file review, researchers recruited survey candidates by calling their name in the waiting room prior to their scheduled court appearance, a practice which is not uncommon in the court as respondents frequently meet with social workers and attorneys in the waiting room prior to their appearance. Names were called without disclosing anything about the respondent's case type or the nature of the study (or even that the names were called in connection with a study). For those eligible respondents who were present, researchers would introduce the survey one-on-one with the respondent including the voluntary and confidential nature of participating. If the respondent wished to participate, the researcher would then conduct the interview in one of the private conference rooms adjoining the waiting area. Interview respondents provided full written consent. Interviews typically lasted between 30 and 45 minutes. A Spanish-speaking interviewer was on site at all times for interviewees who felt more comfortable conducting the interview in Spanish. Most interviews were conducted in the morning while respondents waited to appear before the judge. Respondents who participated in interviews were compensated for their time with \$25 in cash.

Implementation Obstacles: There were several unanticipated obstacles that arose during the implementation of the survey. First, there was some initial concern about recruitment strategies among court stakeholders, particularly from attorneys who represented respondents in neglect cases. Some attorneys were concerned with the confidentiality of the interviews, while others were concerned with the very practical matter of how to ensure that respondents would be available for their court sessions as soon as their names were called—they did not want to have to search for respondents in one of the interview rooms. A series of meetings were held with respondent attorneys that ultimately resolved their objections. However, these meetings served to slow down the recruitment process. More notably, during the second month of survey implementation, there was a change in court policy which consolidated all family treatment court participants in front of a new judge. As a result, survey recruitment was suspended for several weeks so that the research team could gain approval to recruit participants based on the new judge's docket. At this point, we also made a decision that in order to preserve the original

sample design we would not recruit family treatment court participants who were assigned directly to the new judge, but only those who were transferred from the docket of one of the three original dedicated judges. Similarly, we continued to recruit comparison group interviewees only from the calendars of the original three judges. While none of these obstacles made conducting the interviews impossible, they each certainly contributed to the smaller sample than initially planned. The smaller sample ultimately compromised the depth and statistical power of the analysis that could be undertaken with the survey sample.

Sample Bias in the Survey Sample: As discussed previously, the survey was conducted with a convenience sample of those family court respondents that both had eligible cases on days where researchers were onsite at the court and were present for their court appearance during recruitment for the interviews. It was not uncommon for respondents to be rescheduled or simply to not be present for their appearance. Moreover, those respondents out of compliance with court mandates were generally less likely to appear for scheduled court dates. This means that our survey sample is one with *higher* court compliance rates than the family court population generally.

CHAPTER THREE: THE BRONX FAMILY TREATMENT COURT

The Bronx Family Treatment Court opened in November 2005. Since inception, the court has screened 880 cases and served 211 families. This chapter provides an overview of the development of family treatments courts in New York State and describes the Bronx FTC model in particular.

FAMILY TREATMENT COURTS IN NEW YORK

National estimates of the proportion of neglect and abuse cases that involve drug abuse range widely, from 16% in some states to 61% in others (Young et al., 2007). New York State has one of the busiest family courts in the nation, processing more than 200,000 cases annually. In New York City alone, more than 20,000 child protective cases were filed in 2010. Current statistics on the proportion of these cases involving an allegation of substance abuse is not known. However, in 2000, the National Center on Child Welfare and Substance Abuse (NCASW) conducted a meta-analysis of trends in substance abuse and child welfare by state. The study found that drug treatment services are indicated in almost half (46 percent) of child welfare cases in New York State (Young, Gardner, Whitaker, & Yeh, 2005).

New York's state court system first began specifically addressing the issue of substance abuse in neglect cases in the late 1990s with the opening of the Suffolk County Family Treatment Court in 1997 and the Manhattan Family Treatment Court in 1998. An in-depth examination of the Manhattan pilot site, conducted approximately one year after its opening, suggested that the court was successfully engaging mothers in treatment and ultimately increasing their chances of reunification with their children (Wolf, 2000). Since then, more than 50 family treatment courts have opened statewide under the auspices of former Chief Judge Judith Kaye's Family Justice Initiative (Kaye & Lippman, 1998). As discussed in the previous chapter, there at least two models of family treatment courts. Most family treatment courts across the country, including those in New York State, follow the "integrated" family treatment court model in which one family court judge presides over the child protective case and provides judicial monitoring over the parent's substance abuse treatment

STUDY SETTING: THE BRONX, NEW YORK

Geographically, Bronx County is the third largest of New York City's five boroughs. The county covers 42 square miles and is home to just over 1.3 million people. The population is primarily Hispanic/Latino (48 %), followed by African-American (35 %) and white (13 %). Of the five boroughs, the Bronx has the youngest population (27 % under 18 years of age) and the highest proportion of individuals living below poverty (28%) (U.S. Census Bureau, 2011).

Even in the context of the New York City Family Court, one of the busiest in the country, the Bronx Family Court sees a disproportionate number of child permanency cases. As shown in Table 3.1., although Bronx County accounts for 17 percent of the city's total population, 33 percent of all child neglect cases are filed in the Bronx.

Table 3.1. Number of Neglect Cases Filed in New York City by Borough (January-December 2010)

	Bronx	Brooklyn	Manhattan	Queens	Staten Island	New York City
Population	1,397,287	2,567,098	1,629,054	2,306,712	491,730	8,391,881
<i>Percentage of total city population</i>	17%	31%	19%	27%	6%	100%
Number of child neglect cases filed	3,287	3,265	1,173	1,773	585	10,083
<i>Percentage of child neglect cases filed citywide</i>	33%	32%	12%	18%	6%	100%

THE BRONX FAMILY TREATMENT COURT MODEL

The Bronx Family Treatment Court is located on the 7th floor of the Bronx Family and Criminal Court Complex, at 800 Sheridan Avenue in the South Bronx. Planning for the court began in late 2004 and involved collaboration from a variety of stakeholders, including prospective FTC judges, a project director, court administrators, and representatives from the Administration for Children’s Services (ACS), the presentment agency for neglect cases in New York City. Like earlier treatment courts established in New York, the court’s primary goal was to provide coherent, integrated services for substance abusing parents and their children that entered the family court system as a result of a neglect case filed by ACS. Specifically, court planners hoped to: engage parents in treatment as early as possible; provide the support of a court-based case management team; increase accountability among substance abusing parents through rigorous judicial monitoring and graduated sanctions and rewards; and enhance coordination among the court, social service agencies and ACS. Due to the high volume of neglect cases seen in the Bronx Family Court, as well as the complexity of FTC cases, the Bronx FTC opened with a relatively large staff. A list of staff and description of their original roles is in Table 3.2.

Presiding Judges (3)	<ul style="list-style-type: none"> • Preside over one calendar per week dedicated to FTC participants • Monitor participant progress in drug treatment and other mandated services (e.g., parenting classes) • Monitor participant compliance with child placement and visitation orders • Facilitate cooperation between case managers, attorneys for ACS, respondent attorneys and law guardians during court hearings • Dispose of family case and facilitate permanency for children in the case within 15 months
Court-based Case Managers (3)	<ul style="list-style-type: none"> • Assess and create treatment plans for responding parents who are eligible for FTC • Coordinate and facilitate participant entry into substance abuse program and other services • Provide monitoring and support for a caseload of 10-15 FTC families through weekly contact with participants • Prepare reports for the presiding judge regarding participant progress in drug treatment and other programs. • Update and maintain the Universal Treatment Application (UTA) with information concerning participant progress in drug treatment, drug test results and judicial sanctions and rewards
Project Director (1)	<ul style="list-style-type: none"> • Oversee all daily court operations and supervise all FTC staff. • Convene and chair all policy development, clinical planning, and team meetings • Oversee record keeping, statistical reporting, program material development, and operational program development for the FTC
Resource Coordinators (2)	<ul style="list-style-type: none"> • Spearhead daily case conferences among all legal and clinical staff • Provide testimony regarding participant case status, compliance and treatment recommendations during the FTC calendar • Serve as a full member of the courtroom decision making team
Clinical Supervisor (1)	<ul style="list-style-type: none"> • Provide supervision of all clinical case management staff • Spearhead the development and refinement of new clinical initiatives • Assist the project director in building and maintaining the broad network of treatment and social service providers utilized by the court

In addition to the FTC-committed staff members listed above, several other stakeholders attend FTC court sessions on a regular basis—making for quite an impressive courtroom session. For example, most sessions are attended by the court’s law clerk; the law guardian (who represents the children in the case); the ACS attorney assigned to the case; the ACS case manager in the case; the attorney representing the respondent in the case; and a liaison for the respondent’s drug treatment provider. At inception, the Bronx Family Treatment Court was designed as an integrated specialized court in which the three judges would each handle about one-third of the FTC cases. The court was set up to hold three calendars dedicated to FTC cases each week, one before each judge. At the same time, the FTC judges would continue to maintain a caseload of ineligible or non-participant cases, including child neglect, child abuse, custody and delinquency cases. In the event that an FTC participant also had related family cases (i.e., a custody or paternity case), these could be seen in front of the FTC judge, provided the judge approved the transfer of the case.

Eligibility for the Bronx FTC follows the protocol previously established in earlier FTCs around New York State (New York State Office of Drug Court Programs, 2007). Specifically, eligible

cases include any neglect petition filed in Bronx County that involves an allegation of drug or alcohol abuse, regardless of the petition's origin (i.e., petitions for educational neglect or those filed as a result of babies born with positive toxicologies are equally eligible). Respondent parents with previous child protective cases are also considered eligible. There are several exclusionary criteria, including a current child abuse allegation and/or a documented history of domestic violence or severe mental illness. These exclusions are common to FTCs nationwide (Young et al., 2003; Boles et al., 2007). Finally there are several practical requirements, including that the respondent's last known address is in New York City, that they be 18 years of age or older, and that they not have any current criminal cases pending in front of a judge in Bronx County.

All newly filed neglect cases are reviewed by the FTC project director and one or more members of the clinical team each morning. In order to establish eligibility, court staff members review the initial report made by the ACS investigator in the case, which includes detailed allegations including the initial reason that the family was reported and any other allegations made during the course of the investigation. Offers to be assessed for the FTC are made at the respondent's first court appearance in the presence of the judge and the respondent's assigned attorney. Case managers explain the program to the potential participant (respondent) and he or she may volunteer for a full clinical assessment, which is generally scheduled for the next few days following the court appearance. If the respondent agrees to be assessed and is found clinically eligible, he or she will be required to enter a plea of "responsible" at the next court appearance, which essentially waives the fact-finding phase of the case and allows the clinical team to work towards placing the respondent in a treatment program as quickly as possible. Following entrance into the program, participants are assigned to an FTC case manager whom they see each week and they are scheduled to appear before the judge monthly.

The next chapter details additional policies concerning treatment, phases of participation, compliance, sanctions, and rewards.

ADDENDUM: 2011 POLICY CHANGES IN THE BRONX FTC

Since the conclusion of this research in November 2010, several policies governing the Bronx Family Treatment Court have been revised. First, the requirement to enter a responsible plea has modified as of April 2011. Under current policy, any of the five judges currently assigned to see FTC cases may order a respondent to participate in FTC post fact-finding (which in effect increases their level of judicial monitoring and assigns them a court-based FTC case manager). Additionally, the FTC is now accepting respondents with co-occurring mental health disorders who were previously ineligible. Finally, there are now *five* judges dedicated to presiding over FTC cases. Anecdotally, these changes have increased the FTC's active caseload over the last several months.³

³ Information on new policies resulted from a personal communication with the FTC project director and a member of the research team.

CHAPTER FOUR: PARTICIPANT CHARACTERISTICS AND PROGRAM OUTCOMES

This chapter describes participant characteristics, program outcomes, and retention rates for participants in the Bronx Family Treatment Court.

SCREENING AND ELIGIBILITY

Between November 1, 2005 and December 31, 2010, 880 neglect cases were screened for the Bronx FTC. Of these cases, 24% (n =211) became program participants. Table 4.1 presents the annual screening and participant case volume for the court. As the table shows, over the full five-year period there is a steady decline in participation among those screened. In the first year of the program in 2006, 294 cases were screened among whom 30% (n=88) became FTC participants. By 2010, the number screened declined to 105, among whom only 17% (N =18) became participants.

Table 4.1. Annual Eligibility and Participation Volume in Bronx Family Treatment Court (2005-2010)

Screening Outcomes	2005	2006	2007	2008	2009	2010	Total
Total N	25	294	197	126	133	105	880
Ineligible ¹	56%	33%	29%	22%	23%	14%	28%
Declined Participation	12%	37%	49%	57%	56%	69%	48%
Bronx FTC Participant	32%	30%	22%	21%	21%	17%	24%
Total	100%	100%	100%	100%	100%	100%	100%

¹Note: reasons for ineligibility include co-occurring mental health disorder, no discernable addiction, concurrent Person In Need of Supervision (PINS) case, respondent never appeared for court, judicial discretion, history of violence, jurisdictional conflicts and "other."

While the precise reasons for the decline in the number of Bronx family court respondents screened for FTC eligibility are unclear, interview and focus group data suggest that the decline in participation may be due, at least in part, to the FTC's requirement that respondents make a "responsible" admission prior to entering the program. The requirement of an up-front "admission" also replicates the model in adult drug courts, where many programs require a guilty plea be entered prior to formal drug court enrollment. However, unlike adult drug courts, the admission is not dropped at the end of the family court case for those participants who graduate successfully. This was the primary concern reported by attorneys representing respondents with neglect cases in the Bronx Family Court. Additionally, attorneys were concerned about the legal implications of the admission policy. Entering an admission of responsibility means that the respondents automatically waive their right to file a petition to immediately regain custody of their children in cases where the children were placed in foster care. Several stakeholders interviewed over the study period believed that the concerns of the respondent attorneys were making it less likely that respondents would choose to enroll in the court and were ultimately affecting the court's case volume at every stage (numbers of cases screened and percentage of screened cases that agree to participation).

PARTICIPANT PROFILE

Table 4.2 presents a demographic profile of the 211 enrolled Bronx FTC participants over the five-year period examined. As in most family treatment and dependency drug courts, a large majority of the court's participants are female (87%). To date, 48% of the court's participants have been African American, followed by Hispanic (42%), Caucasian (6%) and "Other" (4%). On average, program participants had approximately 2.5 (range 1 to 8) children under the age of 18, and 61% were single or never married. Generally, participants face multiple socioeconomic

challenges including lack of education, unemployment (90% either unemployed or not in labor force) and inadequate housing.

