



# **Caddo Parish Family Drug Court Evaluation**

Nancy Thoennes  
Rasa Kaunelis  
*Center for Policy Research*  
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## Executive Summary

The Caddo Parish Family Drug Court has now been in operation for nearly five years. This fact seemed to argue for a reflection on the accomplishment of the program thus far, and consideration about the possible future for family drug courts in Louisiana. In conjunction with the Louisiana Supreme Court and the Caddo Parish Family Drug Court, a private non-profit research agency, the Center for Policy Research, was retained to conduct a qualitative assessment of the program.\* In order to gain insights into the reactions and thoughts of a wide range of professionals who interact with the drug court, individual telephone interviews were conducted with the following types of professionals:

- Past and current Family Drug Court judges;
- Family Drug Court staff;
- Attorneys who represent parents;
- Attorneys who represent children;
- Attorneys who represent the Department of Social Services Office of Community Services (OCS);
- Representatives of administration and caseworkers at OCS;
- Representatives of the child support enforcement office;
- Court-Appointed Special Advocates (CASAs); and
- Partners to the Dependency Drug Court, including drug treatment providers, vocation rehabilitation program staff, and other service professionals.

The Caddo Family Drug Court is essentially a team of professionals who are committed to working together to provide the intensive services, monitoring, and accountability that parents with drug and alcohol addictions need to resolve their substance abuse problems and the other problems, like child abuse or neglect, that brought them into the system.

The team is led by the judge who hears dependency matters. Since the majority of the Family Drug Court cases are from CINC filings, this allows the same judge to hear matters related to the abuse and neglect case and to supervise completion of a drug or alcohol treatment plan.

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\* An outcome evaluation, although unquestionably of value, was beyond the scope of the current resources. Therefore, the study did not focus on outcome factors such as the number of parents who are referred to or served by the Family Drug Court, the percentage who successfully complete drug treatment, the percentage who fully comply with their service plans developed by the child protection agency and court, the percentage who are reunified with their children, or the percentage who return to court with subsequent drug and child protection cases.



The team also includes the Family Drug Court (FDC) coordinator, who plays a critical role in the ultimate success of an FDC. The FDC coordinator will be the point person for FDC applications, assessments, monitoring, and making recommendations to the judge. Child protection workers, in the form of the specific caseworker assigned to a parent as well as the supervisor, are also on the team, as are treatment providers, parents' attorneys, and CASAs.

Most CINC cases are sent to the Family Drug Court at or soon after the disposition hearing, a few enter pre-disposition, and a few more are well into the case plan by the time they are referred. The primary reason for this variation is that someone in a position to make a Family Drug Court referral must first recognize the substance abuse problem. Typically, this will be the juvenile court judge or the OCS caseworker.

Drug court occurs every Thursday afternoon. Immediately prior to the court hearing, there is a 30-minute staff meeting. Typically, the people at the staffing include the FDC judge, coordinator, an OCS supervisor who represents the caseworkers, CASA volunteers, and the counselors and Program Director from the onsite drug treatment programs. The participants review each parent enrolled in the FDC and their successes and failures for the week. Together, everyone at the staffing tries to agree upon what the judge should order for the parents at court. This is a collaborative effort, with all of the participants bringing important information and insight to the process.

When the court hearing is convened, all parents who will be seen that day are in attendance. This allows parents to see the possible consequences of noncompliance, that they are not alone, and that other parents have had success. Each parent steps up to the podium in the front of the judge and explains his or her week of treatment.

The rewards and sanctions handed down by the judge to participants are some of the most integral parts of the FDC court process. The most basic reward that parents receive when they follow their case plan is praise from the judge. Most FDC team members feel this is extremely important to parents and does a great deal to encourage further success. The sanctions for the parents are wide-ranging and depend on a parent's actions. Typically, the judge starts with a fine (around \$5), community service, or additional 12-Step meetings for a failed drug screen. Parents who skip one of the treatment sessions during the week will have to attend a make-up session during the weekend. The judge also has the option to order a parent into an inpatient treatment facility if the FDC does not seem to be enough help for the parent to get clean.



If a parent stops attending treatment or “is in blatant contempt” of a judge’s order, the judge will threaten a parent with jail time. In these cases, the judge typically suspends the jail sentence for two weeks to allow the parent to get back in compliance with his or her treatment plan. If a parent stops showing up for court or treatment completely, the judge frequently issues a bench warrant. The judge removes the warrant if the parent comes back to court and treatment. In the cases when a parent does not get back in compliance with the drug court plan, the judge usually sentences him or her to 30 days in jail and suspends the sentence for all but two days. This way, the judge can easily send the parent back to jail, which the parent is aware of.

Undoubtedly, the greatest source of support for the Family Drug Court is the widespread perception, across many different types of professionals, that the process works. OCS caseworkers, parent attorneys, and CASAs especially appreciate the extra monitoring and staffings that come with the Family Drug Court. According to one OCS caseworker, “Drug court helps caseworkers spend less time on ‘drug case management,’ such as getting the parent motivated to go to treatment, making sure the parent actually goes to treatment, and keeping the parent clean; and more time on other case management.” It also helps improve the relationship between the OCS caseworker and the parent because less time is spent “bickering” with the client trying to get him or her to go to drug treatment. Other caseworkers agreed and reported that the FDC makes their tough job a little easier.

Without exception, the stakeholders agree that a key to success is finding and keeping the right judge.

A family drug court needs a judge that’s willing to impose sanctions and who is able to balance being both firm and caring. The judge needs to be strong. Yes, the parents do need praise when they do well, but they also have to be held accountable for their actions when they do not. – *OCS caseworker*

Family drug courts require a caring, mature judge who’s willing to get to the bottom of a case. The judge has to be passionate, a good communicator, and patient. – *Parent attorney*

In addition to the right judge, the stakeholders stress the importance of communication and a shared commitment to the process.



Communication, buy-in from everyone involved, dedicated staff, and good training all combine to make the Caddo Parish drug court a success. – *OCS supervisor for foster care caseworkers*



This report documents the experiences of the Caddo Parish, Louisiana, Juvenile Court with a family drug court program. The report is intended to:

- Provide a brief introduction to the family drug court concept;
- Describe the start-up and operations of the program in Caddo Parish;
- Document the reactions of the professionals who participate in the program; and
- Share the lessons learned and offer suggestions for next steps.

## I. Introduction to Family Drug Courts

### The Problem-Solving Court

A traditional court looks at the evidence that an individual committed an act — for example, theft or assault — and sentences accordingly. A problem-solving court considers whether there are underlying factors that need to be addressed to prevent a reoccurrence of the act. For example, if the theft or assault is linked to drug or alcohol abuse or mental health problems, the likelihood of a subsequent offense is quite high. The problem-solving court might order violence counseling, an anger management program, a drug and alcohol assessment and/or treatment, or mental health assessments and treatment. In other words, problem-solving courts use their authority to forge new responses to chronic social, human, and legal problems — including problems like family dysfunction, addiction, delinquency, child abuse, and intimate partner violence — that have proven resistant to conventional solutions. They seek to broaden the focus of legal proceedings, from simply adjudicating past facts and legal issues to changing the future behavior of litigants and ensuring the well-being of communities.<sup>1</sup>

Legal scholars often note that problem-solving courts are also distinguished by a commitment to:

- Team decision making;
- The integration of social services;
- Judicial supervision of the treatment process;
- Direct interaction between defendants and judge;
- Community outreach and system change; and
- A proactive role for judges inside and outside the courtroom.<sup>2</sup>

<sup>1</sup>Berman, G., and J. Feinblatt. “Judges and Problem-Solving Courts.” Center for Court Innovation (2002): 3.

<sup>2</sup>Farole, D.J., N. Puffett, M. Rempel, and F. Byrne. “Applying Problem—Solving Principles in Mainstream Courts: Lessons for State Courts.” Justice System Journal 26 (1) (2005).



Proponents of therapeutic justice argue that traditional approaches that focus strictly on legal issues create a “revolving door” courthouse in which problems are never really resolved and the legal professionals become increasingly demoralized as families return again and again. Casey and Hewitt argue that, without addressing underlying problems that bring families to court, “courts are crafting legally relevant but ineffective decisions.”<sup>3</sup> They contend that:

...at the end of the day, the goal is not just to make it through the calendar, but to make a difference in the lives of victims, the lives of defendants and the lives of neighborhoods. In one way or another, all of the new judicial experiments are attempting to solve the kinds of cases where social, human and legal problems intersect.<sup>4</sup>

Casey and Rottman<sup>5</sup> reach similar conclusions. They pose the question, “Why do judges endorse the concept of therapeutic justice?” and conclude:

The short answer is dissatisfaction — dissatisfaction with their jobs, with the tools at their disposal and with the ‘revolving door’ that returns the same offenders to their courtrooms again and again. Many take on problem solving court work over their own concerns and colleagues’ skepticism because they decide what they are doing doesn’t work.