Table 4.2. Demographic Profile of Bronx Family Treatment Court Participants (November 2005-December 2010)

<i>Total Number of Participants</i>	211
Median Age	32.0
Sex	
Male	13%
Female	87%
Race	
Black/African American	48%
Latino/Hispanic	42%
Caucasian	6%
Other	4%
Marital Status	
Married/Life partner	26%
Divorced/Separated	10%
Single/Never married	61%
Widowed	3%
Mean Number of Children	2.5
Highest grade completed	
11 th grade or lower	71%
High school Graduate or GED	19%
Post high school	10%
Current employment status	
Full-time	7%
Part-time	3%
Unemployed	84%
Not in labor force	6%
Primary means of financial support	
Legal Employment	8%
Government Assistance	73%
Spouse, Family or Friends	14%
Other	5%
Current living situation	
Lives with children only	23%
Lives alone (no children)	20%
Lives with spouse/partner (w/ children)	12%
Lives with spouse/partner (no children)	18%
Lives other family/friends (w/children)	4%
Lives other family/friends (no children)	18%
Other/unstable	6%
Currently homeless	18%

SUBSTANCE ABUSE HISTORY

According to Bronx FTC policy, before becoming a participant, all eligible respondents must be given a full clinical assessment. In addition to questions regarding mental and physical health, demographics, and social support, the assessment gathers detailed information on respondents' current and past drug use and treatment history. Table 4.3 displays the drug use and treatment history profile for Bronx FTC participants over the five-year study period. The median age for the first time participants used drugs was 16 years, and the majority had been in drug treatment at least once previously, indicating relatively serious substance abuse issues among participants as a whole. The most commonly reported drugs of choice were marijuana (41%), cocaine (25%) or crack-cocaine (17%). Eight percent of participants reported heroin as their primary drug of choice, and another 7% reported alcohol.

Table 4.3. Substance Abuse Profile of Bronx Family Treatment Court Participants (November 2005-December 2010)*

<i>Total Number of Participants</i>	211
Median age first used drugs	16.0 yrs
Primary drug of choice	%
Alcohol	7%
Marijuana	41%
Cocaine	25%
Crack	17%
Heroin	8%
PCP	1%
Street Methadone	1%
Benzodiazepines	1%
Opiates	1%
Number of prior treatment episodes	
None	34%
One	65%
Two	16%
Three	18%

*Note: Due to rounding, percentages add up to more than 100%.

INITIAL TREATMENT RECOMMENDATION

After screening and clinical assessment, Bronx FTC participants may be placed in a variety of treatment modalities, including short or long-term inpatient, intensive outpatient and standard outpatient. Short-term inpatient usually entails a stay of 28-days at an inpatient facility whereas long-term inpatient usually entails a 6 to 12-month stay at an inpatient facility. Intensive outpatient involves program attendance five days a week, as opposed to the three days per week required in most standard outpatient programs. As Table 4.4 indicates, the majority of Bronx

FTC participants were referred to outpatient treatment (67%) or “intensive” outpatient treatment (24%). Only 10% of participants were referred to a residential program, with 8% referred to long-term inpatient and 2% to short-term inpatient.

**Initial Treatment Modality for Bronx Family Treatment Court
Participants (November 2005-December 2010)***

Treatment Modality	201 Participants ¹
Long-term inpatient	8%
Short-term Inpatient	2%
Intensive Outpatient	24%
Outpatient	67%

*Note: Due to rounding, percentages add up to more than 100%.

¹Note: 10 cases missing.

PROGRAM STATUS

Similar to adult drug courts, FTCs across New York State are structured using phases that delineate participant progress through drug treatment. Each phase involves specific treatment goals and standards of compliance. For example, goals for Phase One in the Bronx FTC include detoxification, achieving sustained abstinence (i.e., 90 days drug-free), improving interaction with children, and placement in a community-based treatment program (New York State Office of Drug Court Programs, 2005). In order to advance to Phase Two, the participant must be drug-free and have received no sanctions for a minimum of four consecutive months. They must also have at least eight satisfactory supervised visitations with children and have kept up with regular court appearances and weekly appointments with their FTC case manager. Once participants advance to Phase Two, they are required to sustain their abstinence from drugs, continue to improve their interaction with family, and improve parenting skills through regular attendance at parenting classes. Phase Three is meant to build self-sufficiency and to assist in reconnection with the community and is characterized by participation in vocational/educational programming. Graduation from the court following Phase Three requires sustained abstinence from drug use for a period of eight consecutive months or more.⁴

Table 4.5 displays the current program status of all FTC participants from program inception through December 2010, with a break-down by phase of treatment. As of December 2010, 18% of the court’s total participants were still open, 32% had graduated and 51% had been terminated or were “closed” for other reasons. Among active participants, the majority (68%) were in phase one.

⁴ On a case-by-case basis, graduation may also require completion of an educational/vocation program and evidence of stable employment and housing (New York State Office of Drug Court Programs, 2005).

Table 4.5. Program Status of all Bronx FTC Participants (November 2005-December 2010)

<i>Total Number of Participants</i>	211
	3%
Active Participants	18%
<i>Phase One</i> ¹	68%
<i>Phase Two</i>	19%
<i>Phase Three</i>	14%
Graduated	32%
Failed ²	51%

¹Note: Phase one includes small number of pre-placement cases.

²Note: Failed includes 6 cases closed for "other" reasons or identified as incomplete.

³Note: Due to rounding, percentages add up to more than 100%.

PARTICIPANT OUTCOMES: COMPLIANCE

Bronx FTC participant compliance with court mandates and treatment requirements is closely monitored by drug court case managers, who report directly to the presiding judge. Typically, compliance is measured through specific infractions (such as positive drug tests) and achievements (such as achieving 90 days or more of abstinence). The Bronx FTC distinguishes six types of major infractions: missed court appearances, non-cooperation with treatment program rules, positive drug tests after the first 90 days, multiple unexcused late appearances for court, tampering with a urine sample, and missed appearances at a treatment program. Table 4.6 describes the distribution of specific infractions committed by participants. As shown, the most common infractions detected by the court are positive drug tests and missed attendance at treatment programs. An overwhelming majority (98%) of Bronx FTC participants received at least one infraction during their case, which is consistent with findings in drug court research more generally. This research shows that infractions reflect relapses that are a normal part of the recovery process for individuals with serious substance abuse problems. However, repeated infractions may be associated with ultimate failure from the program. As shown in the table, Bronx FTC failures had significantly more positive drug tests in comparison to graduates.

Table 4.6. Types of infractions by graduates and failures (November 2005-December 2010)

	Graduates	Failures¹	Total²
<i>Total Number of Participants</i>	67	107	174
Percentage of all participants with at least one infraction during case*	94%	100%	98%
Percentage all participants with 5 or more infractions	84%	92%	88%
Common Infractions			
Positive drug test**	85%	97%	93%
<i>Three or more positive drug tests*</i>	69%	84%	78%
Adulterated or substituted drug test	10%	11%	11%
Breaking rules of drug court program	6%	4%	5%
Missed attendance at treatment program	85%	76%	79%
Missed attendance at court	3%	8%	6%

¹Note: Failures include 6 cases closed for "other" reasons or identified as incomplete.

²Note: Table excludes 37 open cases.

Note: *p < .05, ** p < .01, *** p < .001

PARTICIPANT OUTCOMES: SANCTIONS

As a drug court best practice, interim sanctions are typically employed in response to participant noncompliance. The Bronx FTC operates according to the theory that the more serious or frequent an infraction is, the more severe the sanction should be. However, in practice not all infractions result in a sanction and the guidelines for “graduated” sanctions are not strictly followed. In the Bronx FTC, for example, the presiding judge uses his or her discretion and knowledge of the particular case when imposing sanctions.⁵ Repeated infractions of the same type, however, will generally result in progressively more severe sanctions. Table 4.7 shows that 57% of failures and 70% of graduates in the Bronx FTC received at least one sanction. Thirty-five percent of participants were required to have increased contact with their case manager, 20% had an increase in treatment levels (this may include increase in attendance or extension of required time in treatment program) and 12% were ordered to write an essay. Finally, court observations revealed that a common FTC sanction is to reduce visitation privileges that a respondent has with his or her children. Unfortunately, this practice was not tracked in the drug court database and could not be confirmed. However, it is consistent with practices of other family treatment courts in New York State (New York State Office of Drug Court Programs, 2007).

⁵ The case-by-case use of sanctions and rewards was recorded during direct observation of court proceedings and is consistent with findings in the Universal Treatment Application data.

PARTICIPANT OUTCOMES: ACHIEVEMENTS

In addition to sanctions in response to infractions, the Bronx FTC also acknowledges several types of participant achievements. These achievements may include a variety of behaviors which demonstrate program compliance, such as staying clean for a sustained period (e.g., 30 days or 90 days), giving birth to a drug free baby, taking high school or college courses, obtaining employment and obtaining suitable housing. In general, the court acknowledges such achievements through positive reinforcement such as applause during a court appearance or positive verbal feedback from the judge. Sometimes concrete rewards, such as increased or unsupervised visitation privileges, are given to participants to acknowledge substantial achievements (e.g., movement from one program phase to another or substantial amounts of “clean time”).

Table 4.7. Types of sanctions by graduates and failures (November 2005-December 2010)

	Graduates	Failures¹	Total²
Total Number of Participants	67	107	174
Percentage of all participants with at least one sanction during case⁺	70%	57%	62%
Common Sanctions			
Essay	13%	11%	12%
Increase treatment levels	18%	22%	20%
Increase contact with case manager	37%	34%	35%
Sanctioned at treatment program	9%	7%	8%

¹Note: Failures includes 6 cases closed for "other" reasons or identified as incomplete.

²Note: Table excludes 37 open cases.

Note:⁺p < .10, *p < .05, ** p < .01, *** p < .001

PARTICIPANT OUTCOMES: CASE PROCESSING

Frequent infractions have the effect of slowing down the average time for program completion. In theory, completion of all three drug court phases is expected to take between 12 and 18 months, but noncompliant behavior may result in delayed phase advancement and in turn a longer period of program involvement. Continued noncompliance can result in program failure. Table 4.8 compares the length of time failures and graduates remained in the program and reveals that failures possessed both the minimum and maximum amount of time in the program (1.38 and 50.5 months). However, the mean length of time graduates (20.0 months) stayed in the program was a little bit longer in comparison to failures (18.7 months).

The length of time needed to complete the drug treatment mandate may be of particular interest in the context of the family court model because the average time needed to complete the FTC requirements may be longer than the 15-22 month time limit set for the court to file for a Termination of Parental Rights (TPR), as stipulated by the Adoption and Safe Families Act (ASFA).

Table 4.8. Length of Time in Program (in Months)

	Failures ¹	Graduates	Total ²
Total Number of Participants	107	67	174
Min	1.38	10.13	1.38
Max	50.5	45.61	51.5
Median	20.2	22.72	20.8
Mean*	18.7	20.0	18.7

¹Note: Failures include 6 cases closed for "other" reasons or identified as incomplete.

²Note: Differences between means are not statistically significant.

RETENTION

Previous drug court research has revealed that retention rates are an important predictor of long-term positive outcomes (i.e., less future crime and drug use). Retention rates represent participants who have either graduated or remained active in the drug court program as of key time markers, such as 90 days, one year, or two years. Table 4.9 displays retention rates for the Bronx FTC. As shown, the 90-day retention rate was high (98%), suggesting that nearly all participants achieve early engagement in treatment. In other words, among the 209 participants who had spent *at least* 90 days in the program, 205 were still open cases (0 graduates). After one year, the retention rate dropped to 91% (174 out of the 192 participants who had spent at least one year in the program had either graduated or were still in the program). Although, the retention rate for one year remains relatively high retention rates drop precipitously between one year and three years. As of three years after enrollment, 49% (68 of the 140 who had spent at least 3 years in the program) of Bronx FTC participants were retained, of which 74% had graduated and 26% remained active in the program.

Table 4.9. Retention Rates for Bronx Family Treatment Court Participants (N =211)

Length of Time	N	Retention Rate
90-days	209	98%
6 months	207	95%
1 year	192	91%
18 months	183	77%
2 years	168	59%
30 months	155	53%
3 years	140	49%

CHAPTER FIVE: IMPACT ON CHILD PERMANENCY OUTCOMES

This chapter compares the family court process and outcomes for the subject children of respondents in the Bronx Family Treatment Court and the traditional Bronx Family Court during a contemporaneous timeframe. All analyses and discussion involved in this chapter use the subject child as the unit of measurement. The total number of children is more than the number of adult respondents, because there may be more than one child per respondent. All data come from the New York State Universal Case Management System (UCMS) used by family courts across the state.

SAMPLING FRAME AND METHODOLOGY

All 404 subject children of respondents who entered the Bronx Family Treatment Court (FTC) from inception (November 25, 2005) through December 31, 2010 are included in the participant sample.

We attempted to compile a comparison sample of subject children of non-FTC respondents that is comparable to the petitions and characteristics of the FTC participant subject children. We first selected the subject children in all neglect petitions filed from November 25, 2005 through December 31, 2010 with an allegation of drug or alcohol abuse; this amounted to 5,553 subject children. To match the eligibility requirements of the FTC, we then excluded those petitions with allegations of domestic violence, excessive corporal punishment, or mental illness/retardation. We further selected only the *first* such petition for each child within our timeframe, so as not to have multiple petitions per child in the sample. At this point, there were 3,585 subject children remaining in the initial potential comparison sample. Table 5.1 outlines the evolution of the comparison sample in detail.

The potential comparison sample was then further narrowed by randomly selecting approximately 1,000 of the subject children, privileging those with no missing data on key variables of interest and requiring a distribution of the randomly selected cases by year of petition that accurately reflect the annual intake of the FTC. (An important exception is that for reasons of data quality and availability, extremely few potential comparison children had their petitions filed in 2005.) This process resulted in 998 potential comparison children. Table 5.2 compares the 404 participant children to the potential randomly selected comparison group of 998 children. There were significant differences between the two groups in several domains: year petition filed (due to the lack of 2005 petitions in the comparison group), allegations, first permanency goal, number of respondents per child, respondent sex, and respondent age.