Their research leads them to conclude that problem-solving courts are rated more highly than traditional courts on judicial respect, neutrality, and trustworthiness, and that judges, court staff, treatment and service providers, and lawyers report improved satisfaction with their work under a therapeutic justice model. Previous studies have offered the numerous comments from professionals in traditional systems to underscore these points.

One of my colleagues on the bench said ‘You know, I feel like I work for McJustice: We sure aren’t good for you but we are fast.’<sup>6</sup>

If you grab a judge, a defense attorney, and a prosecutor and sat them down together and bought them a round of drinks ... they’ll all complain about the same thing: ‘I have all this education and what do I do? I work on an assembly line. I don’t affect case outcomes.’<sup>7</sup>

<sup>3</sup> Casey, P.M. and W.E. Hewitt. Court Responses to Individuals in Need of Services: Promising Components of a Service Coordination Strategy for Courts. National Center for State Courts, 2001: 1.

<sup>4</sup> Berman, G., and J. Feinblatt. “Problem Solving Courts: A Brief Primer.” Center for Court Innovation Law and Policy 23 (2) (2001): 4.

<sup>5</sup> Casey, P.M. and D.B. Rottman. Problem-Solving Courts: Model and Trends. National Center for State Courts, 2003: 21.

<sup>6</sup> Judge quoted in Berman and Feinblatt, 2001: 7.



### One Problem-Solving Court: The Drug Court

Adult or criminal drug courts were the first problem-solving courts to be established. The very first was created in Dade County, Florida, in 1989.<sup>8</sup> By 2001, there were an estimated 500 drug courts in operation nationwide, and two years later, the estimate stood at 1,042 drug courts in operation and over 400 planned.<sup>9</sup> Other specialty courts followed. Dade County opened the first domestic violence court in 1992. Broward County, Florida, opened the first mental health court in 1997. Midtown Court in New York, and others around the nation target misdemeanor “quality of life crimes” like prostitution and low-level drug possession. However, drug courts remain among the most studied and best understood of the problem-solving courts.

There have been literally hundreds of evaluations done on local drug courts, as well as a few that are statewide or nationwide. No matter what the scope of the study, the research to date is highly consistent. Studies typically find better treatment program completion rates among drug court participants relative to similar non-drug court defendants, as well as less recidivism and greater cost-avoidance to the courts. For example:

- In Chester County, Pennsylvania, those who attended drug court had significantly lower re-arrest rates relative to the control group: 5.4 versus 21.5 percent.<sup>10</sup>
- The 2003 study that looked at six New York State drug court programs found re-conviction rates among the 2,135 drug court participants was 29 percent lower over a three-year period relative to non-drug court participants.<sup>11</sup>
- A review of past research by Vera Institute researchers in 2000 led to the conclusion that “completing a drug court program reduces the likelihood of future arrest.”<sup>12</sup>
- Studies in Washington State, New York, and California concur that drug court produces long-term cost-avoidance for the courts.<sup>13</sup>

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<sup>7</sup> Deputy district attorney quoted in Berman and Feinblatt, 2001: 7.

<sup>8</sup> Berman and Feinblatt, 2002.

<sup>9</sup> Casey and Rottman, 2003.

<sup>10</sup> Brewster, M. P. “An Evaluation of the Chester County (PA) Drug Court Program.” *Journal of Drug Issues*, vol. 31, no. 1 (2001): 177-206.

<sup>11</sup> Rempel, J. W. Townsend, A. Bhati. *National Estimates of Drug Court Recidivism Rates*. Washington, D.C., 2003 and Washington State Institute for Public Policy, 2003.

<sup>12</sup> Fluellen, R., & Trone, J. (2000, May). *Issues in brief: Do drug courts save jail and prison beds?* New York, NY: Vera Institute of Justice.



### Specialized Drug Courts: The Family Drug Court

As noted above, the adult drug court was the first problem-solving court, but many other types of specialty courts followed, including drug courts specifically designed to address the needs of substance-abusing juveniles (juvenile drug courts) and drug courts for families in the child welfare system (family drug courts).

The first family drug court opened in Reno, Nevada in 1994, about five years after the first adult drug court began operations.<sup>14</sup> Over a decade later, by mid-2006, there were approximately 183 family drug courts throughout the nation.<sup>15</sup> In 1999, representatives of some of the nation's most respected family dependency treatment courts met in a two-day focus group convened by the National Association of Drug Court Professionals, the National Drug Court Institute, and the Center for Substance Abuse Treatment. The focus group considered a variety of matters, including a basic definition of the family drug court:

A family dependency treatment court is a collaborative effort in which court, treatment, and child welfare practitioners come together in a nonadversarial setting to conduct comprehensive child and parent needs assessments. With these as a base, the team builds workable case plans that give parents a viable chance to achieve sobriety, provide a safe nurturing home, become responsible for themselves and their children, and hold their families together.<sup>16</sup>

Several factors have contributed to the growth of family drug courts. First, the results from adult criminal drug courts have been encouraging and have suggested that these courts are responsible for better treatment outcomes. Second, there is an ever-growing body of research linking substance abuse and child maltreatment. For example, the estimated percentage of child maltreatment cases that involve parental substance abuse are generally estimated at 40 to 75 percent,<sup>17</sup> with some estimates as high as 80

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<sup>15</sup> Judicial Council of California and the California Department of Alcohol and Drug Programs. "Drug Court Partnership: Final Report." San Francisco, California, 2002; also see Rempel, J. W. Townsend, A. Bhati., 2003.

<sup>14</sup> Bureau of Justice Administration. "Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model." December 2004.

<sup>15</sup> Bureau of Justice Administration Drug Clearinghouse, Summary of Juvenile and Family Drug Court Activity by State and County, April 14, 2006.

<sup>16</sup> Bureau of Justice Assistance. "Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model." U.S. Department of Justice, Office of Justice Programs. December 2004.

<sup>17</sup> Worcel, S., B. Green, C. Furrer, S. Burvus, M. Finigan. "Family Treatment Drug Court Evaluation: Final Report." NPC Research, Portland, Oregon, March 2007.



percent.<sup>18</sup> Research also suggests that “children whose parents abuse substances stay in foster care longer and have the lowest probability of successful reunification with their parents.”<sup>19</sup>

Third, the adult drug court model had to be adapted to meet the needs of the dependency court. Although adult and family drug courts often serve somewhat similar populations, there are also differences. For example, adult criminal drug courts serve primarily men, while an estimated 85 percent of family drug court participants are female, often with their own histories of intimate partner violence.<sup>20</sup> In the family drug court, the ultimate goal is not to avoid prison (as is the case in adult drug courts), but to have one’s children returned home. Unlike adult drug courts, participants in family drug courts will also be involved in a service-oriented child welfare system. This means that family drug courts and child welfare agencies must become partners in identifying the family’s needs, providing, and monitoring services related to a wide range of issues, including housing, employment, parenting, and so on.<sup>21</sup>

Finally, changes in child abuse and neglect laws have made it more important than ever to find an effective treatment for substance abusing parents that may allow them to avoid a termination of parental rights filing. The Adoption and Safe Families Act of 1997 mandates that a permanency hearing be held within 12 months of a child entering foster care, and requires states to initiate termination of parental rights (TPR) filings once a child has been in out-of-home care for 15 of the last 22 months. As Judges Edwards and Ray note, there was concern at the time that parents with drug and alcohol problems would have difficulties avoiding TPR filings:

When ASFA was written, some thought that the one-year timeline for family reunification was too short to give parents a fair opportunity to rehabilitate themselves and have their children returned.<sup>22</sup>

However, ASFA does acknowledge that there are cases in which a filing for the termination of parental rights is not appropriate. The compelling reason exception may be invoked when:

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<sup>18</sup> J. Havens, K. Cobb, V. Bryan, B. Martin. Jefferson County Family Drug Court: Implementation Evaluation.” Center on Drug and Alcohol Research, University of Kentucky, October 2005.

<sup>19</sup> B. L. Green, A. Rockhill, C.J. Rurrer. “Does Substance Abuse Treatment Make a Difference for Child Welfare Case Outcomes?” *Children and Youth Services Review*, 2006.

<sup>20</sup> L. Edwards and J. Ray. “Judicial Perspectives on Family Drug Treatment Courts.” *Juvenile and Family Court Journal*. Summer 2005.

<sup>21</sup> Worcel, S., B. Green, C. Furrer, S. Burvus, M. Finigan. Family Treatment Drug Court Evaluation: Final Report. NPC Research, Portland, Oregon March, 2007.

<sup>22</sup> Edwards and Ray, 2005.



[A] State agency has documented in the case plan (which shall be available for court review) a compelling reason for determining that filing such a petition would not be in the best interest of the child.<sup>23</sup>

Certainly, a case involving a parent who is participating in a family drug court, complying with treatment and service requirements, and making substantial progress towards reunification might be said to offer compelling reasons to hold off on the TPR filing.<sup>24</sup>

### Outcomes in the Family Drug Court

There is far less information available about the outcomes associated with family drug courts than is the case for drug courts in general. The only large, national study to date was conducted by NCP Research.<sup>25</sup> This study considered family drug courts in San Diego and Santa Clara counties in California, Suffolk County in New York, and Washoe County in Nevada. The researchers concluded that mothers who participated in a family drug court:

- Were significantly more likely to enter drug treatment and than were comparison group mothers;
- Entered into drug treatment significantly faster than comparison group mothers;
- Spent significantly more time in treatment than comparison group mothers;
- Were more likely to complete treatment than comparison group mothers;
- Were generally (in three of the four sites) more likely to be reunified with their children than comparison group mothers; and
- Were generally (in three of the four sites) less likely to show noncompliance with the child welfare case plan as evidenced by court order modifications and contested hearings.

On the other hand, the NCP researchers found no evidence that family drug court cases reach permanency more quickly than comparison cases. This was also the findings in a later local evaluation of a Baltimore family drug court.<sup>26</sup>

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<sup>23</sup> ASFA § 302(4), 42 U.S.C. § 675(5)(E).

<sup>24</sup> Bureau of Justice Administration. "Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model." BJA, December 2004.

<sup>25</sup> Worcel, S., B. Green, C. Furrer, S. Burvus, M. Finigan. "Family Treatment Drug Court Evaluation: Final Report." NPC Research, Portland, Oregon, March 2007.

<sup>26</sup> Burrus, S., J. Mackin, J. Aborn. "Baltimore City Family Recovery Program Independent Evaluation: Outcome and Cost Report." NCP Research, Portland, Oregon. August 2008.



Ultimately, the NCP researchers concluded that:

...there is consistent evidence that FTDC [family treatment drug courts] programs are successful in improving both treatment and child welfare outcomes, at least for programs employing a more “traditional” FTDC approach.

Finally, research conducted by NCP in the Baltimore City family drug court included a cost study component. The conclusion reached was that most savings “will be realized in future years in the form of reduced long term foster care, guardianship, and adoption subsidies.”<sup>27</sup> However, the potential savings were significant: estimated at \$5,022 per family after taking program costs into consideration.

## II. Evaluation Methodology

### Purpose of the Study

The Caddo Parish Family Drug Court has now been in operation for nearly five years. This fact, in conjunction with planned funding changes, seemed to argue for a reflection on the accomplishment of the program thus far, and consideration about the possible future for family drug courts in Louisiana. In conjunction with the Louisiana Supreme Court and the Caddo Parish Family Drug Court, a private non-profit research agency, the Center for Policy Research, was retained to conduct a qualitative assessment of the program. An outcome evaluation, although unquestionably of value, was beyond the scope of the current resources. Therefore, the study did not focus on outcome factors such as the number of parents who are referred to or served by the Family Drug Court, the percentage who successfully complete drug treatment, the percentage who fully comply with their service plans developed by the child protection agency and court, the percentage who are reunified with their children, or the percentage who return to court with subsequent drug and child protection cases.

The qualitative study was designed to produce information that could be used by the Caddo Parish Family Drug Court to assess how well stakeholders perceive the program to meet the needs of the court system, the professionals participating in the system, and the families enrolled in the system. A second, but equally important, purpose was to provide information to the Louisiana Supreme Court, the Louisiana Association of Drug Court Professionals, local drug court professionals, and child welfare or Child in Need of Care (CINC) courts throughout the state considering a family drug court model. At the same time, this document is not a definitive “how-to-model.” Family drug courts are still too new to have all the answers

<sup>27</sup> Burrus, S., J. Mackin, J. Aborn. “Baltimore City Family Recovery Program Independent Evaluation: Outcome and Cost Report.” NCP Research, Portland, Oregon. August 2008.



regarding how best to treat families, especially families of various cultures and ethnicities, drug abuse histories, and child maltreatment histories.

The following general questions were used to guide one-on-one interviews with relevant professionals:

- What is the structure and organization of the Caddo Parish Family Drug Court? Does it follow with recommended national models?
- Do the professionals involved with the court perceive the staffing and operation of the Caddo Parish Family Drug Court to be optimal? What changes would they recommend to other jurisdictions?
- How does the Caddo Parish Family Drug Court operate from case referral to graduation?
- How does the court incorporate incentives and sanctions into its operations? Do the professionals involved in the court see these incentives and sanctions as sufficient and effective? Would they recommend changes?
- Are the Caddo Parish Family Drug Court operations sufficiently documented in manuals and other materials?
- What is the nature of the collaborations the Caddo Parish Family Drug Court has with other relevant agencies in the Parish and with treatment providers? Are these collaborative ties models for other jurisdictions considering similar programs?
- Are the collaborative partners sufficiently skilled and experienced in serving the population seen by the court?
- How is the court funded, and what are the advantages and disadvantages of this funding system? Are there alternatives that other jurisdictions should consider?
- What difference has the Caddo Parish Family Drug Court made in the functioning of the dependency court system?
- What difference has the Caddo Parish Family Drug Court made in the roles, functions, and costs of the professionals involved with families in the dependency court?
- What difference has the Caddo Parish Family Drug Court made for families in the dependency court system?
- To maximize effectiveness, what role should judges expect to play in the Caddo Parish Family Drug Court?
- What lessons has the Caddo Parish Family Drug Court learned that can benefit other jurisdictions interested in establishing similar courts?



## The Interview Process

In order to gain insights into the reactions and thoughts of a wide range of professionals who interact with the drug court, individual telephone interviews were conducted with the following types of professionals:

- Past and current Family Drug Court judges;
- Family Drug Court staff;
- Attorneys who represent parents;
- Attorneys who represent children;
- Attorneys who represent the Department of Social Services Office of Community Services (OCS);
- Representatives of administration and caseworkers at OCS;
- Representatives of the child support enforcement office;
- Court-Appointed Special Advocates (CASAs); and
- Partners to the Dependency Drug Court, including drug treatment providers, vocation rehabilitation program staff, and other service professionals.

The empirical work on adult or criminal drug courts has led to a number of conclusions about what these courts should include and how they should operate. In 1997, the Office of Justice Programs released “Defining Drug Courts: The Key Components.”<sup>28</sup> This document listed 10 key components of an adult drug court. The interviews were guided by these 10 key components of the adult drug court (these components are listed in Section VI, the Summary section, of this report). The interviews also drew on the expanded strategies developed by the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project. These strategies incorporate the 10 key components, but deal with certain issues in more depth because, as the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project concluded in 1998:

Development of juvenile and family drug courts is proving to be a much more complex task than development of the adult drug court. These drug courts require the involvement of more agencies and community representatives than adult drug courts.<sup>29</sup>

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<sup>28</sup> Drug Courts Program Office, Office of Justice Programs, 1997. “Defining Drug Courts: The Key Components.”

<sup>29</sup> “Juvenile and Family Drug Courts: An Overview.” Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project, 1998.



### III. Caddo Family Drug Court Start-Up

#### The Need for Services

Before Caddo Parish started a family drug court (FDC), most stakeholders in the child welfare system would have agreed that the dependency court did not have adequate resources to address the problem of substance abuse by parents involved in CINC cases. Although judges could, and did, order substance abuse treatment, caseworkers sometimes chose to provide parents with referrals to voluntary treatment. One caseworker noted that “Before drug court, I would just give people a list of substance abuse treatment providers in the area.” The workers never knew if the parent could afford treatment, whether there was a waiting list or not, and – most importantly – if the parent actually enrolled. According to the same caseworker, “I don’t think any parents got off of drugs before the family drug court. At least not because of anything I did for them.” Even if treatment was court-ordered, the judges did not conduct frequent monitoring to ensure that the orders were followed. The lack of affordable, accessible treatment and the lack of accountability provided by a court order contributed to the “revolving door” syndrome. According to one Office of Community Services (OCS) supervisor, OCS repeatedly saw the same clients prior to creation of the drug court.

In addition, simply incorporating substance abuse testing and treatment into the CINC case plan failed to create strong, positive working relationships among treatment providers, the court, and the agency. This often meant there was a lack of accountability for the parents because the treatment providers viewed their work as confidential and were unwilling to share much information about parents beyond noting whether a parent was completing drug screens.