TABLE 5.1: Impact Evaluation on Sampling	
Neglect Petitions Filed 11/05-2010	22,277
Allegation of Drug or Alcohol Abuse	5,553
Alcohol Abuse	1,149
Drug Abuse	4,801
First Neglect Petition with Drug/Alcohol Abuse Allegation ²	5,487
Exclude comparison petitions with allegations of domestic violence, excessive corporal punishment, or parental mental illness/retardation (can have more than one)	3,989
Domestic Violence	620
Excessive Corporal Punishment	444
Parental Mental Illness/Retardation	603
Initial Sample	
Bronx FTC Participant Subject Children	404
Potential Comparison Subject Children	3,585
Post Random Selection, Pre-Matching	
Bronx FTC Participant Subject Children	404
Potential Comparison Subject Children	998
Post-Matching	
Bronx FTC Participants	404
Comparison Subject Children	404
¹ Potential comparison petitions were only considered if they were filed after November 25, 2005 because allegations were not systematically recorded in UCMS prior to that date. There were 24 Bronx FTC participants who had petitions filed prior to 11/25/05 that were included in the participant sample because the program was likely able to identify drug/alcohol abuse allegations despite them not being entered in UCMS.	
² There were 24 participants who did not have drug or alcohol abuse allegations that were included in the sample because the program was likely able to identify drug/alcohol abuse despite the lack of an official allegation. Here is the distribution of allegations among those 24 participants (multiple allegations per respondent): 65% (16) inadequate guardianship/supervision; 44% (10) other neglect; 9% (2) failure to protect; and 4% (1) inadequate educational care.	

A logistic regression was then conducted to predict the likelihood of FTC participation, including all 404 participant and 998 potential comparison children. A one-to-one propensity score matching algorithm led to a final comparison sample of 404 subject children of non-FTC respondents. Table 5.2 shows the potential randomly selected comparison group of 998 children and the final comparison group of 404 children compared to the 404 participant children. Most of the significant differences were resolved with propensity score matching, but two remained – year petition filed, with the participant children more likely to have entered in 2005 than the comparison children, and one of the allegation types (drug abuse, 89% among participant and 94% among final comparison children).

RESULTS

1. Impact of the FTC on Removal

Removal is a regular component of child protective cases across both groups. Almost 80% of children in both groups were removed at some point during the petition's processing (79% of participant children compared to 78% of comparison children). Similarly, almost half of both groups was removed at the time of petition filing (49% of participant and 45% of comparison children), with the remainder removed at some point later in the petition's processing.

	Bronx FTC Participant Children (N=404)	Final Comparison Group Children (N = 404)
Child removed at petition filing	49%	45%
Child <i>ever</i> removed (has permanency episode)	79%	78%
Child removed at petition filing	62%	58%
Child removed <i>after</i> petition filing	38%	42%
Child <i>never</i> removed	21%	22%
Petition Filed --> Removal (days)	42.08*	14.99
*** p<.001 ** p<.01 * p<.05 + p<.10		

On average, participant children are removed *later* than the comparison – just over two weeks for the comparison children (15 days), compared to 42 days for participant children (p<.05). Perhaps this significant difference can be interpreted as child protective workers giving the benefit of the doubt to families involved in the FTC before removal, but the end result is the same with comparable removal rates over the life of the petition for both groups.

2. Impact of FTC on Child Permanency Outcomes

The top half of Table 5.4 displays outcomes only for those children who were removed at some point during the petition's processing – seventy-nine percent of participant children (318) and 78% of comparison children (314). Since some of these children had not yet achieved permanency at the time of the analysis, the last permanency goal is reported as an indicator of the direction of the case.⁶ Reunification is the most common permanency goal in both groups, but is slightly higher in the comparison group (69% of participant and 72% of comparison children,

⁶ APPLA stands for Another Planned Permanent Living Arrangement and represents an independent living solution, likely a group home, for a youth who is not yet legally old enough to live on his/her own, but for whom the other permanency goals are not appropriate or feasible.

approaching significance at the 0.10 level). Participant children were slightly more likely to have a permanency goal of placement with a fit and willing relative, also known as kinship care (8% of participant compared to 4% of comparison children, $p < .05$.)

On average, participant children were able to reach the fact-finding phase significantly faster than comparison children (36.26 days compared to 247.51 days, $p < .001$); this difference reflects the requirement of the FTC that all participant respondents must admit responsibility and waive the right to a full fact-finding hearing.

TABLE 5.4: Impact of Bronx FTC on Outcomes		
For Children who were Removed		
	Bronx FTC Participant Children (N=318)	Final Comparison Group Children (N = 314)
For Those Who Were Removed:		
Last Permanency Goal		
Reunification	65%+	72%
Adoption	22%	19%
Placement Fit & Willing Relative	8%*	4%
APPLA	5%	6%
Guardianship	0%	0%
Interim Time Frames		
Petition Filed --> Fact Finding (days ¹)	36.26***	247.51
Permanency Achieved	60%	61%
For Those Who Achieved Permanency:		
	(N = 192)	(N = 191)
Permanency Outcome		
Reunification	72%+	80%
Adoption	15%	12%
Placement Fit & Willing Relative	12%*	5%
APPLA	2%	3%
Child Aged Out of Care	0%	1%
Time to Permanency (in months)		
Start of Permanency --> Permanency Achieved	21.38***	15.97
Removal --> Permanency Outcomes (in months):		
--> reunification	16.11*	12.60
--> adoption	42.09***	30.28
--> placement with fit and willing relative	26.19	20.17
--> APPLA	33.96	40.60
Removal --> Aged Out of Care	--	48.39
*** $p < .001$ ** $p < .01$ * $p < .05$ + $p < .10$		
¹ Time from petition filed to fact finding for the entire sample (i.e. including those who did not have a removal) was comparable to this select sample. The average number of days from petition filed to fact finding was 34.64 for participant children and 242.40 for comparison subject children. This difference was similarly statistically significant at the 0.001 level.		

As of the time of data analysis for this study, a statistically identical 60% of participant and 61% of comparison children had reached permanency. The bottom half of Table 5.4 focuses only on those who had achieved permanency.

The permanency outcome distribution is similar to that discussed above. Comparison children were slightly more likely than participant children to achieve reunification (80% compared to 72%, $p < .10$); and participant children were more likely to achieve permanency through placement with a fit and willing relative (12% compared to 5%, $p < .05$.)

Participant children required a significantly longer time to achieve permanency – over 21 months for participant compared to almost 16 months for comparison children ($p < .001$.) Specifically, participant children took longer to achieve permanency for each permanency outcome except APPLA – reunification ($p < .05$), adoption ($p < .001$), and placement with a fit and willing relative (ostensibly longer but not significant.) Likely, participation in FTC takes longer to complete than traditional processing, due to required participation in substance abuse treatment for the respondents and increased monitoring. Unfortunately, the more comprehensive experience does not appear to improve outcomes for participant children.

PREDICTORS OF TIME TO PERMANENCY

As shown earlier in Table 5.4, FTC participants take longer to achieve most permanency outcomes. This analysis looked at additional predictors of time to permanency. Results are shown in Table 5.5. The linear regression predicting time to permanency found that Bronx FTC status ($p < .01$) led to longer time to permanency achieved, while an initial permanency goal of reunification ($p < .001$) or placement with a fit and willing relative ($p < .01$) led to shorter time to permanency. These findings are consistent with earlier bivariate analyses.

TABLE 5.5: Bronx FTC - Predictors of Key Outcomes	
Predicting Days from Removal --> Permanency Achieved for those who achieved permanency	
	Standardized Coefficient
Bronx FTC Participant	0.139**
<i>Allegations¹</i>	
Drug Abuse	.056
Failure to Provide Adequate Food/Shelter/Clothing	.009
Alcohol Abuse	.009
Inadequate Guardianship/Supervision	-.026
<i>Child Removed at Time of Petition Filing</i>	.059
<i>First Permanency Goal</i>	
Reunification	-.638***
Adoption	-.034
Placement with Fit and Willing Relative	-.241**
Child Age at Petition Filing	-.011
Average Respondent Age	-.047
<i>Number of Cases</i>	353
*** p<.001 ** p<.01 * p<.05 + p<.10	
¹ Allegation data is missing for 12 participant children (6%).	

DISCUSSION

The analyses in this chapter lead to disappointing results for the FTC. Neither of the primary goals – increasing reunification and decreasing the time necessary to achieve permanency – appears to have been accomplished. One possible explanation is that the child protective and FTC staff are more discerning about the homes they potentially return these children to, and therefore end up using kinship care more often than in the comparison group. This would also help to explain the longer time to permanency achieved – it takes longer to first conclude that reunification is not going to be achieved, and then to find a relative and prepare a home for kinship care.

A more comprehensive evaluation in the future should examine the long-term outcomes for these children – how many return to the family court process, are removed from their homes again, and have favorable or unfavorable life outcomes in adulthood. It's possible that the FTC avoids these subsequent upheavals in the child's life by finding a better, sustainable long-term outcome for a child with a relative, rather than in the child protective system through foster care.

CHAPTER SIX: IMPACT ON RESPONDENT EXPERIENCES AND PERCEPTIONS

PURPOSE OF THE RESPONDENT SURVEY

Despite the widely acknowledged role of substance abuse in fueling the increase in child welfare cases nationally, there is little research examining the experiences and perspectives of parent respondents with substance-abuse problems. One notable exception is an evaluation of the Michigan Family Court's response to child welfare cases, which included focus groups with parents currently facing neglect charges in five counties. Although the Michigan focus groups did not address substance abuse specifically, results indicated a general frustration with the courts among parents with child welfare cases—who reported not understanding the court process, feeling their voice was not heard by the court, and feeling that their attorneys did not speak up on their behalf (Cutler Institute for Child and Family Policy, 2005). Two years later, NPC Research interviewed over 120 mothers in three family treatment courts as a part of their multisite FTC evaluation. Interviewees generally placed a high value on their relationship with the dedicated judge and the additional support of the case management team. Mothers also reported benefiting from a range of ancillary services provided in some of the FTCs studied (Worcel et al., 2007).

Our primary objective in interviewing FTC participants in the Bronx was to contribute to this preliminary literature regarding the experiences of parent respondents in family treatment courts as well as in family courts more generally. As discussed previously, the format of the Bronx FTC provided a unique opportunity to compare the experiences of parents facing child neglect cases who chose to enroll in the FTC with the experiences of those with similar cases that were processed in the “traditional” family court. The survey was designed to gain a comprehensive understanding of parent respondents' experiences, including: experiences with drug treatment and ancillary services; perceptions of case managers, ACS staff and the judge; opinions of the treatment of their children during the case; and overall perceptions of procedural justice. Baseline (point of petition filing) demographic and substance abuse information was also gathered and compared.

SURVEY SAMPLE: BASELINE COMPARISON

Our final sample included 50 parent respondents, 25 in the FTC and 25 in the comparison group. Table 6.1 displays the background characteristics of the survey sample, broken down by whether the respondent was a FTC participant. As the table shows, the two groups are demographically similar with a few notable exceptions. First, although males were a minority in both groups, there were fewer male respondents in the FTC compared with the comparison group (8% vs. 28%, $p < .10$). Also, a higher percentage of FTC respondents were unemployed (80% vs. 68%) and single (80% vs. 56%), although neither of these differences reached a traditional threshold of statistical significance. Finally, respondents in the FTC had more children who were currently in kinship care (i.e., other relatives), whereas the comparison group had more children in the care of another parent ($p < .10$).

Table 6.1. Profile of the Bronx Family Court Survey Sample

	Family Treatment Court (N=25)	Comparison Group (N=25)	Total (N=50)
Race			
Black/African American	44%	44%	44%
White/Caucasian	4%	0%	2%
Hispanic/Latino	52%	44%	48%
Other	0%	12%	6%
Sex			
Male	8%	28%+	18%
Female	92%	72%+	82%
Employment Status			
Unemployed	80%	68%	74%
Employed (full or part-time)	20%	32%	26%
Educational Level			
No HS diploma or GED	64%	68%	66%
HS diploma/GED	32%	24%	28%
Some College	4%	8%	6%
Relationship Status			
Single	80%	56%	68%
Married/Domestic Partnership	20%	32%	26%
Separated/Divorced	0%	12%	5%
Number of Children (average)			
	2.91	2.84	2.87
Average Age of Children (Years)			
	7.9	6.9	7.44
Current Living Situation of Children¹			
Living with Respondent (not removed)	26%	30%	28%
Foster Care	20%	20%	20%
Kinship Care	60%	48%	54%
Other	4%	0%	2%
Other parent	0%	12%+	6%
Drug use immediately prior to case²			
Marijuana	44%	60%	52%
Alcohol	32%	48%	40%
Cocaine	36%	12%*	24%
Heroin	28%	4%*	16%
One or more children removed			
	74%	70%	72%
Average length of current case			
	14 months	16 months	15 months
Allegations in Current case³			
Drug Abuse	88%	70%	79%
Alcohol Abuse	13%	15%	14%
Other	21%	53%	37%
Initial Permanency Goal⁴			
Reunification	80%	88%	84%
Kinship Care	10%	0%	5%
Adoption	5%	12%	9%
Alternative Planned Placement Agreement	5%	0%	3%

+p<.10 *p<.05 **p<.01 ***p<.001

¹For each category, the percentage represents the percentage of survey respondents with one or more children in that situation. Therefore, columns may total more than 100%.

²Survey respondents were asked to indicate all drugs they had taken in the thirty days prior to their case, therefore these columns may add up to more than 100%.

³Notes: Allegation data were missing five cases; All respondents in the survey were mandated to drug or alcohol treatment as a part of their ACS case, regardless of whether there was an allegation of substance abuse at the point of petition; ACS petitions may include multiple allegations, therefore these columns may add up to more than 100%.

⁴Initial permanency goal is the initial goal for removed children, established by the family court at the time of removal.

Another area of noticeable differences between FTC and comparison respondents could be found in self-reported drug use patterns at the time the child neglect petition was filed. FTC participants were significantly more likely than comparison group respondents to report use of cocaine or heroin in the past month. There was also a substantially higher prevalence of previous drug treatment episodes at court intake (68% vs. 28%, $p < .01$) in the FTC sample. These differences seem to suggest that respondents with more serious drug problems are more likely to be considered for the FTC or, ultimately, to enroll in the FTC.