#### Beginning Services

Six years previously, in 1999, Caddo Parish had created a Juvenile Drug Court. The presiding judge who heard Child in Need of Care (CINC) cases had been involved in the formation of the juvenile drug court, and he saw the approach as appropriate and needed for his CINC calendar as well.

The Family Drug Court officially began in 2005, but was small in scale for the first year until funding was found to pay for a coordinator to run the program. (Only four participants entered the FDC in 2005, compared to an average of 35 participants in the following years.) The judge at the time described the start-up process as very gradual until the coordinator position was filled. The FDC coordinator developed official policies and procedures for the FDC and served as the case manager for all drug court participants.



(Prior to the FDC coordinator, the parents were self-reporting on their progress in treatment and the drug court case plan.)

During the start-up process of the FDC, stakeholders – including OCS staff, the judge, drug treatment counselors, attorneys for the Department of Social Services, parent attorneys, CASAs, and attorneys for children – met frequently to discuss how to design the family drug court. These stakeholders continued to meet after the drug court began to discuss difficulties with the processes of the FDC.

While the FDC was always envisioned primarily as a means of serving CINC cases, the decision was made to allow child support and protective order cases to be referred to the FDC as well. To the extent that the program had the capacity to serve non-CINC families with drug or alcohol problems that were interfering with the parent's ability to follow court orders, this was viewed as an appropriate use of FDC time and resources.

The FDC judge and coordinator approached the treatment program director of the court-based treatment programs of the Caddo Parish Juvenile Drug Court. The judge and treatment program director discussed the special needs of parents in child welfare, child support, and protective order cases. According to the treatment program director, the Juvenile Drug Court that Caddo Parish created in 1999 had:

[A] reputation for providing excellent treatment ... The FDC was easier to develop because we had a proven structure, a judge that had knowledge of Drug Courts and treatment professionals that had experience in treating adult addicts. The tools need to develop a FDC were already in place.”

Jointly, the treatment program director and judge worked to secure funding to develop the M.O.M.S. program. M.O.M.S. – also known as Mothers Obtaining and Maintaining Sobriety – provides gender-specific substance abuse counseling, parenting classes, anger management, vocational training, and other services to mothers in the dependency court system.

There was a similar need for fathers of children in the CINC system. Once again, the judge and treatment program director identified their special needs and began the Dads program, which later became known as F.A.S.T. (the Fathers Achieving Sobriety Treatment program). The treatment program director again worked to secure the funding. According to one of our interviewees, the treatment program director “did a lot of the work to get the money for the court. Caddo Parish is very fortunate to have talented grant writers who were able to secure our funding.” Without these people, the family drug court would have just been a good idea.



According to the treatment program director, gender-specific programs are important for “the women to have a place that is male free. Eighty-five percent of the women we treat have domestic abuse issues, the female groups just give them a safer place to share.”

### Initial Reactions

After the court-based treatment resources were in place, the treatment program director and judge began reaching out to OCS to tell the supervisors for the foster care caseworkers about the drug court and why it would be a good resource for caseworkers and their clients. Initially, some supervisors at OCS were hesitant about the idea of a family drug court. The fear was that caseworkers, who were already overwhelmed with huge caseloads, would have to spend more time on FDC cases and fill out more paperwork. This was because, when the drug court first began, FDC participants had to be in compliance with both their drug court and CINC case plans in order to move through the drug court phases, which meant that OCS caseworkers had to provide weekly updates and attend the weekly staffings and court.

To resolve this issue, FDC staff changed the requirements for parents to move through the drug court phases. Parents would only have to be in compliance with their drug court case plan and not their entire CINC case plan. This drastically cut down on paperwork for the OCS caseworkers. The staff also changed the requirement for caseworkers to attend all FDC meetings and hearings. They allowed an OCS foster care supervisor who represents the caseworkers to attend the drug court and staffings instead of the individual caseworkers. As one OCS foster care supervisor explains:

Originally, OCS caseworkers would attend staffing and drug court regularly. That took up too much time for all of the caseworkers. The caseworkers were required to provide a lot of unnecessary materials.

According to the FDC coordinator, these changes were necessary because caseworkers would not have referred their clients to the drug court if they knew that an FDC case would require so much extra work. Now, if the coordinator needs an update or input from a caseworker, she picks up the phone and calls the caseworker. And, if something is going on with one of the parents, the caseworker always comes to the weekly drug court staffing and hearing if the coordinator requests him to be there.

Another issue that arose when the drug court first began was that the communication between the OCS caseworkers and the drug court staff was not always easy or positive. One OCS representative explained this by saying that OCS did not understand what the FDC staff wanted or needed from them and vice versa. As time went on and the FDC staff made adjustments to the drug court process to make the process



easier for the caseworkers, the communication improved and OCS now sees the FDC as a valuable resource.

It also took some time and experience for everyone to feel confident that the judge was able to balance the roles of the CINC judge and the FDC judge. Although all team members agreed that a single judge had to fulfill both roles, there could be problems, as one OCS supervisor explained:

One problem was that the family drug court wanted the CINC case plan to go hand in hand with family drug court. But, family drug court is only one aspect of a parent's case plan. For example, the family drug court judge may award a parent more visitations simply because the parent was doing well in substance abuse treatment, even if they were doing poorly in their CINC case plan.

Over time, however, the shared role came to be seen as a critical and positive force:

The fact that the drug court judge and CINC judge are one in the same is helpful for reunifying families. OCS and the judge will look at progress in drug court and the CINC case plan to determine whether a child should be reunified with his parents. A parent may not have graduated from drug court at the time of reunification, but if he is progressing in his treatment and putting a serious effort into getting clean, that will be taken into consideration. – OCS supervisor

An initial concern noted by some of the attorneys interviewed for this study was the potential for due process problems for parents ordered into the program. Although parents sign waivers to allow for greater information sharing among the professionals in the case, one attorney for parents noted:

When a parent gets referred to family drug court, they are in front of the judge who will see them in the future of their CINC case. The parent can technically say no, but most parents are trying to impress the judge and will do whatever it takes.

Parents' attorneys are generally positive about the FDC today because they see the extra monitoring and services their clients receive as supportive of family reunification, which is almost always the client's goal.



## IV. Program Operations

### The Family Drug Court Team

The Caddo Parish Family Drug Court is essentially a team of professionals who are committed to working together to provide the intensive services, monitoring, and accountability that parents with drug and alcohol addictions need to resolve their substance abuse problems and the other problems, like child abuse or neglect, that brought them into the legal system.

The team is led by the judge who hears dependency matters. Since the majority of the FDC cases are from CINC filings, this allows the same judge to hear matters related to the abuse and neglect case and to supervise completion of a drug or alcohol treatment plan.

The team also includes the Family Drug Court coordinator. This individual plays a critical role in the ultimate success of a FDC. The FDC coordinator is the point person for FDC applications and ensures that cases are sent for assessment in a timely manner. The FDC coordinator uses the results of the assessment to recommend to the judge whether the case would benefit from the intervention. The FDC coordinator relays to the other professionals in the case the judge's decision to accept or decline the case and, if accepted, schedules the appropriate team meetings and hearings.

OCS, in the form of the specific caseworker assigned to a parent as well as the supervisor, also is on the

#### CASE STUDY

When Leanne entered the FDC, she was using THC and cocaine. She lived in a motel, along with her disabled mother. Her car had been in the shop for weeks, and she could not afford to get it out. The end result was that she had no transportation and no job.

Leanne remained in the program for a year. By the time she graduated, she had been clean for most of the year. She had a good job at a reputable restaurant, had her car back, and was able to rent a three-bedroom house.

Most recently, she petitioned the court for custody of her two children and won.

team. The caseworker will continue to work with the parent around the treatment plan for the CINC case, and serve on the FDC team. However, OCS caseworkers typically do not attend the weekly drug court hearing and staffing because of extremely busy schedules and large caseloads. They do receive updates from and send updates to the FDC coordinator on a regular basis. OCS updates for the drug court include information about what may have happened when the caseworker visited the parent's home, whether a parent is attending counseling, how any



parent/child visits went, and how the parent is doing on the CINC case plans; while the drug court updates give the caseworker information on treatment attendance, a parent's attitudes, and the results of any drug screens.

Whenever there is a change in the processes for the FDC, FDC staff will go to OCS and hold an in-service to teach the caseworkers about the changes or to educate the new caseworkers about the FDC. If there is an individual caseworker looking to learn more about the FDC and what it can do for his or her client, the drug court staff will encourage the caseworker to attend a staffing and drug court hearing. There is no formal training for OCS caseworkers.

Treatment providers are also included on the team. The substance abuse treatment professional(s) working with the parent will be in communication with the FDC coordinator and will participate in staffings and hearings. The coordinator receives weekly updates from outside treatment providers who are working with any drug court participants. She also has Wednesday staffings with the substance abuse counselors from the M.O.M.S. and F.A.S.T. programs and the treatment program director. The treatment staff gives the drug court coordinator updates on the parents and recommendations on what should happen at the drug court hearing. Due to confidentiality issues, the counselors cannot disclose specifics with the coordinator from treatment or counseling (e.g., "This parent told me they used last week"), but they can discuss general information about parents' attitude, motivation level, whether they attended treatment, and the results of drug screens (parents sign a release for the drug screens).

Attorneys and CASAs are also team members, but their participation varies depending upon the specific issues in the case. Immediately prior to the weekly FDC hearing, there is a 30-minute staff meeting. The attorneys for the parents, children, and the Department of Social Services are invited to the staffing, but typically do not attend. Among those interviewed for this evaluation, it was nearly unanimous that the children's attorneys do not need to be present and having them there would not add anything to the FDC process. However, it was mentioned that it might be beneficial for attorneys who represent very young children (under the age of three) to participate at the staffings. In these cases, the attorney cannot simply present the client's wishes, so it may be important for them to hear about how their client's parent is doing in treatment.

Those interviewed for this study were split over whether the parents' attorneys needed to be at court and the staffings. Typically, an attorney representing the parent will not attend the FDC staffing and will only attend court if there is a threat of their client going to jail or new developments in the case. Several attorneys explained why they do not attend drug court and the staffings every week:



The drug court process is usually more of a dialogue between the parent and the judge. The parents' attorneys do not need to go to drug court unless a motion for contempt is filed or there is something adversarial going on.

The court keeps the clients on a tight leash.

The attorneys don't take an active role in the drug court proceedings.

Several attorneys stated that they do not need to attend the staffings because the FDC coordinator is in constant contact with the attorneys and will provide updates on their clients.

#### CASE STUDY

Ella was addicted to cocaine and marijuana when she entered the Caddo Parish Family Drug Court. Her two teenage daughters had been removed from her home by Social Services and a petition alleging neglect had been filed with the juvenile court.

Ella's initial reaction to FDC was anger and denial that she needed services. She refused to cooperate, and the stakeholders working with her described her as "extremely belligerent" and "horrible to everyone around her."

Her anger and noncompliance meant repeated sanctions, including, on many different occasions, jail. The noncompliance took the form of failing to show up for drug court, failing to attend treatment, and repeatedly testing positive for drugs.

Finally, instead of sending Ella back to jail, the FDC judge sent her to do community service at STEPS, a local detoxification facility.

This community service changed her life. After being in the drug court for about a year, Ella finally started passing her drug screens and was eventually offered a job at STEPS. According to the FDC coordinator, the community service gave her a chance to feel she could accomplish something and to be proud of herself.

Ella did not officially graduate from the FDC. Because she refused to leave her living situation, with roommates who used marijuana, she did not regain custody of her teenage daughters. However, she is currently working towards her GED and continues to be clean.



## Referral and Entry

Ideally, parents involved in dependency court cases should enter the FDC as early in their case as possible. Parents whose children have just been removed from their homes are often most receptive to change and help. In addition, once children enter placement, the stringent AFSA timeline begins. However, in reality, the actual time of entry varies from case to case. Most CINC cases are sent to the FDC at or soon after the disposition hearing, a few enter pre-disposition, and a few more are well into the case plan by the time they are referred. The primary reason for this variation is that someone in a position to make an FDC referral must first recognize the substance abuse problem. Typically, this will be the juvenile court judge or the OCS caseworker.

When the judge refers a parent to the FDC, he or she will order an initial drug court assessment and say that drug court can be ordered if appropriate. This reduces one step in the referral process and allows the FDC staff to conduct the assessment and enroll the parent into FDC if necessary, without having to take the assessment results back to the judge.

Caseworkers typically find out if there is a drug problem from the initial allegations, a parent's prior record, or any police reports filed about the parent. In rare occasions, a parent admits to the caseworker that he or she has a drug problem and will ask for help. The caseworker meets with the parent to discuss the addiction, see how serious the problem is, find out if the parent is in denial, and see why the parent is using drugs (e.g., as a coping mechanism). After meeting with the parent to learn about the addiction, the caseworker fills out an application for the M.O.M.S. program, F.A.S.T. program, and FDC, and sends them to the FDC coordinator (see Appendix A for the referral form).

Unlike CINC cases, where, according to one interviewee, caseworkers "delve into people's lives," in child support cases, a parent's addiction is harder to identify. It takes well-trained staff to ensure that noncustodial parents get into the family drug court if they need it. The juvenile court hearing officer relies on the district attorney's office or child support caseworkers to refer child support cases to him or her. After the hearing officer gets the referral, he or she will order the parent to take a drug screen. This is possible because, by this point, the parent has typically been found in contempt of court due to failure to pay child support. Then, if the case is appropriate, the hearing officer will refer the parent for a drug court evaluation. Some cases do not need to go all the way to FDC. Whether a parent is ordered depends on many issues, such as the severity of the addiction and the number of spaces available in the FDC.

After receiving either a CINC or child support or protective order referral, the FDC coordinator works with the court-based treatment providers (M.O.M.S. and F.A.S.T.) to do the initial substance abuse



evaluation. The tool used for the assessment is the Addiction Severity Index, or ASI. This process takes about one week. No one is turned down for the initial drug court assessment – there are no exclusions for mental health problems or because a caseworker thinks a parent is unmotivated. If cases are inappropriate, the parent can always be dismissed from the program at a later date. At this time, parents sign a release allowing for the sharing of information (see Appendix B for the release form).

After the results of the assessment, the FDC coordinator will do a written report and make a recommendation to the judge as to whether a parent should enter FDC. In CINC cases, FDC is court ordered. That way, the court can hold parents in contempt and keep them accountable if they fail to comply with their treatment plans. Some parents will volunteer for the FDC or, if the judge asks the parent if he has a substance abuse issue and would like to attend the FDC, will accept the treatment. According to the FDC coordinator, most parents are not entirely opposed to attending drug court. The parents appreciate the extra accountability that the drug court offers and know that without the court keeping a close eye on them and the threat of sanctions, they would probably drop out of substance abuse treatment.

### **Drug and Alcohol Treatment**

Most of the FDC cases are referred to one of the onsite treatment programs: M.O.M.S. or F.A.S.T. The drug court also uses outside detoxification facilities, in-patient treatment centers, and halfway houses, depending on the needs of the parents. When an FDC case receives outside treatment, the FDC coordinator communicates with the treatment provider every Wednesday to get updates on the parents. The provider can fax an update or the coordinator will meet with the providers in person.

One issue that arose when referring the FDC cases to outside treatment was the fact that each facility has different testing policies. For example, one of the outside providers only conducts drug tests once a month. While the test is random, the FDC coordinator was concerned that this was not sufficient. (This is compared to two to three random drug screens per week in the M.O.M.S. and F.A.S.T. programs.) To solve this issue, the FDC coordinator also conducts drug screens so the FDC participants get tested more often.

The caseworkers interviewed for this evaluation generally expressed a preference to enroll clients in the on-site M.O.M.S. or F.A.S.T. programs. These programs are in a centralized place (the court) and are easier to get to by bus than some of the other treatment providers. It also makes monitoring the parents easier for the caseworkers. If they ever need to get an update about the parent, they can go to the court and talk to the treatment providers and FDC coordinator.



In some cases, when it seems that the parent is not benefitting from the outpatient drug treatment and needs more intensive treatment, the judge will order a parent to go to one of the in-patient treatment facilities outside of the court.

As participants move through the drug court process, there are four different phases of treatment. A parent moves through the phases at his or her own pace; there is no set time for each phase. When a treatment counselor or the FDC coordinator thinks a parent is ready to move onto the next phase, the coordinator brings this up in the Thursday staffing. The drug court team at the staffing discusses the case and determines, as a group, if the parent should advance to the next stage (see Appendix C for the tracking form used by the FDC team).

In **Phase I**, a parent must:

- Attend treatment meetings, which occur three times per week (every Monday, Wednesday, and Friday) for the M.O.M.S. and F.A.S.T. programs;
- Participate in a 12 Step program twice a week;
- Attend the FDC hearings every Thursday; and
- Complete random drug screens as requested – two to three times per week for the M.O.M.S. and F.A.S.T. programs.

There is also a \$50 drug court fee. During this phase, parents must either make a payment towards the \$50 or do community service to help repay the fee. Typically, there are 10 to 15 participants in Phase I of the FDC.