As further shown in Table 6.1, the FTC and comparison respondents were similar in terms of the time their cases had been open at as of their interview (i.e., 15 months on average). Unsurprisingly, almost all respondents in both groups had either a drug or alcohol abuse allegation in the initial ACS petition filed with the court. A small minority of the comparison group (i.e., three comparison cases) had an allegation of substance abuse added *after* the initial ACS petition was filed. In these cases, the initial petition would include one or more other allegations, most typically “inadequate guardianship,” which is used as a generic allegation in many neglect cases. By self-report, approximately 70% of respondents in both groups had one or more children removed at some point during their case. As displayed in the table, the court established an initial permanency goal of reunification in the majority of those cases that involved child removal (80% of the FTC group and 88% of the comparison group). Because a substantial number of the respondents interviewed were early in the permanency process, we chose not to present final permanency data for this sample.

ACS SERVICE PLAN AND ANCILLARY SERVICES FOR PARENT RESPONDENTS

In most neglect cases involving substance abuse, the New York City Administration for Children’s Services (ACS) issues a standard “service plan” that involves mandatory drug treatment and completion of a six-week parenting skills class. Thus, all survey respondents were mandated to these two services, regardless of whether they enrolled in the FTC. At the time of interview, the majority (64%) of respondents reported that they were currently in drug treatment, while one-third completed treatment (30%) or were still awaiting placement (6%). As shown in Table 6.2, almost all respondents were either currently enrolled in or had completed *outpatient* treatment (90% across both samples), with 4% (two respondents) reporting a mandate to *residential* treatment and 6% (three respondents) reporting that they had not yet been placed. Whereas nearly all respondents had thus been placed in drug treatment, at the time of the interview, most respondents (exactly 72% in both the FTC and comparison samples) were still awaiting placement in a parenting skills class.

Table 6.2. Current Status of Survey Respondents in ACS-mandated Services (Drug Treatment or Parenting Skills Classes)

	FTC (N=25)	Comparison Group (N=25)	Total (N=50)
Drug Treatment (current or completed)¹	96%	92%	94%
<i>Inpatient</i>	8%	0%	4%
<i>Outpatient</i>	88%	92%	90%
Parenting Skills Class			
<i>Current or completed</i>	28%	28%	28%
<i>Not yet placed</i>	72%	72%	72%

¹Six percent of the Family Treatment Court group and eight percent of the Comparison group were "in between drug treatment programs or were not yet placed."

In addition to drug treatment and parenting classes, some respondents in both groups received ancillary services—such as education, individual counseling, or anger management—during the course of their case. Typically, these ancillary services are received through their drug treatment program and, thus, may vary according to their specific provider. Table 6.3 displays common “ancillary services” that survey respondents reported receiving during the course of their neglect case. As shown in the table, the most common service received by both groups was individual counseling, with 36% of FTC and 32% of comparison respondents reporting that they received this service. The FTC group appeared to be substantially more likely to have received several other services, including anger management (32% vs. 8%), adult education (i.e., GRE classes, 20% vs. 8%) and family therapy (20% vs. 4%). None of these services was typically provided directly by the FTC. However, the differences between the two groups may suggest that the FTC group was assigned to drug treatment providers that offer a more comprehensive set of services or that the FTC maintains greater oversight over the treatment programs that they are working with.

Table 6.3. Ancillary services most often received through the family court, as reported by survey participants

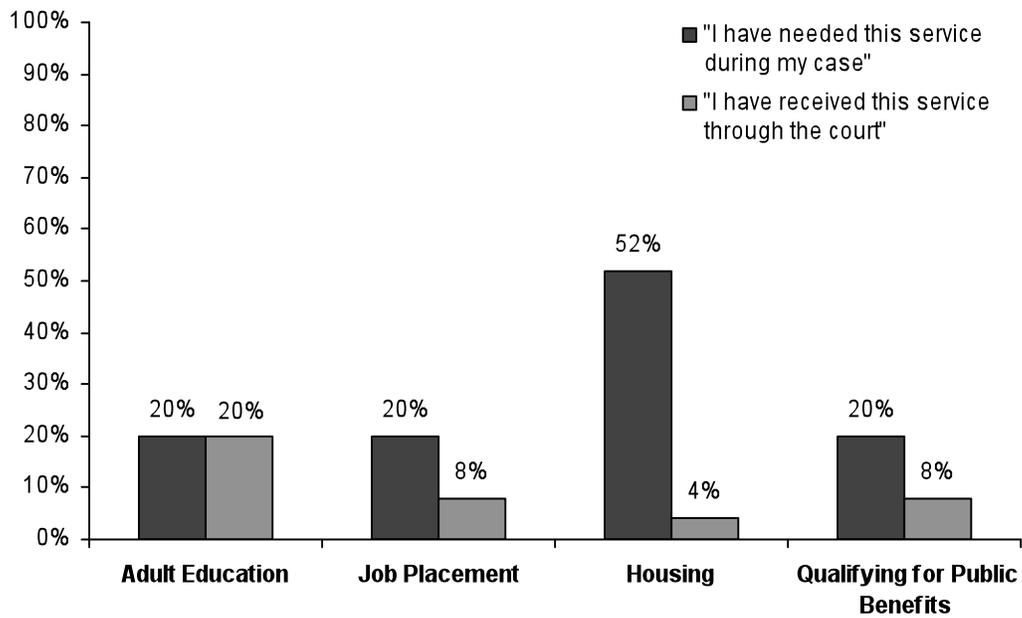
	FTC (N=25)	Comparison Group (N=25)	Total (N=50)
Individual Therapy	36%	32%	33%
Anger Management	32%	8%+	20%
Adult Education	20%	8%	14%
Family Therapy	20%	4%	12%
Employment Assistance	8%	4%	4%

+p<.10 *p<.05 **p<.01 ***p<.001

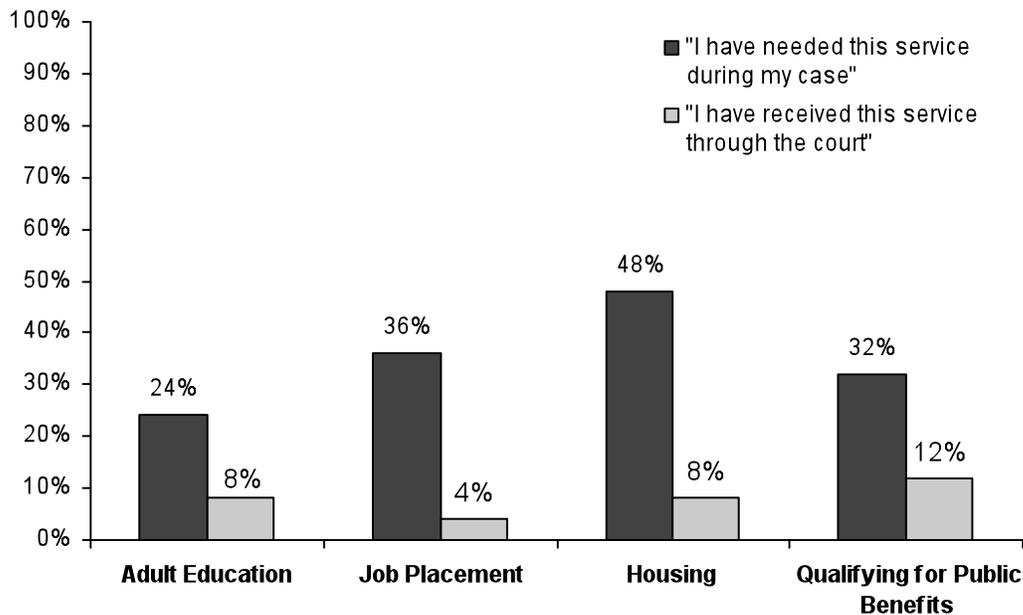
As suggested in the demographic profile presented above in Table 6.1 (see also chapter 4 of this report), Bronx FTC respondents are a high-need group. Specifically, more than two-thirds of respondents from both the FTC and comparison groups reported that they were unemployed and less than one-third from both groups reported that they had completed high school or received a GED at the time the current court petition was filed. Thus, in addition to drug treatment and

parenting education needs, many respondents would likely benefit from instrumental support, such as assistance with housing, vocational/educational services and/or job placement. To further explore the issue of service needs among parent respondents, we asked interviewees to answer a series of questions regarding social services they may have needed during the course of their family court case, in addition to those they were actually receiving. Figures 6.1 (FTC respondents) and 6.2 (comparison group) compare services respondents reported they needed versus those they received through the court, ACS, or their treatment provider.

Figure 6.1. Services needed vs. those received through the family court (Family Treatment Court Respondents)



**Figure 6.2. Services needed vs. those received through the court
(Comparison Group Respondents)**



As suggested by the data in both Figures 6.1 and 6.2 for both groups of respondents, there is a disconnect between the services respondents feel that they need versus those received during their time in the family court. Mostly, services that were needed but not received were of an instrumental nature (e.g., housing and employment related). Specifically, approximately half of all interviewees (across both samples) reported needing help obtaining appropriate housing, while few reported receiving this assistance (4% in the FTC and 8% in the comparison sample). Clear gaps between services needed and received were also evident with respect to help finding a job (see “job placement” category in Figures 6.1 and 6.2) and assistance obtaining public benefits.

During a focus group conducted by the research team with attorneys from the institutional provider agency that represents approximately 75% of parent respondents in the FTC, focus group participants underlined the importance of instrumental support services. As one participating attorney articulated:

One positive use of FTC resources [could be] providing more ACD vouchers⁷ for respondents, establishing a visiting center [for parents and their children], providing assistance with housing and researching better treatment programs...

The need for assistance with identifying appropriate housing may be of particular importance to parents with a case in the family treatment court, since according to the FTC’s policy and procedures manual, FTC participants must have established a “safe, stable and drug-free home”

⁷ New York City ACS provides low-income parents with a limited number of “ACDs”, which are vouchers for low-cost or free child care.

before they can graduate from the drug court program (New York State Office of Drug Court Programs, 2005). The apparent lack of support for obtaining adequate housing, either through the court or outside treatment providers, may make this a difficult goal for some participants to meet before graduating.

EXPERIENCES WITH CASE MANAGEMENT

As soon as an Administration for Children’s Services (ACS) investigation begins, families are assigned an ACS case manager. The ACS case manager may make program recommendations for parent respondents with neglect cases, but the primary purpose of such referrals is to promote the well-being of the children. For most parents with cases in the Bronx Family Court, the ACS case manager and/ or a counselor from their drug treatment program are the primary sources of social service referrals for themselves and their children. However, FTC respondents are also assigned an FTC-based case manager whose responsibility is to ensure that the adult respondents receive the services they need (including the appropriate level of drug treatment and ancillary services). To further understand the role of case management both in and outside the FTC model, the survey included questions regarding case management services and respondent perceptions of their relationship with their case manager. Survey participants were asked to agree or disagree with a series of statements, which included statements about instrumental, emotional and support for goals by any case manager working with their family (i.e., does this statement apply to your ACS case manager, your FTC case manager *or* your counselor at your treatment program?). Figures 6.3 through 6.5 reflect trends in experiences with case management for the survey group as a whole, as well as differences between the FTC and comparison groups.

Figure 6.3 compares the opinions of respondents in the FTC and comparison groups concerning whether they have a case manager who supports their goals (child custody and drug treatment goals). The results indicate that FTC respondents were noticeably more likely to report that they have at least one case manager that supports their treatment goals (84% vs. 63%) and their permanency goals (e.g., to regain full custody of children) (83% vs. 68%). A similar trend can be observed in Figure 6.4, which reflects respondents’ opinions of emotional support from one or more case managers. A higher percentage of the FTC group reported having a case manager who “cares about their well-being” and a case manager whose recommendations have “been good for their children” (83% vs. 73%).

Figure 6.3. Perceptions of case manager support for goals, FTC Court vs. Comparison Group

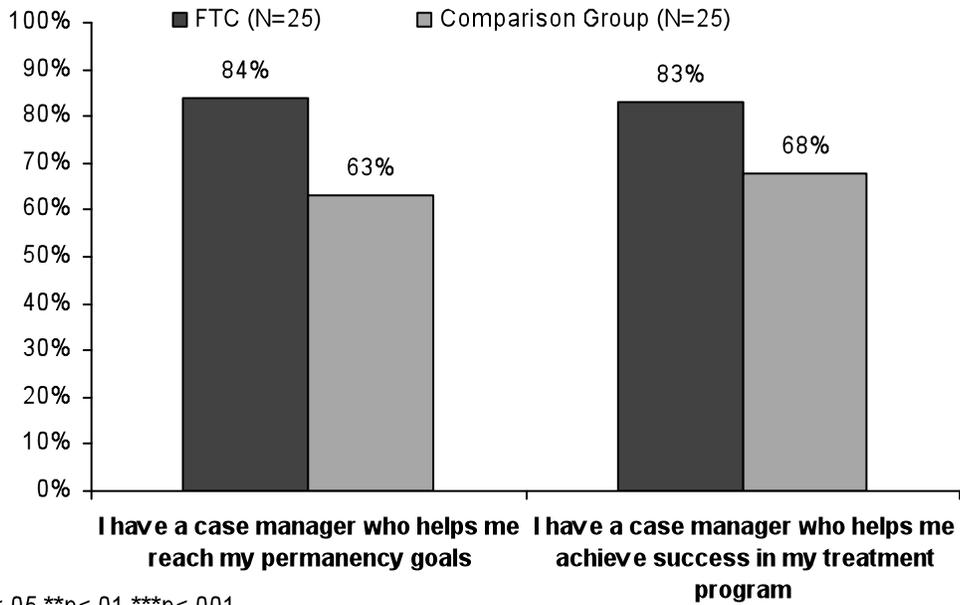
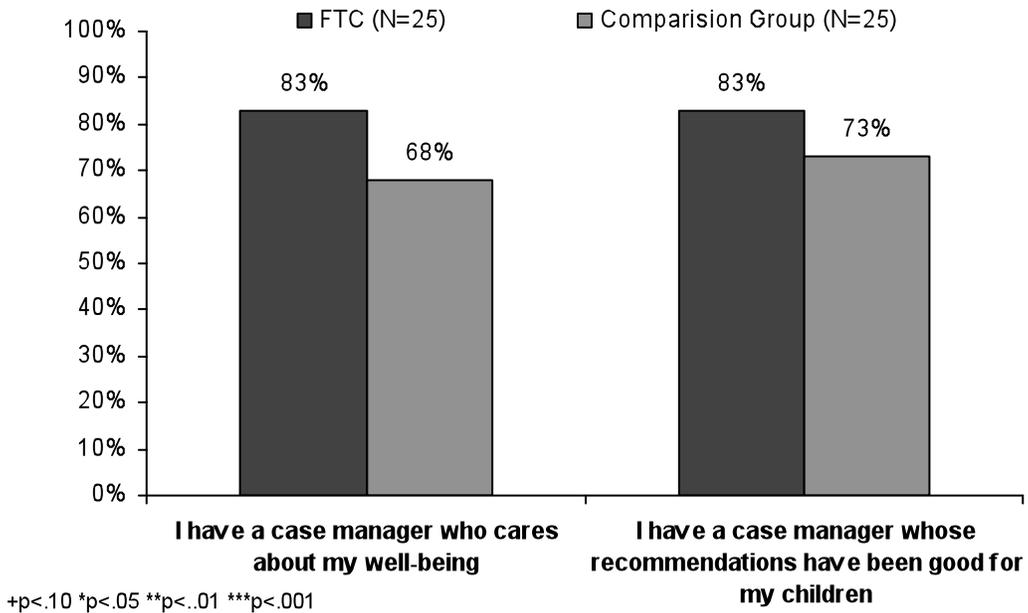


Figure 6.4. Perceptions of Emotional Support from Case Manager, FTC Participants vs. Comparison Group

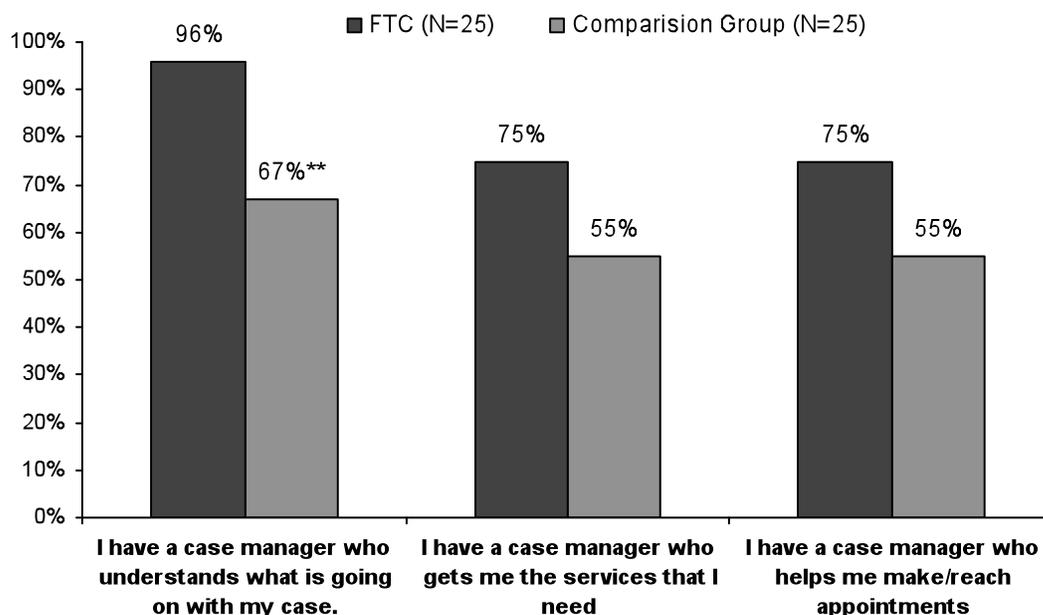


Slightly different results were found regarding instrumental support that respondents may have received from their case managers. Specifically, the analysis looked at three instrumental support items from the survey:

- I have a case manager who gets me the services that I need
- I have a case manager who helps me make/reach appointments
- I have a case manager who understands what is going on with my case

As shown in Figure 6.5 below, opinions of instrumental support from case managers were moderately lower overall than those regarding emotional support or support for respondent goals; although once again, average perceptions of case management appeared to be more positive among those in the FTC than in the comparison group. Specifically, only 75% of the FTC and 55% of the comparison respondents believed that their case manager helps them get the services they need *or* helps them make and keep appointments. On the other hand, almost all FTC respondents reported that they have a case manager that understands what is going on in their case (96%), as compared with two-thirds of the comparison group respondents (67%, $p < .01$). Initially, this last finding regarding the significant gap between the perceptions of FTC and non-FTC case manager knowledge of the court case may seem unsurprising, since only FTC case managers are based in the court. However, since ACS case managers are responsible for filing initial petitions in neglect cases and are routinely asked to appear in court, this finding may actually be meaningful in that it suggests that ACS case managers are not regularly communicating with parents concerning the details of their case. This possibility is supported by further findings that FTC case managers and respondents generally communicate more frequently (2-3 times per month) than respondents and ACS case managers (once per month or less often).

Figure 6.5. Perceptions of Instrumental Support from Case Manager, FTC participants vs. Comparison Group



+ $p < .10$ * $p < .05$ ** $p < .01$ *** $p < .001$

To review, the survey findings presented just above suggest that having an FTC case manager, whose priority is to meet the responding parent’s service needs, improves perceptions of case management quality overall (consistent differences across all measures). A subsequent bivariate analysis found that the quality of case management services for the survey group as a whole is significantly related to their perceptions of the “bottom-line” question of how the court handled their case. Specifically, respondents who report having a case manager who understands their case were significantly more likely to feel that the court treated their case fairly overall (89% vs. 11%, $p < .001$). Similarly, respondents who reported that their case manager helped them get the services that they needed were more likely to feel the court was fair to them overall (77% vs. 36%, $p < .001$). Finally, qualitative interviews with the project director and dedicated judges assigned to the Bronx FTC support the idea that court-based case management services in the Bronx FTC are a central distinguishing feature of the specialized court.

The dedicated FTC case managers are really what makes the difference for respondents in the court. People who are not in the FTC don't have this—they only have an ACS case manager. They (FTC case managers) speak with their clients on a weekly basis. Their goal is to provide the respondent with better quality treatment...and to help them get their kids back as quickly as possible.
-Project Director, Bronx Family Treatment Court

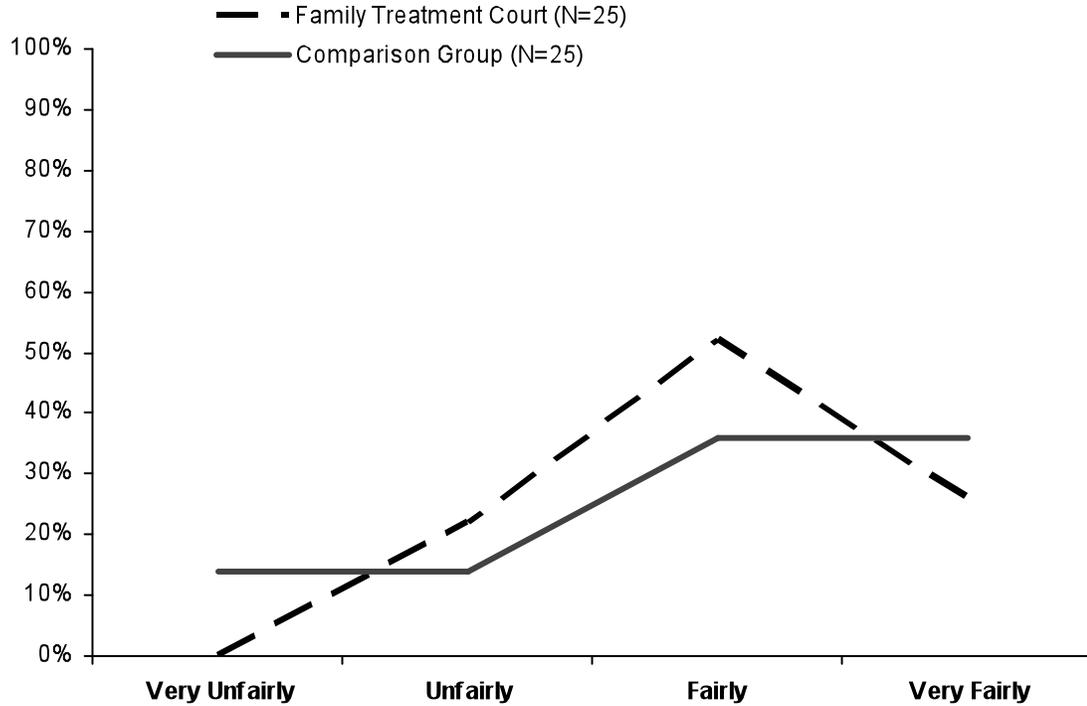
Q: Given that respondents with these types of cases are required to complete the same service plan [drug treatment and parenting skills class], what is the main difference between being in the treatment court and just being in the “traditional” family court?

A: I think the difference is the additional case management services that the parent gets [from FTC]. They are able to get better drug treatment services more quickly.
-Dedicated Judge, Bronx Family Treatment Court

PROCEDURAL JUSTICE

Procedural justice can be understood as the overall perceived fairness of how litigants are treated during their court case. Previous research has shown that perceived fairness of the court process can influence litigant acceptance of case outcome (Machura, 1998). Several factors are thought to influence litigant perceptions of fairness, including whether litigants felt that their voice was heard in the court, whether they felt they had quality legal representation, their perception of the judge’s character, and the extent to which the court understands or “gets the facts correct” in their case. The current survey included questions addressing each of these factors. Before rating specific measures of procedural justice, however, survey respondents were asked to rate the “overall fairness” with which the court treated their case. As shown in Figure 6.6, the majority of respondents in both the FTC and comparison groups felt the court had handled their case fairly overall (75%). Specifically, 44% rated the court as “fair” and 31% as “very fair.” Among the 25% of respondents who felt the court was unfair overall, none of the FTC participants and 14% of the comparison group felt that it was “very unfair.” Greater subtlety in perceptions of fairness emerged when participants were asked about specific factors that contribute to procedural justice, as described below.

Figure 6.6. Respondent Perceptions of Fairness in the Bronx Family Court

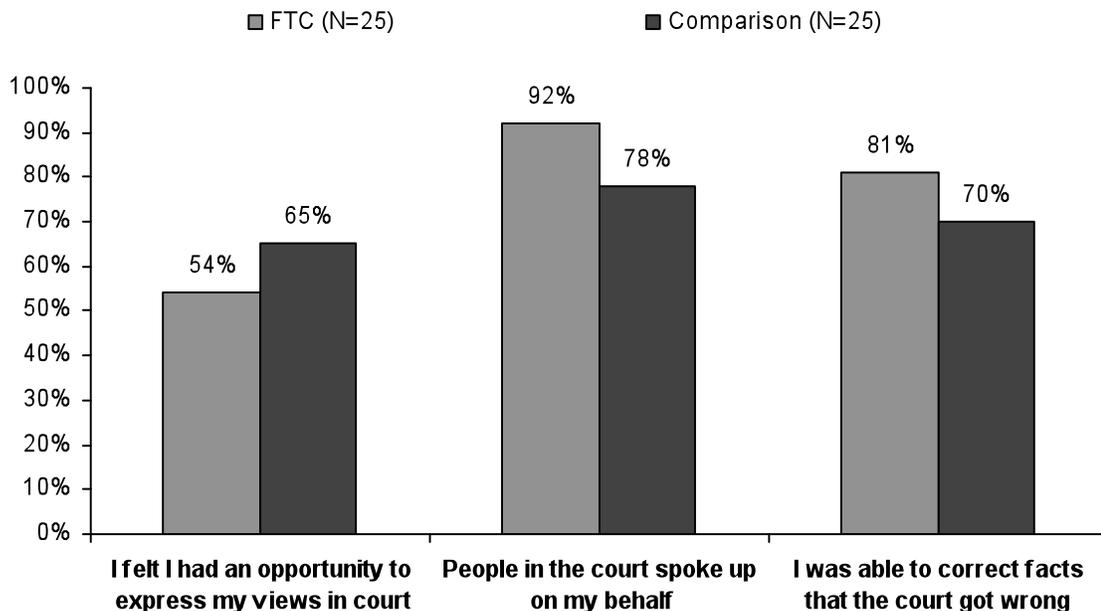


+p<.10 *p<.05 **p<.01 ***p<.001

Figure 6.7 displays responses to three questions that were designed to elicit respondents’ sense of “voice” in the courtroom. In order get at this underlying concept, we explored not only whether the respondents felt they were heard by the court, but also whether they felt the court/judge acknowledged their opinions and understood the facts of the case. Specifically, the survey asked respondents the extent to which they agreed with the following three statements:

- I felt I had the opportunity to express my views in court
- People in the court spoke up on my behalf
- I was able to correct any facts that the court got wrong

Figure 6.7. Procedural Justice: respondent perceptions of "voice" in the courtroom



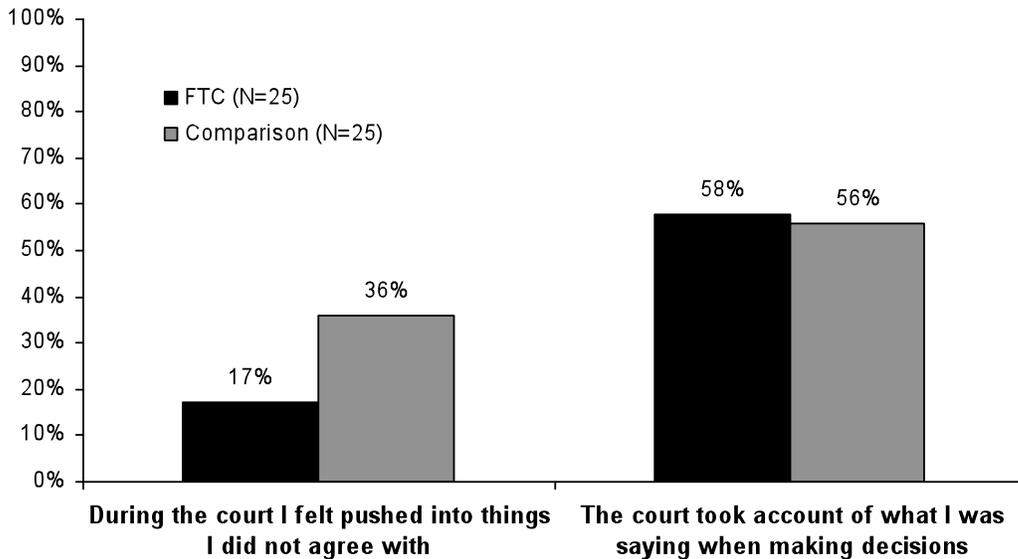
+p<.10 *p<.05 **p<.01 ***p<.001

As shown in the figure, over half of respondents in both groups (59% on average) felt the court gave them the opportunity to express their views, with comparison group respondents slightly more likely to agree with this statement. However, almost all FTC and most comparison group respondents felt that people in the court spoke up on their behalf (presumably their attorneys). A larger majority (75%) of survey respondents also reported that they were able to correct any facts that the court got wrong during their case. FTC participants were moderately (81% vs. 70%) more likely than the comparison group to agree with this last statement. One possible explanation for this difference is that there were several people in the comparison group who reported during interviews that they did not have a substance abuse problem, despite the allegation made by ACS. In contrast, none of the FTC respondents disputed whether they had a drug problem. As one comparison respondent commented at the end of their interview:

ACS made false allegations that were not investigated before taking my kids...I never had a drug problem.