In **Phase II**, a parent must:

- Continue drug screens as requested;
- Attend treatment two times per week (down from three times per week in Phase I);
- Continue to attend FDC hearings, although during this phase participants only have to attend drug court on the first and third Thursday of every month;
- Continue to attend 12 Step meetings twice a week;
- Find a sponsor for their 12 Step program; and
- Either enroll in a GED class or start looking for employment. Representatives from the Vocational Rehabilitation program and Goodwill Industries come to drug court to help participants with this phase.

At any given time, there are usually about five participants in Phase II.



There are usually three to four participants at all times in **Phase III** of the FDC. During this phase, a parent must:

- Continue all of the Phase II requirements; however, in this phase parents only need to attend drug court on the first Thursday of every month; and
- Find stable housing. Caseworkers will give parents referrals to transitional housing or community resources when appropriate.

In between the third and fourth phases, parents work with drug treatment counselors to write down a list of personal goals. The FDC coordinator receives a copy of the goals and will share them with the judge and OCS caseworker if the parent gives permission. According to the FDC coordinator, this is a very powerful part of treatment because many of the parents have never thought about the possibility of a future. When they were addicts, they lived day by day. The FDC team will help the parent to make progress on these personal goals to the extent that this is possible.

Only one or two parents are in the fourth and final phase of drug court at any given time. During **Phase IV**, a parent must continue the Phase III requirements, including attending 12 Step meetings twice a week; going to FDC every first Thursday of the month; having stable housing; enrolling in school, a training program, or looking for employment; and continuing drug screens. Treatment during this phase is known as aftercare treatment and is typically provided by the M.O.M.S. and F.A.S.T. programs. Parents only need to attend these meetings once a week.

After all four phases are complete, the parent graduates from the Caddo Parish Family Drug Court. One of our interviewees, an attorney who represents parents in CINC cases, stressed how powerful the graduation is for the parents. Many of these participants “have never graduated from anything in their lives.” Graduating from the FDC builds the parents’ self-esteem and they feel a sense of accomplishment. All of our interviewees agreed that, while the graduation rate may not seem that high, it is worth it for the people who do make it all the way through.

Since the FDC began in 2005, 123 parents have entered into the program. Four were admitted in 2005 (as previously stated, before the FDC hired a coordinator, the program accepted a low volume of cases), 41 parents entered in 2006, 37 in 2007, 26 in 2008, and 15 from January to May of 2009. There are currently 32 participants in the FDC.

Of the 91 participants who have exited the FDC program, 17 have formally graduated and another 23 cases reached permanency or the parent completed treatment without completing the FDC process.



Other cases are discharged from the FDC by unsuccessful completion or if the parent has an outstanding bench warrant.

### **The Integration of Other Services**

The Caddo Parish Family Drug Court takes a holistic approach to treating the parent. In addition to drug and alcohol treatment and counseling, the FDC also helps with employment assistance and training, housing, and parenting classes.

The Louisiana Rehabilitation Services Vocational Rehabilitation Program (housed within the state's Department of Social Services) sends a representative to the FDC to offer employment assistance to parents. FDC clients can participate in job readiness classes and career counseling, receive help setting employment goals, and help finding a job. Goodwill Industries also provides employment assistance. Goodwill helps with the more basic skills needed to find work, such as how to fill out a resume and what to expect in a job interview. Goodwill also provides FDC clients with professional clothing for job interviews.

One of the OCS caseworkers has an FDC client who just started receiving employment assistance from the court. According to the caseworker, even though her client has yet to get a job offer, the client has a more positive attitude and is more motivated to find employment than before. The training provided the client with good tips and guidelines for job seeking and increased her confidence. Another caseworker echoed these sentiments:

I really appreciate the employment assistance my clients receive. The employment training makes people employable and either gets them back in the workforce or makes them job-ready for the first time in their lives.

The Louisiana Department of Social Services (DSS) also helps FDC participants fulfill their safe and stable housing requirements, typically by getting a parent into transitional housing until they are back on their feet. DSS has several partners that they work with in Caddo Parish, including halfway houses, rescue missions, and the Salvation Army. The FDC also works with a nonprofit residential center, where parents can live for up to three months with their children. After the three months are up, the organization gives families rental assistance for a furnished apartment in the community for up to two years. Offering parents housing help is an important part of the FDC process. Without stable housing, a parent cannot move through the phases and cannot graduate from drug court.



According to the FDC coordinator, helping parents obtain safe and stable housing is the most challenging obstacle faced by the FDC. “Some [clients] have been living on the streets, or with friends that use drugs. We don’t have enough facilities to house them all while they are getting their life back together.”

### The Family Drug Court Hearings

There are typically 25 parents enrolled in the FDC at any given time. About 15 participants will be in Phase I of treatment, five will be in Phase II, three to four will be in Phase III, and only one or two make it all the way to the fourth phase.

Drug court occurs every Thursday afternoon. Immediately prior to the court hearing, there is a 30-minute staff meeting. Typically, the people at the staffing include the FDC judge, coordinator, an OCS supervisor who represents the caseworkers, CASA volunteers, and the counselors and program director from the onsite drug treatment programs. As noted, the attorneys for the parents, children, and the OCS are invited to the staffing, but usually do not attend.

The participants go over each parent enrolled in FDC and their successes and failures for the week. Together, everyone at the staffing tries to agree upon what the judge should order for the parents at court. This is a collaborative effort, with all of the participants bringing important information and insight to the process.

When the judge receives the updates of a parent’s activity for the week, he or she typically looks at drug screens and whether the parent has been attending 12 Step meetings and treatment. He or she will not get into the full CINC case plan for the parent, just the aspects that have to do with drug court. While it is ultimately up to the judge to decide what to do with the parent, the current judge stressed that she feels it is important to support the drug court staff who are working “on the ground” with the parents and does her best to back up the staff recommendations.

Between the staffing and the FDC hearing, the OCS attorney meets with the OCS staff who attended the meeting – usually the supervisor of foster care caseworkers – to get a synopsis of what was discussed and agreed upon by the FDC team at the meeting. This way, the OCS attorney can adequately present the State’s case at the FDC hearing.



When the court hearing is convened, all parents who will be seen that day are in attendance. This allows parents to see the possible consequences of noncompliance, that they are not alone, and that other parents have had success. Each parent steps up to the podium in the front of the judge and explains his or her week of treatment.

The rewards and sanctions handed down by the judge to participants are some of the most integral parts of the FDC process. According to the FDC stakeholders, the parents genuinely love the rewards and are genuinely scared of the sanctions. The most basic reward that parents receive when they follow their case plan is praise from the judge. Most FDC team members feel this is

extremely important to parents and does a great deal to encourage further success. The rewards given for exceptional behavior (e.g., going to all treatment sessions or getting clean drug screens) include gift cards and tickets to the theatre and other events. Parents also receive medallions as they move through the four drug court phases and a decorative paperweight when they graduate from the drug court.

The sanctions for the parents are wide-ranging and depend on a parent's actions. Typically, the judge starts with a fine (around \$5), community service, or additional 12 Step meetings for a failed drug screen. Parents who skip one of the treatment sessions during the week must attend a make-up session on the weekend. The judge also has the option to order a parent into an in-patient treatment facility if the FDC does not seem to be enough help for the parent to get clean.

If a parent stops attending treatment or "is in blatant contempt" of a judge's order, the judge will threaten a parent with jail time. In these cases, the judge typically suspends the jail sentence for two weeks to allow the parent to get back in compliance with the treatment plan. If a parent stops showing up for court or

### CASE STUDY

Carissa was the subject of a child neglect filing by OCS due to her heavy cocaine use. Her two small children were placed in foster care, and Carissa entered the FDC.

She was enrolled in the M.O.M.S. treatment program, but repeatedly failed drug screens. Sanctions, including jail, were used on several occasions, but Carissa continued to relapse.

During one jail stay, Carissa discovered she was pregnant with her third child. This proved to be a turning point for her. She was released from jail and began treatment in earnest. She stopped using cocaine and her third baby was born drug-free.

By the time she graduated from the FDC, Carissa had entered a nursing program and been reunified with her two other children.

Following graduation, she continued to attend the M.O.M.S. treatment program because she felt she needed and enjoyed the support she received there.



treatment completely, the judge frequently issues a bench warrant, and will remove the warrant if the parent returns to court and treatment. In the cases when a parent does not get back in compliance with the drug court plan, the judge usually sentences a parent to 30 days in jail and suspends the sentence for all but two days. This way, the judge can easily send the parent back to jail, of which the parent is aware.