Similarly, there were noticeable, if small, differences between the FTC and comparison groups concerning the fairness of decisions made during court hearings. As shown in Figure 6.8, respondents were asked the extent to which they felt “the court took account of what I said when making decisions” or whether they felt “pushed into things I did not agree with” during court hearings.

Figure 6.8. Procedural Justice: Respondent Perception of Influence over Court Decisions



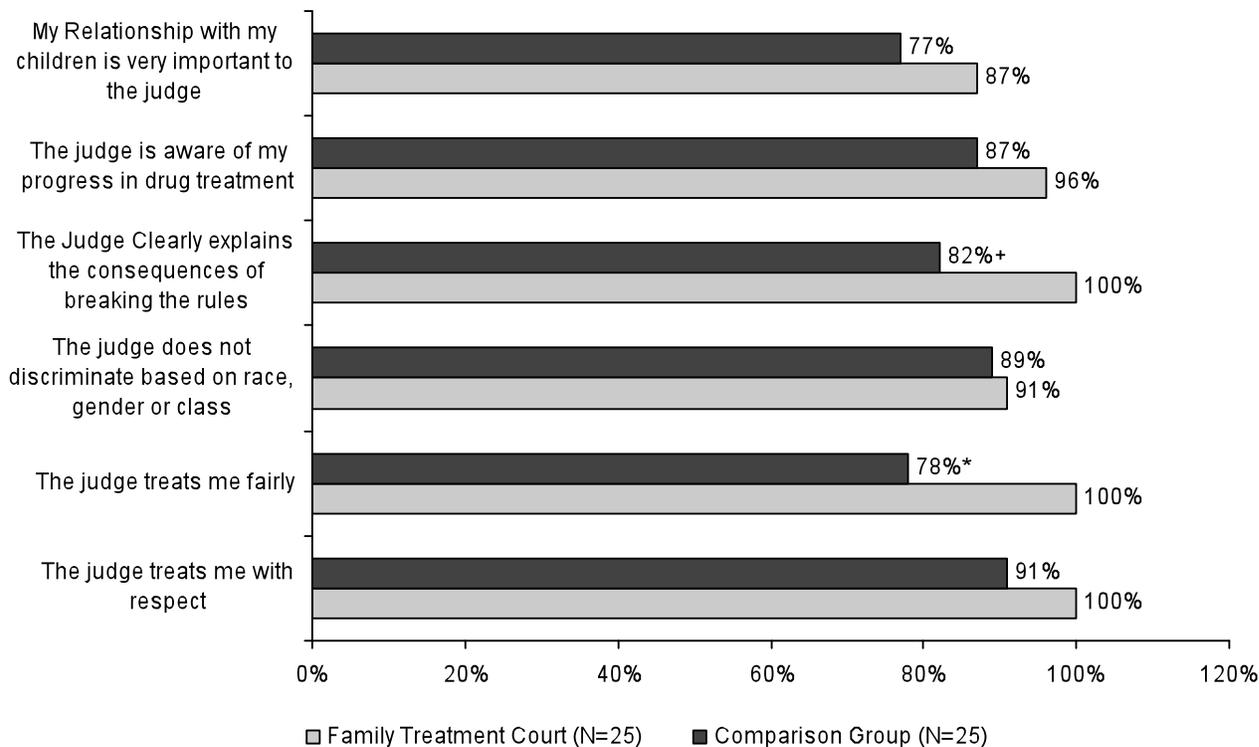
+p<.10 *p<.05 **p<.01 ***p<.001

Just under 60 percent of both groups reported feeling that the court took account of what they were saying when making decisions. Also, although only a minority of the overall sample reported feeling they were pushed into decisions that they did not agree with, FTC respondents were substantially less likely to believe this was the case than comparison respondents (17% vs. 36%). Again this may be related to several respondents in the comparison group that disagreed with the basis for their case (i.e., a substance abuse allegation).

PERCEPTIONS OF THE JUDGE

Previous studies have also shown that perceptions of the presiding judge strongly influence litigants' overall opinions of procedural fairness (Farole and Cissner, 2005; Frazer, 2006; Senjo and Leip, 2001). The current survey asked a range of questions about the presiding judge, including whether the respondent felt the judge was fair, treated them with respect, did not discriminate and cared about the outcome of their case. As shown in Figure 6.9, the FTC sample had generally more favorable perceptions of the judge than the comparison sample. On one item where the difference did reach statistical significance, FTC respondents were significantly more likely to feel that the judge treated them fairly (100% vs. 78%, $p<.05$). In addition, FTC participants were more likely than the comparison group to report that the judge explained the consequences of "breaking the rules" (100% vs. 82%, $p<.10$). In this latter example, it is possible that the observed difference is an artifact of the treatment court model, under which it is considered a "best practice" to lay out the system of sanctions and rewards to participants. Moreover, it is possible that comparison group members, who generally made fewer appearances in court (due to no formal judicial monitoring component), were less likely to have direct interactions with the judge during which he or she was able to reiterate the rules of the court and the consequences of breaking such rules.

Figure 6.9. Perceptions of the Judge, Bronx Family Court Survey Sample (Family Treatment Court vs. Comparison Group)



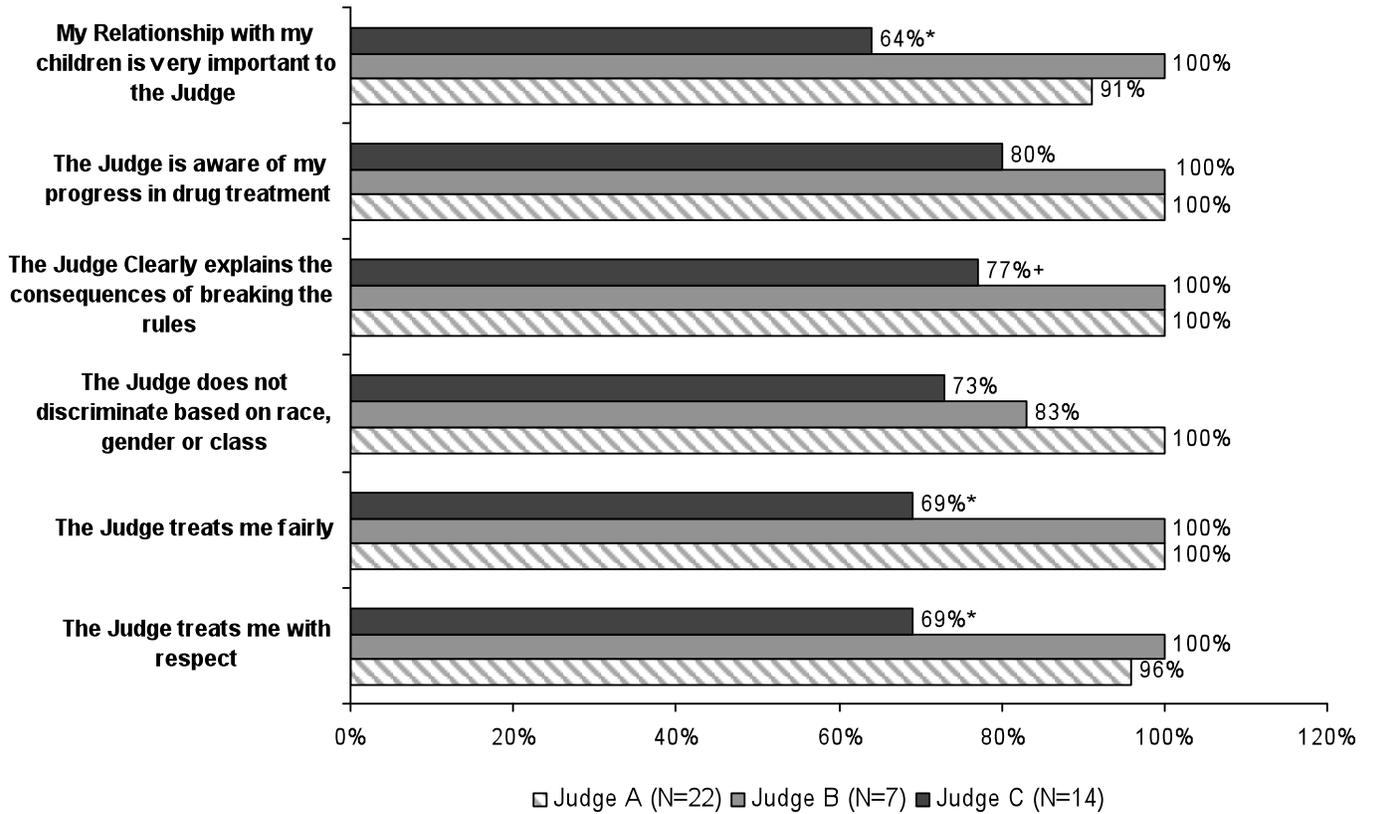
+p<.10 *p<.05 **p<.01

THE JUDGE EFFECT

As discussed in Chapter 3, one unique aspect of the current study is that the three judges presiding over the Family Treatment Court during the study period were the same three judges that were presiding over cases included in the comparison group. This allowed us to tease out the influence of the court model (i.e., FTC or traditional model) from the influence of the specific judge who presided over the case (to preserve anonymity: Judge A, Judge B or Judge C). As Figure 6.10 clearly demonstrates, perceptions of the individual judges were not equal. In particular, respondents had less positive opinions of one of the three judges (“Judge C”) across all of the analyzed measures. Respondents in Judge C’s court were significantly more likely to agree with the following:

1. I felt pushed into things I didn’t agree with
2. I felt too intimidated or scared to say what I really thought
3. All sides did NOT have a fair chance to bring out the facts
4. I DID NOT have an opportunity to express myself in court

Figure 6.10. Perceptions of the Judge Bronx Family Court Survey Sample (by presiding judge)



+p<.10 *p<.05 **p<.01 ***p<.001

These findings suggest that both the FTC model itself and the implementation of the model by the presiding judge individually have an impact on the experiences of respondents in the court. To further explore this possibility, we looked at the use of rewards and sanctions broken down by presiding judge. These findings are presented in Table 6.4.

Table 6.4. Use of sanctions and rewards, broken down by presiding judge¹

	Judge A (N=22)	Judge B (N=7)	Judge C (N=17)
Applause in the court	36%	57%	12%
Certificate of progress	41%	43%	18%
Increased visits with children	64%	86%	35%*
Allowed unsupervised visits with children	54%	43%	41%
Allowed overnight or weekend visits with children	23%	43%	6%
Restricted to only supervised visits with children	18%	43%	0%*
Children returned to parent on a trial basis	23%	14%	18%
Children placed in foster care on a trial basis	14%	29%	0%
Increased frequency of drug tests	41%	29%	24%

+p<.10 *p<.05 **p<.01 ***p<.001

¹ Based on self-reported data: parent-respondents were asked whether any of the listed actions had taken place during their case.

It is notable that the sanctions and rewards listed in Table 6.4, including traditional “drug court sanctions” such as applause in court and certificates of progress, were used by all three judges in both FTC and comparison cases. Moreover, as the table demonstrates, there was less interaction between “Judge C” and respondents, whether in the form of a “sanction” (increased drug testing or fewer visits with children) or a “reward” (increased visits with children or applause in court). This findings may suggest that increased interaction with the judge, whether positive or negative, improves respondents perceptions of the judge overall, since perceptions of “Judge C” were generally less positive. These results should be interpreted with caution, however, due to the overall small sample size and the fact that “Judge C” presided over a greater number of comparison group cases than either Judge A or Judge B. Finally, factors other than sanctions and rewards or those that were measured by the survey may be influencing respondents’ perceptions of the presiding judge.

CHAPTER SEVEN: SUMMARY AND POLICY IMPLICATIONS

SUMMARY AND REVIEW OF FINDINGS

Results of the Bronx Family Treatment Court evaluation show that the court had little impact on traditional measures of success for family treatment courts. FTC participants were equally as likely as respondents in the traditional family court to have one or more of their children removed during the course of their case. For both groups, a substantial majority of subject children (approximately 80%) were removed from the home at some point in the case. Moreover, FTC participation did not result in a higher percentage of parents reunified with their children, nor did participation decrease time to permanency for the children of FTC participants. However, the evaluation did find a higher prevalence of kinship care in the FTC group, an outcome which is generally considered preferable to adoption or alternative placement arrangements. Unfortunately, a rigorous analysis of the impact of the FTC on drug treatment outcomes (e.g., time to treatment engagement, number of treatment episodes, treatment completion) was not possible due to the lack of treatment records data for comparison respondents.

The evaluation documented a declining caseload in the specialized family treatment court over the five-year study period. As discussed in Chapter 4, this decline resulted from fewer defendants being screened and found eligible for the court, as well as fewer eligible respondents becoming FTC participants. Reasons for the decline in the number of respondents screened and found eligible for the court are not completely clear from this analysis, although it may reflect informal adjustments to court policies in terms of identifying the most appropriate candidates for the FTC.

In terms of the decline in participation, interviews with court staff and attorneys suggest that the primary reason was a lack of support by respondent attorneys for the court's requirement that parents enter a plea of "responsible" prior to joining the FTC. Legally, this means that parents in the FTC may not petition for the immediate return of their children if their children were removed by ACS at the time the petition was filed, and must waive their right to "fact-finding" or a possible dismissal of ACS allegations. Many attorneys representing parents in the Bronx Family Court believed that this particular requirement was onerous and that the drawbacks of making a responsible admission at the outset of the case outweighed the potential benefits of joining the FTC. Thus, the decline in the FTC caseload resulted, at least in part, from the tendency of respondent attorneys to recommend that respondents not enroll in FTC.

On the other hand, results from the survey with parent respondents in the court suggest that FTC participants are receiving superior case management and services above and beyond the required drug treatment and parenting classes that all respondents were supposed to receive. The introduction of case managers for parents in the court by the FTC has made an important contribution to improving the court's response to these types of cases. The need for quality case management that focuses on parents was further underscored in qualitative interviews with dedicated FTC judges, the FTC project director and respondent attorneys. Nonetheless, it should be noted that there is still a significant gap between the service needs of the average respondent in the Bronx Family Court and the type of services provided through ACS or the court. This gap exists for all respondents in the court, regardless of whether they become FTC participants.

Finally, results from the respondent survey also suggest that higher levels of interaction with the presiding judge improve the experience of respondents in the court and are correlated with a perception that the court treated their case fairly. These findings were true for both the FTC and comparison groups and refer to both negative and positive interactions (sanctions and rewards). Due to extremely high case volume, the Bronx FTC currently calendars FTC participants to see the judge once per month. This level of judicial monitoring is relatively low compared with some other family treatment courts, which typically calendar participants to see the judge every other week or even as often as weekly. Other issues of judicial implementation of the drug court model may be affecting respondent experiences in the court, given the substantial difference in ratings of one of the court's three presiding judges. Analyzing these implementation issues was outside the scope of the current study.

POLICY RECOMMENDATIONS

In response to the findings in this evaluation, implementation of the following policy recommendations could improve the Bronx Family Court's response to child permanency cases involving parents with substance abuse problems—whether the family court provides that response in or outside of the family treatment court context:

- Drop the requirement to enter a “responsible” plea prior to becoming an FTC participant (this recommendation applies to FTC cases only);
- Consider providing parent-focused case management, in addition to traditional ACS case management, for *all* substance-abusing parents with child neglect cases;
- Provide comprehensive ancillary support services for parent-respondents, in particular assistance identifying appropriate housing, adult education, and job placement assistance;
- Track drug treatment outcomes for all respondents with substance abuse allegations, so that the impact of the family court on drug abuse or dependence can be measured more successfully;
- Provide training and technical assistance for judges implementing the FTC model—or hearing permanency cases outside of the FTC model—including training on the impact of judicial interaction on the experiences of respondents in the court; and
- Introduce more family-based programming, such as traditional family therapy or structured, supervised “play” between parents and children

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Appendix A

Bronx Family Court/Family Treatment Court: COURT APPEARANCE OBSERVATION FORM

1. Court Part #: _____ 2. Date: ___/___/___ 3. Observer Initials:

4. Appearance Start Time: _____ End Time: _____

5. Respondent Name: _____

6. Is the case an ACS neglect case? Yes No Unclear

No, but it is a case linked to a previous ACS case (e.g., a "B" or "V" case)

If it is a related case that is not neglect, please
describe _____

7. Does the case involve an allegation of substance abuse?

Yes No Unclear

If the case is not a neglect case involving a substance abuse allegation **stop here**. If the case is a substance abuse/ neglect case, **fill out the rest of the form**.

8. Is the respondent in FTC? Yes No Unclear

9. How many respondents are there? one parent two parents

other _____

10. Respondent Demographics:

Respondent 1 sex: Male Female Unclear

Respondent 2 sex: Male Female Unclear

13. Respondent Race/Ethnicity: White Black/Afam Latino/a

Other: _____

14. Approximate age of respondents?

Respondent 1: ___ ___ years

Respondent 2: ___ ___ years

12. Court Actors Present: ACS attorney Respondent Respondent's attorney ACS
Caseworker FTC caseworker Law Guardian FTC staff Representative from a drug
treatment program

13. How many children are involved in the case? ___ (#)

On the back of this page please write a few sentences describing what happened during the appearance with a particular focus on: (1) whether the respondent currently has custody of their kids (2) whether the respondent is in drug treatment and if so whether they are compliant (3) any interaction between the judge and the respondent (4) any interaction between the judge and the respondent's attorney (5) recommendations of the ACS caseworker and/or attorney (6) recommendations of the law guardian and (7) what the "final" outcome of the appearance is (i.e., a sanction or a reward against the parent?).

Do NOT leave the court before putting these forms into an envelope and placing the envelope in a bag.

Appendix B

Bronx Family Treatment Court (FTC) Evaluation Judge Interview Protocol April 2010

1. How long have you been a judge with the Bronx Family Court? What is your judicial or other professional experience prior to BXFC?
2. Why is it important/useful to have a specialty court such as Bronx Family Treatment Court for Neg/SA cases?
3. How would you describe the goals of the Bronx Family Treatment Court (FTC)? In what ways, if any, do the goals vary from those of the traditional family court with respect to these types of cases?
 - a. Were you part of the initial planning process?
 - b. If yes, what were some of the initial planning issues? (space, figuring out the judges, getting attorneys or ACS on board, figuring out case management, etc)
 - c. Do you have a sense of whether the FTC model has changed over the years?
 - d. Would you say there are any differences in how the Bronx FTC is designed vs. how it is implemented in everyday practice? If yes, what are they?
4. What are the practical differences between having a neglect/substance abuse case in the Bronx Family treatment Court (FTC) vs. the regular Bronx Family Court (FC)?
 - a. Are regular family court respondents equally or less likely to receive a program mandate (drug treatment or otherwise)?
 - b. Is the level of judicial supervision and/or follow up different? If yes, how so?
 - c. Would you say the level of communication (or team work) among attorneys, ACS, treatment program staff and the court is stronger in FTC vs. FC? If yes, please explain.
 - d. Do the respondents in the FTC typically differ from respondents in the FC in terms of background characteristics, attitudes or behaviors? If yes, please explain.
 - e. Do the respondents in the FTC typically differ from respondents in the FC in terms of case characteristics (i.e., types of allegations, history of previous family court cases)? If yes, please explain.
 - f. In what ways, if any, do the attorneys, ACS staff, treatment program staff, or others vary in terms of how they approach cases and/or interact with clients from the FTC and FC?
 - g. Would you say the court is better informed about the progress of respondents in FTC vs. FC?
 - i. Why or why not?
 - h. As a judge, would you say you have more time and/or options for connecting with respondents in the FTC vs. FC? If yes, how so?
 - i. As a judge, are there any differences in how you approach cases and/or interact with respondents from the FTC and FC? If yes, what are these differences?
 - j. Overall, do you think FTC is more difficult to complete than regular FC?
 - i. Why or why not?
5. In what ways, if any, is the court process different in the FTC?
 - a. Is the timeline from fact-finding to disposition to final permanency hearing different for FTC cases (i.e., is it longer so that the respondent can complete treatment?)

- b. At what point is a case in the FTC considered “resolved” (i.e., when the respondent completes/fails treatment and there is agreement on a permanency plan? Not until the final permanency hearing?)
 - c. Is this different for cases in the FC?
6. In terms of permanency or outcomes for their children, what would you say is the goal for the typical FTC defendant (e.g., is it always regaining or keeping full custody)?
 - a. Are the goals usually the same for Neg/SA respondents in the regular family court?
 - b. Do permanency goals of respondents change over the course of a case? If yes, give examples.
7. In terms of drug treatment, what are the initial goals of respondents with these types of cases?
 - a. Are they different for FTC/FC defendants?
 - b. Do these goals change over time?
8. What would you say are the biggest *advantages* of the FTC for respondents? (e.g., quicker time to resolution, more chances to see children, better outcomes, etc.)
9. What would you say are some of the main *challenges*? (e.g., where do they trip up—relapse, managing different requirements, violations of visitation, etc.)
10. In looking at the numbers, it seems like a significant percentage of people who are eligible for the Bronx FTC do not end up choosing it. Do you have a sense of why that is? (Probe for advice from lawyers, discomfort with waiving right to trial/pleading guilty, too many court appearances, too much programming, etc)
11. How would you define “success” in terms of the Bronx FTC?
 - a. If someone does well, in terms of testing clean and participating in programs, how quickly can their cases be disposed?
12. Thinking about the respondents who seem to do well in the Bronx FTC, what stands out as some of the key characteristics or reasons associated with these *success cases*?
 - a. Any specific examples?
13. Thinking about the respondents who do not do well in the Bronx FTC, what stands out as some of main reasons for their lack of success?
 - a. Any specific examples?
14. Now I would like to ask you about the types of sanctions and rewards that are offered in the FTC? [Show list to judge]
 - a. Are all of these used in practice?
 - b. What are the most common sanctions (and infractions/reasons for sanctions)?
 - c. What are the most common rewards (and reasons for rewards)?
 - d. Are rewards and sanctions determined on a case-by-case basis, or is it a matter of sticking to a certain schedule or set of criteria?
 - e. How important are the reports from drug treatment programs in terms of determining rewards and sanctions?
 - f. Do the sanctions and rewards differ from FTC to regular family court?
 - g. In your opinion, which rewards and sanctions appear to be most effective?
 - h. Do you think any of the sanctions are unfair or a bit extreme? (e.g. respondents losing clean time for a single relapse. Does this happen in regular FC?)
 - i. Do you have any ideas for additional rewards or sanctions? If yes, what are they?

15. In FTC, can you explain how a respondent goes from Phase I to Phase III?
 - a. Who makes these decisions?
 - b. Do you think respondents understand what it takes to move to each phase?
 - c. Do you think these phases help respondents work toward a goal?
 - d. In FTC, how common is it to have an “interim” decision, such as children being released to parents on a trial basis? (Is this more common than in FC?)
16. Can you explain what goes into the disposition process in the FTC vs. FC?
 - a. Is the case considered disposed at the point that a permanency goal is established (“dispositional hearing”)?
 - b. What are other possible *final* dispositions (e.g., the case is removed from FTC, dismissal or ACD, other)?
 - c. What factors determine the final disposition?
17. As a judge, what are the most *rewarding* aspects of your experience presiding over cases that appear before the Bronx FTC?
18. What are the most *frustrating* aspects of your experiences presiding over FTC cases?
19. Are there any procedural or programmatic issues that are currently being discussed or debated regarding the FTC process? If yes, what are they?
20. What, if anything, would you suggest to improve the Bronx FTC process and outcomes?

Appendix C: Bronx FTC Respondent Survey (English)

To be completed by interviewer

Interviewer:

- SB
- JB
- ML
- Other _____

Date of Interview: ____/____/____

Participant is in:

- Family Treatment Court
- Comparison Group

Name of Participant: _____

Docket # _____

Family ID: _____

Petition Filing Date: ____/____/____

FTC UTA ID [If FTC] _____

Interview took place:

- Before court appearance
- After court appearance

Status of the interview:

- Complete
- Partially complete, other session scheduled for ____/____/____
- Partially complete, refused to continue

Interview conducted in:

- English
- Spanish

Participant ID:

Cover Page

Participant ID: _ _ _

Participant ID: _ _ _

Baseline Questions

The following questions are about your characteristics and personal background and current living situation.

Participant gender:

- Female
- Male

What is your date of birth? ___/___/_____

How would you describe your racial/ethnic background? (Please check all that apply)

- Black or African-American
- Hispanic or Latino
- White or Caucasian
- Asian
- Other (Specify): _____

Are you currently single, married, divorced or separated?

- Single
- Married
- Divorced
- Separated

Are you currently living with your spouse or with an intimate partner?

- Yes
- No
- N/A (not in an intimate relationship)

[If yes to cohabitating] Is the person you're living with the parent of one or more of the children in the current family court case?

- Yes
- No

How many children do you have?

- 1
- 2
- 3
- 4
- 5 or more

Participant ID: _ _ _

What are the ages of the children?

- Age of child 1 _____
- Age of child 2 _____
- Age of child 3 _____
- Age of child 4 _____
- Age of child 5 _____

How many, if any, of your children were removed from your care at any time since your family court case began? ____

[If yes to removal] How many, if any, of your children have been returned to your care? ____

How many of your children are currently living with you?

- 1
- 2
- 3
- 4
- 5 or more

If they are not living with you, where are they living?

- Spouse/partner
- Other family
- Friends
- Foster care
- Other
- Don't Know

Education, Employment Status and Living Situation

What is the highest educational degree you have obtained?

- € Less than High School, no GED
- € High School Diploma or passed GED
- € College degree or higher

At the time your family court case began, were you currently employed?

- € Yes, working full-time (35 or more hours per week)
- € Yes, working part-time
- € No

About how many months ago did your current family court case begin? ____

Participant ID: _ _ _

[For FTC only] Thinking back to when your case began, what made you decide to accept the offer to participate in the Bronx Family Treatment Court? [Check all that apply]

- Lawyer's advice
- Wanted to participate in drug treatment
- Interested in participating in other programs the court offers
- Felt it was the best way to get my kids back
- Pressure from family/friends
- Other: _____

[For non-FTC only] Were you given the opportunity to enroll in the Family Treatment Court?

- Yes
- No

[If yes to offer] Why did you decide not to participate in the Family Treatment Court? [Check all that apply]

- Too busy
- Lawyer's advice
- Wanted to fight the court case against me
- Not interested
- I don't need it
- Other: _____

Substance Abuse History

The following questions are about drugs and alcohol that you may have used in the month before your family court case began. Please try to think back to that time and answer to the best of your ability. Please do not answer these questions based on what you are doing now.

In the month prior to when your family court case began, how often did you drink any type of alcoholic beverage?

- 0 times
- A few times
- Once or twice per week
- Every day

In the month prior to when your family court case began, how often did you use marijuana?

- 0 times
- A few times
- Once or twice per week
- Every day

Participant ID: _ _ _

In the month prior to when your family court case began, how often did you use cocaine, including powder, crack or free-base?

- 0 times
- A few times
- Once or twice per week
- Every day

In the month prior to when your family court case began, how often did you use heroin?

- 0 times
- A few times
- Once or twice per week
- Everyday

[If used heroin] In the month prior to when your family court case began, how often did you use any drug to help you withdraw from heroin, such as methadone or buprenorphine?