The exception to the graduated sanctions rule is when the FDC participant is a pregnant, substance-abusing mother. The judge will skip over the other sanctions and send a pregnant woman to jail if she does not stop using drugs.

All of our interviewees agreed that the threat of jail time is usually enough to scare the parents back into compliance. In the cases when a parent still refuses to follow the drug court plan after the threat of incarceration, the judge has to be tough enough to actually send parents to jail. This is especially true because of the way the drug court proceedings are held. When one parent stands in front of the judge at the FDC and receives his award or sanction, all of the other parents are watching. The parents see what the judge allows other parents to get away with. As one of the FDC team members explained:

The court is not designed to be punitive and does not demand perfection. But, when people show an unwillingness to get help and treatment, they can be punished.

The recently appointed Caddo Parish Family Drug Court judge sent several parents to jail in her first five months on the drug court bench. She feels that now the word is getting around to the drug court clients that she is a tough judge who will take a hard stance with the parents when necessary. And, as a result, the parents are being more honest with her about their failures and attending treatment and FDC on a more regular basis.

To be effective, all of FDC team members agree that the judge has to actually care and be excited for the parents when they do well, while at the same time be willing to admonish the parents and impart the necessary sanctions to help parents get back on track when they relapse. Additionally, the judge, coordinator, and treatment providers have to get to know all of the parents and understand what rewards and sanctions best motivate them.



## V. Reactions of Participants

Undoubtedly, the greatest source of support for the FDC is the widespread perception, across many different types of professionals, that the process works.

I believe the drug court is definitely helping parents. Many, many CINC cases have co-occurring substance abuse problems and other problems, too. The success rate may not be that high; but, the people who drug court does help, it seems to really help. – *Parent attorney*

The family drug court has definitely increased reunification rates for families. It is the best thing that could have happened in this area for CINC cases. – *OCS attorney*

I've seen clients who do not have access to a family drug court. They are less motivated and the drug treatment just doesn't get done. The parents are not held accountable and they are difficult for caseworkers to keep track off. – *OCS caseworker*

Drug court can produce great results for some parents. Those who are committed can get clean and get their children back. – *OCS supervisor for foster care caseworkers*

The Caddo Parish Family Drug Court helps parents stay on track. It puts “teeth” into the case plan, keeps them in line, and helps them get their kids back. – *OCS caseworker*

In other parishes, it's rare that a parent will actually finish treatment because they are not held accountable. There are no consequences if the parent does not comply ... The family drug court makes a great difference for families! Parents get clean and get their kids back. Unfortunately, the same can't be said about parishes with no drug court. – *CASA*

If I could tell people one thing before I go to my grave, it's that the family drug court works! There is accountability for parents and processes in place that maintain the safety and security of children ... Family drug court provides the opportunity to implement case plans on an accelerated basis with more hands-on treatment and helps children achieve permanency more quickly. – *FDC judge*

In addition, OCS caseworkers appreciate the extra monitoring and staffings that come with the FDC and report that it makes their tough job a little easier. As one OCS caseworker stated, weekly updates are “another tool we can use to keep an eye on parents.” If the weekly update shows that the client is not in compliance with the drug court case plan or fails a drug screen, the caseworker will either call or visit the



parent to see what is happening. If a parent does fall out of compliance, “Typically something has changed, whether it is the job, housing, or transportation circumstances.”

The caseworkers recognize that “relapse is part of recovery,” so they work to find out why the parent relapsed and try to help the parent “get back on track.”

According to one OCS caseworker, “drug court helps caseworkers spend less time on ‘drug case management,’ such as getting the parent motivated to go to treatment, making sure the parent actually goes to treatment, and keeping the parent clean; and more time on other case management.” It also helps improve the relationship between the OCS caseworker and the parent because less time is spent “bickering” with the client trying to get him or her to go to drug treatment.

Without exception, the stakeholders agree that a key to success is finding and keeping the right judge.

A family drug court needs a judge that’s willing to impose sanctions and who is able to balance being both firm and caring. The judge needs to be strong. Yes, the parents do need praise when they do well, but they also have to be held accountable for their actions when they do not. If a child is reunified with his family before the parents are ready, OCS is more liable than the judge and it is the OCS caseworker whose name gets dragged through the mud. – *OCS caseworker*

Family drug courts require a caring, mature judge who’s willing to get to the bottom of a case. The judge has to be passionate, a good communicator, and patient. – *Parent attorney*

The essential combination of caring, but holding parents accountable is also stressed by family drug court judges:

I saw so many horrible things [in prior CINC cases]. Parents have serious, absolutely devastating addictions. But I still believe they can turn it around. To be a drug court judge, you need patience and a big picture outlook. I’ve seen successes and failures. I always think that things can get better and improve. I’ve seen parents turn it around. – *Family drug court judge*

One thing that family drug court judges need to remember is that every parent does things right during the [addiction] recovery process, and every parent does things wrong during the process ... There needs to be a system in place that gives both rewards and sanctions to the parents because most parents will need both during the family drug court process. – *Family drug court judge*



In part, the balance between caring and accountability is played out in the use of sanctions and rewards. Ironically, it is sometimes the parents' attorneys who have, under other judges, seen the need for "tough love":

I would recommend attaching consequences for failure to comply faster. Some of these clients are just working the system and stringing along the judge and caseworkers. Lately, punishments are coming faster; but before, it could take three to four months to get anything done. – *Parent attorney*

Fortunately, the current FDC judge is perceived as doing an excellent job of rewarding and punishing. As she notes:

I don't believe in coddling, but I do believe in congratulating. I do believe in second chances and the opportunity to improve. That being said, it's not too difficult to send people to jail when they deserve it. – *Family drug court judge*

In addition to the right judge, the stakeholders stress the importance of communication and a shared commitment to the process:

Communication, buy-in from everyone involved, dedicated staff, and good training all combine to make the Caddo Parish drug court a success. – *OCS supervisor for foster care caseworkers*

Communication among all the stakeholders is key for a drug court to be successful. All of the stakeholders in Caddo Parish are committed and in constant communication with one another. – *OCS caseworker*

I'd put our [family drug court] support staff up against anyone. The staff is really committed and it shows. – *Family drug court judge*



## VI. Caddo FDC Experiences in Context

The empirical work on adult or criminal drug courts has led to a number of conclusions about what these courts should include and how they should operate. In 1997, the Office of Justice Programs released “Defining Drug Courts: the Key Components.”<sup>30</sup> This document listed 10 key components of an adult drug court. This list also serves as a means of assessing how well a family drug court is functioning. On all 10 measures, the Caddo Family Drug Court is perceived by stakeholders to be performing well.

**1. Alcohol and other drug treatment services are integrated into justice system case processing.**

The support for the Family Drug Court is widespread in Caddo Parish. All of the key agencies are supportive and committed to the court’s goals. Stakeholders note that the Family Drug Court represents a significant change in how drug and alcohol issues are addressed in CINC cases. These problems are now recognized as critical components of the case, rather than merely one problem among many faced by the family.

**2. The approach is nonadversarial; prosecution and defense counsel promote public safety while protecting participants’ due process rights.**

The Family Drug Court involves frequent team meetings and communication among all the professionals, as well as between the family and professionals. Parents sign consent forms to allow for this unusual level of information sharing.

**3. Eligible participants are identified early and promptly placed in the drug court program.**

Although not all cases enter prior to the disposition hearing, every effort is made to enroll cases in the Family Drug Court as soon as the substance abuse problem becomes apparent.

**4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.**

The Family Drug Court has access to all types of treatment, from in-patient, detoxification programs to post-program support. In addition, the Family Drug Court judge is also the judge who hears the CINC case, which means that there is coordination in planning and delivering other services, such as those related to parenting, housing, and employment. In addition, parents move through phases that gradually increase independence and prepare them for post-program sobriety.

<sup>30</sup> Drug Courts Program Office, Office of Justice Programs, 1997. “Defining Drug Courts: The Key Components.”



**5. Abstinence is monitored by frequent alcohol and other drug testing.**

Testing is conducted frequently and may be done by FDC staff, as well as by treatment providers. This provides for frequent, random testing and monitoring.

**6. A coordinated strategy governs drug court responses to participants' compliance.**

The Family Drug Court stakeholders recognize the reality of relapses when working with substance-abusing parents, but also understand that the ASFA timeline is in effect. Those interviewed for this process evaluation were in agreement that rewards are used to encourage compliance, but sanctions are available and used when parents fail to comply with their plans.

**7. The ongoing judicial interaction with each drug court participant is essential.**

The Caddo Parish Family Drug Court presents ample opportunity for stakeholders to interact with the judge. Pre-hearing meetings provide opportunities for information sharing. For parents, there are frequent appearances before the judge and a clear understanding that information about successes and problems will be shared with the judge as needed.