- 0 times
- A few times
- Once or twice per week
- Every day
- If used, was the drug prescribed to you by a doctor?*

At any time prior to your family court case, were you ever in drug treatment?

- Yes
- No

Participant ID: _ _ _

Intermediate Questions

Procedural Understanding & Perceptions of Fairness in the Court

The next questions are about your experience in the Bronx Family Court. The response choices for this section are: 1 for not well, 2 for pretty well, 3 for very well and 4 for extremely well.

How well would you say you understand what is going on with your family court case?

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

Now I'm going to read a list of people who are usually present when you appear in court. As I read each name, please indicate how well you understand that person's role in your case. The response choices are: 1 for not well, 2 for pretty well, 3 for very well and 4 for extremely well.

Your attorney

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

The attorney for ACS

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

The law guardians or the lawyers that represent your children

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

The ACS case manager

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

The liaison from your treatment program

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

[If FTC] The resource coordinator or case manager that works for the court

Not Well	Pretty Well	Very Well	Extremely Well
1	2	4	5

Who is the Judge appointed to your case?

- Judge Roberts
- Judge Gribetz
- Judge Lupuloff

If you have a question, problem or concern regarding your family court case, whom would you feel most comfortable contacting?

- My attorney
- My case manager
- The judge
- The referee in my case
- Other _____
- There is no one I am comfortable contacting

In the past three months, how many times have you appeared in family court? ____ [*Probe for estimate if subject is unsure*]

Thinking about the Judge in your case, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please state whether you agree or disagree with the following statements.

The judge is knowledgeable about my case.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge knows my name.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge treats me with respect.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge treats me fairly.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge wants to see me succeed.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge wants to see me reunited with my child/children.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge gives me a chance to tell my side of the story.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge remembers details about my case from hearing to hearing.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge is approachable.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge does not discriminate against me based on age, income, race, gender or some other reason.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge clearly explains the rules of the court and what is expected of me.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge clearly explains what will happen if I violate the rules.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge is aware of my progress in my drug treatment program and any other programs that I am supposed to attend.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge listens to me.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge is aware of how I interact with my child/children at home or during visitations.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The judge makes sure that I am receiving all of the services I need.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

My relationship with my children is extremely important to the judge.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Participant ID: _ _ _

Have any of the following decisions or actions taken place during your current family court case? (Check all that apply)

- Applause in court
- A certificate or other acknowledgement of progress in your case
- Increased frequency of visits with your child/children
- Decreased frequency of visits with your children
- A change from *supervised to unsupervised* visits
- A change from *unsupervised to supervised* visits
- Given overnight/holiday/weekend visits
- Specify _____
- Trial discharge to your care(children placed *in your care* on a trial basis)
- Trial discharge to foster or kinship care (children placed *out of your care* on a trial basis)
- Increased frequency of drug testing
- Reduced frequency of court appearances
- Other _____

Case Management

The next questions are about your relationship with your case manager or case managers if you have more than one. On a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please state whether you agree or disagree with the following statements.

I have a case manager who understands my family's situation.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who assists me in getting the services I need.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who gets me the service I need without any delay.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who treats me with respect.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who cares about my well-being.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who helps me understand what is going on with my case.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Participant ID: ___ _ _

I have a case manager who helps me to achieve success in my treatment program/other programs.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who helps me reach my goals in terms of visitation or custody of my children.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who wants to see my family reunified.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who helps me make appointments related to my case, such as court appearances or appointments at my treatment program.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager who calls me back or talks to me right away when I have a problem.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I have a case manager whose decisions or recommendations have been good for my children.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

In the past month, how many times did you meet with your ACS case manager? ___

[If FTC] In the past month, how many times did you meet with your family treatment court case manager? ___

In the past month, how many times did you talk on the phone with your ACS case manager? ___

[If FTC] In the past month, how many times did you talk on the phone with your family treatment court case manager? ___

On a scale of one to five (with 1 being very unfairly and 5 meaning very fairly) how fairly do you feel your case has been handled by the family court overall?

Very unfairly	Unfairly	Neither	Fairly	Very Fairly
1	2	3	4	5

Why do you feel the way you feel?

Participant ID: _ _ _

Program Participation & Perceptions of Programs

The following questions are about any programs, such as drug treatment or parenting, that you may be enrolled in as a part of your current family case.

Note to interviewer

For each option in the grid, find out the following details: was the program required by the court(R) or voluntary (V)? Is the respondent currently enrolled (E), completed(C) or dropped out (D)? How long were or have they been enrolled (weeks)? How many days per week did they or do they attend? Are the services offered by their drug treatment provider, ACS, FTC or another program? In the service provider column, write in ACS, FTC or the name of the service provider for the sake of clarity and to develop a sense of how many programs the person attends.

As part of your current Bronx Family Court Case, which, if any, of the following services are you receiving?

Service Type	R/V	E/C/D	Services provided by Program/FTC/ACS	Weeks Enrolled/ Receiving Services	Days/Week
Drug treatment					
Parenting skills					
Individual therapy/counseling					
Family therapy/counseling with child(ren)					
Employment assistance					
Vocational/Educational					
Domestic violence					
Anger management					
Free metrocards for travel to/from services or court					
Assistance with health insurance					
Assistance with government entitlement programs					
Housing assistance					
Other:					

Participant ID: _ _ _

Drug Treatment Program

[If in drug treatment] *Thinking about your **drug treatment program**, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please state whether you agree or disagree with the following statements.*

The program has helped me realize that I have a substance abuse issue.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The program has helped me stop using drugs.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The program has helped me stop using alcohol.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The program has helped me understand how my substance abuse affects my child/children.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The program has helped me become a better parent.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Staff members at the program treat me fairly.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

To your knowledge, how often do drug treatment program staff members communicate with someone from the family court?

- A few times per month
- Only on court days
- Only if an issue comes up
- Never
- Not Sure

Has a staff member from the substance abuse program ever appeared/testified at court with regard to your current family court case?

- Yes
Probe: was this positive or negative testimony? _____
- No
- Not Sure

Participant ID: _ _ _

Over just the past month, how many days did you attend a drug treatment program? _____

On a scale of 1 to 5 with 1 being very low and 5 being very high, how confident do you feel that you will be able to complete this substance abuse treatment program satisfactorily?

Not Confident Somewhat Confident Neither Very Confident Extremely Confident
1 2 3 4 5

Parenting Skills

[If enrolled in parenting skills] *Thinking about your **parenting skills program**, on a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please state whether you agree or disagree with the following statements regarding your parenting program.*

The program has helped me become a better parent.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

The program has helped me understand the various types of child neglect or abuse.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

The program has helped me understand how my actions affect my child/children.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

The program has helped me understand how substance abuse affects my child/children.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

Staff members at the program treat me fairly.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

Over just the past month, how many days did your attend a parenting program? _____

Over just the past month, how many sessions did you receive of individual or family counseling?

On a scale of 1 to 5 with 1 being very low and 5 being very high, how confident do you feel that you will be able to complete the parenting skills program satisfactorily?

Not Confident Somewhat Not Confident Neither Somewhat Confident Very Confident
1 2 3 4 5

Participant ID: _ _ _

Service Needs

The following questions are about services you may have felt you needed in the past 30 days. As I read each item, please tell me whether you have felt you needed this service in the past month.

Help getting financial assistance, such as short-term or loan or housing deposits?

- Yes
- No

Help getting public financial assistance, such as welfare or disability benefits?

- Yes
- No

Help getting public healthcare assistance, such as Medicare or Medicaid?

- Yes
- No

Help getting legal assistance?

- Yes
- No

Help getting child support payments?

- Yes
- No

Help getting child adult educational services, such as GED classes?

- Yes
- No

Help getting vocational or job placement services?

- Yes
- No

Help getting anger management services?

- Yes
- No

Help finding transportation?

- Yes
- No

Help finding a place to live?

- Yes
- No

Have you felt you needed *any other* social services?

Please specify _____

- Yes
- No

Child Visitation and Family Court Goals

With regard to your child/children, what outcome would you like to have happen at the end of your case?

- Retain Custody
- Reunification
- Adoption
- Foster Care
- Kinship Care
- Guardianship
- Other _____

During the last month, how many times have you supervised visits with your children? _____

During the last month, how many times have you unsupervised visits with your children? _____

During the last month, how many times have your children stayed with you overnight? _____

On a scale of 1 to 5, with one being very low and 5 being very high, how confident are you that you will have achieved your goals with regard to your children’s living situation by the end of this case?

Not Confident	Somewhat Confident	Neither	Very Confident	Extremely Confident
1	2	3	4	5

Outcome Measures

Perceptions of child well-being during current case

The following questions are about how your children are doing. On a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, please state whether you agree or disagree with the following statements.

Since my family court case began, my child/children have received the services they need.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Probe: If respondent disagrees, please ask about need or needs that are not being addressed _____

My child/children are well cared for in their current situation.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Participant ID: _ _ _

My child/children is safe in their current living situation.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

Quality of Last Visit with Child

The following questions are about how you felt the last time you visited or spent time with your child or children. As I read each item, please indicate whether you remember feeling this way the last time you visited or spent time with your children.

[If child is removed] Think about the last visit you had with your child(ren). Which of the following statements describe how you felt during this visit? [Check all that apply]

- I was happy
- I was sad
- I was anxious or stressed
- The visit went smoothly
- The visit went by too quickly
- I was being a good parent
- I felt emotionally connected to my child
- I was worried about my child
- I felt my child would be better off without me
- Other _____
- Refused

[If child is in parent's custody] Think about the most recent time you spent time with your child. Do any of the following statements describe how you felt during this visit? [Check all that apply]

- I was happy
- I was sad
- I was anxious or stressed
- The time together went smoothly
- I was being a good parent
- I felt emotionally connected to my child
- I was worried about my child
- I felt my child would be better off without me
- Other _____
- Refused

Family Emotional Support

The following questions ask about feelings you may have regarding your family. Please indicate whether how strongly you agree or disagree with the following statements.

I feel close to my family

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

Participant ID: _ _ _

I want my family to be involved in your life.

Strongly Disagree 1 Disagree 2 Neither 3 Agree 4 Strongly Agree 5

I consider myself a source of emotional support for your family.

Strongly Disagree 1 Disagree 2 Neither 3 Agree 4 Strongly Agree 5

I fight a lot with my family members.

Strongly Disagree 1 Disagree 2 Neither 3 Agree 4 Strongly Agree 5

I often feel like I disappoint my family.

Strongly Disagree 1 Disagree 2 Neither 3 Agree 4 Strongly Agree 5

I am criticized a lot by my family.

Strongly Disagree 1 Disagree 2 Neither 3 Agree 4 Strongly Agree 5

How many times in the past month have you had serious conflicts with your family? By serious conflicts we mean verbal or physical fights? ____

Current Drug Use

The following questions are about drugs you may have used during the past month. They are similar to the questions I asked earlier about the month prior to your family court case. Remember that these interviews are completely confidential (No one in the court will find out your answers and they will not affect the outcome of your case). Your name will not be on any of the written responses.

In the past month, how often did you drink any type of alcoholic beverage?

- 0 times
- A few times
- Once or twice per week
- Every day

In the past month, how often did you use marijuana?

- 0 times
- A few times
- Once or twice per week
- Every day

Participant ID: ____

In the past month, how often did you use cocaine, including powder, crack or free-base?

- 0 times
- A few times
- Once or twice per week
- Every day

In the past month, how often did you use amphetamines, such as monster, crank, methamphetamine, or ice?

- 0 times
- A few times
- Once or twice per week
- Every day

In the past month, how often did you use heroin?

- 0 times
- A few times
- Once or twice per week
- Every day

In the past month, how often did you use any drug to help you withdraw from heroin, such as methadone or buprenorphine?

- 0 times
- A few times
- Once or twice per week
- Every day
- If used, was the drug prescribed to you by a doctor?*

In the month prior to when your family court case began, did you use any drugs other than those I have mentioned already for recreational purposes (including prescription or non-prescription drugs)?

If yes what drug or drugs did you use? _____

About how often did you use this drug/drugs in the month prior to your family court case?

- 0 times
- A few times
- Once or twice per week
- Every day

Participant ID: _ _ _

Current Criminal Activity

The following questions are about any criminal activity you may have engaged in on the last month. Remember that these interviews completely confidential (No one in the court will find out your answers and they will not affect the outcome of your case). Your name will not be on any of the written responses.

In the past month, have you possessed either drugs or drug paraphernalia, regardless of whether or not you were caught?

Yes

No

In the past month, have you committed any drug sales crimes, regardless of whether or not you were caught? By drug sales crime we mean you sold drugs for money.

Yes

No

In the past month, have you committed any drug crimes, such as manufacturing, trafficking, or prescription fraud, regardless of whether or not you were caught?

Yes

No

In the past month, have you committed any nondrug crimes (such as theft, assault, prostitution, harassment), regardless of whether or not you were caught?

Yes

No

In the past month, have you driven while intoxicated or under the influence, regardless of whether or not you were caught?

Yes

No

Perceptions of Procedural Justice in the Court Overall

The following questions are about how the court has treated your case overall. As you answer these questions, think about your recent experiences in the court (the last one or two times you had a court appearance). Indicate how much you agree with each statement on a scale of 1-5 (1=strongly disagree and 5=strongly agree).

I felt I had the opportunity to express my views in the court.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

All sides had a fair chance to bring out the facts in the court.

Strongly Disagree Disagree Neither Agree Strongly Agree
1 2 3 4 5

Participant ID: _ _ _

I felt too intimidated or scared to say what I really felt in the court.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I felt pushed around in the court case by people with more power than me.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

People in the court spoke up on my behalf.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The court took account of what I said in deciding what should be done.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

During the court I felt pushed into things I did not agree with.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I was disadvantaged in the court because of my age, income, sex, race, or some other reason.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

The court got the facts wrong.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

I was able to correct any facts that the court got wrong.

Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1	2	3	4	5

Okay, thanks. Just two more questions and we're done.

Are you currently employed?

- € Yes, working full-time (35 or more hours per week)
- € Yes, working part-time
- € No

Are you currently enrolled in school or attending a vocational program?

- € Yes, describe _____
- € No

Participant ID: _ _ _

Do you have anything else you'd like to share with me?

Thank you so much for making the time to talk with me!