**8. There is monitoring and evaluation to measure the achievement of program goals and gauge effectiveness.**

After an FDC coordinator was hired, the program began maintaining basic statistics on case volume and case outcome. While a full outcome evaluation would be useful now that the program is mature, this requires funding that is currently not available.

**9. The court will use interdisciplinary education to promote effective drug court planning, implementation, and operations.**

During the start-up process of the FDC, stakeholders – including OCS staff, the judge, drug treatment counselors, attorneys for the Department of Social Services, parent attorneys, CASAs, and attorneys for children – met frequently to discuss how to design the Family Drug Court. These stakeholders continued to meet after the drug court began to discuss difficulties with the processes of the FDC. Drug court staff also held a large in-service to train stakeholders on the family drug court theory and process.

**10. The drug court will actually be a partnership with public agencies and community-based organizations, generating local support and enhancing drug court effectiveness.**

The Family Drug Court relies on strong, positive ties among the court, OCS, the treatment community, and the service providers traditionally used by the OCS in child welfare cases.



## VII. Moving Forward

### Within Caddo Parish

We noted at the outset that this evaluation does not consider the outcomes experienced by the Caddo Parish Family Drug Court system or the parents served in the Family Drug Court. There are numerous outcomes of interest, such as length of time children spend in foster care, reunification rates, length of time in substance abuse treatment, percentages completing treatment, cost savings, or the types of clients who are successful in the FDC and those who are not. Obviously, the program would benefit from such a study, as would other courts in Louisiana and the nation that are implementing or considering family drug courts.

The purpose of this study was to capture the reactions of the stakeholders to the Caddo Parish Family Drug Court and to elicit their ideas about the success and value of the program. On this score, there was a clear consensus that the family drug court approach is superior to the traditional methods used in Caddo Parish, and still in use in most courts. The professionals believe that the FDC benefits families, offers excellent treatment, and promotes a nonadversarial team approach to serving families.

Like many family drug courts, the one in Caddo Parish would like to be serving a greater percentage of the families in need of drug/alcohol treatment. Although resources are limited, the program could handle additional cases if all caseworkers and other professionals referred all relevant cases for consideration. Increasing case referrals requires ongoing work with OCS workers to keep the program in mind and outreach to share information about the high program satisfaction rates.

Finally, the Caddo Parish FDC, like most FDCs and most court services, could also benefit from more extensive data collection, including a full evaluation to measure program outcomes.

### Beyond Caddo Parish

The Caddo Parish Family Drug Court stakeholders would recommend the approach to other jurisdictions within the state. Their experiences lead to the following recommendations and cautions:

- The ease with which an FDC program can be implemented will depend in part on the court's prior drug court experiences.

Having experience with a juvenile drug court and/or an adult drug court will clearly help pave the way for a family drug court. While the FDC is not exactly akin to either, it is similar in a great many respects.



Jurisdictions with no problem-solving court experience will require extra technical assistance to develop and implement effective programs.

- Implementation will probably be easiest in sites with dedicated juvenile courts.

The Caddo Parish FDC capitalized on the fact that a single judge routinely hears all CINC cases, CINC cases were the primary FDC target population, and judges do not rotate on and off the CINC bench frequently. Some stakeholders had a hard time envisioning how the program could work in another types of setting. For example:

I think having one judge who hears the CINC case is really important. Parishes with a rotating bench and judges that often change would not be effective for a family drug court. – *OCS caseworker*

Other stakeholders did not rule out the possibility that other types of jurisdictions could adopt the FDC model, but acknowledged that the program would probably have to be shaped to the demands of the specific system. In courts with multiple judges hearing CINC cases, it might be possible to find one judge willing to have a specialized CINC-FDC caseload. In small courts with one general jurisdiction judge, the opportunity to provide FDC services would depend on the time and resources available to ensure the judge had sufficient assistance. In other words, creativity and some degree of flexibility will be required to implement the model in non-juvenile court settings:

Rural areas could implement a family drug court, but it definitely would not look the same. Judges, OCS, and mental health people should get together, determine what resources they have available, discuss possible set-ups, and pick the appropriate set-up for their respective jurisdictions. A contract psychiatrist would be a good resource, too. Maybe they could hold drug court less often than once a week. Again, it would definitely not look the same as the Caddo Parish family drug court. – *Parent attorney*

- The degree of support for a family drug court will vary depending upon the quality of the working relationships among the court, OCS, the legal community, and the treatment community.

Jurisdictions with relatively good working relationships among key stakeholder groups are logical places to which the FDC model may be exported. Settings with poor working relationships between the court and OCS, or highly contentious legal communities, may need to address these issues before considering a FDC.



- Widespread education about family drug courts will help the program succeed.

Family drug court training opportunities must be found for all the various stakeholder groups. Without a real understanding of the mission and purpose of the FDC, it will be difficult to “sell” the program or elicit referrals. For some groups, the training may be provided by visiting operational programs, or inviting representatives of programs into provide guidance. Whenever possible stakeholders should be given the opportunity to participate in national trainings, such as those convened by the National Drug Court Institute, so they can fully understand the ideals that drive a drug court.

- The right treatment program is critical.

According to the Caddo Parish FDC Treatment Program director, if other jurisdictions decide to implement a family drug court, they need to be diligent in designing the treatment piece. Treatment must be gender-specific and geared toward the culture of the people served in the court. This requires qualified and well-trained staff.

- Finding and keeping the right judge is critical.

Throughout the course of the interviews conducted for this study, the most frequently heard piece of advice for other jurisdictions considering a family drug court was to find the “right” judge. To be effective, a judge must fully embrace the idea of therapeutic justice, understand and commit to the drug court ideals, and have the personality to be both supportive and demanding.

A family drug court is judge-driven. They set the tone for the entire process. A drug court judge needs to be a good listener, open minded, know about addiction, and have an unusual investment in the clients. Judges see the parents on a regular basis for six or more months and have to wade through the parents’ lies and deceit. A judge must be positive when the situation calls for it and willing to admonish the parents and enforce consequences when appropriate. –  
*Program coordinator*



**Caddo Parish Family Drug Court Evaluation**

**Appendix A  
Referral Form**



**Prior Substance Abuse Treatment:**

Name of Facility	Dates of Treatment
_____	_____
_____	_____
_____	_____

**Pending Court Date & Reason:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

-----  
**Date Logged:** \_\_\_\_\_

**Letter Sent** \_\_\_\_\_ **Date & Time of Evaluation:** \_\_\_\_\_

**Rescheduled:** \_\_\_\_\_ **Date & Time of Evaluation:** \_\_\_\_\_

**Linda Van Zile, Family Drug Court Coordinator, notified of date & time of evaluation**



**Caddo Parish Family Drug Court Evaluation**

**Appendix B  
Release Form**

CRIMINAL JUSTICE SYSTEM CONSENT  
FOR THE DISCLOSURE AND RELEASE OF  
CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, understand that my participation in the \_\_\_\_\_ Drug Court Program, requires the exchange of information deemed confidential and protected by various state and federal laws and regulations, including, but not limited to 42 CFR Part 2. I hereby authorize and consent to communication between

\_\_\_\_\_

\_\_\_\_\_

and

\_\_\_\_\_

\_\_\_\_\_

The disclosures contemplated herein are required to inform the agencies listed above of my attendance and progress. I consent to and authorize disclosure of my diagnosis, attendance at treatment sessions (both individual and group), cooperation with and participation in any and all aspects of the program, prognosis, employment and

\_\_\_\_\_

\_\_\_\_\_

**I understand that I may exercise my right to revoke this authorization only when there has been a formal and final disposition of the matter or matters, and/or proceedings, in connection with which I was either mandated into treatment allowed to participate in the Drug Court Program; or,**

\_\_\_\_\_

\_\_\_\_\_

Signature

Date



**Appendix C  
Case Tracking**

Date: \_\_\_\_\_

**JUVENILE COURT FOR CADDO PARISH  
FAMILY DRUG COURT**

Admit Date: \_\_\_\_\_

Type of Case: \_\_\_\_\_

Docket #: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Lives With: \_\_\_\_\_ Relation: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ht: \_\_\_' \_\_\_" Wt: \_\_\_\_\_ Gender:  Male  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_  G.E.D./Vocational

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Current source of income: \_\_\_\_\_

Request employment assistance  Referred to Vocational Rehab: \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_

Are you an IV user?  Yes  No

Do you have family, other than those you live with, in this community?  Yes  No

Do you have reliable transportation?  Yes  No Source of transportation: \_\_\_\_\_

Are you pregnant?  Yes  No

Served time in the military?  Yes  No Branch of Service: \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been arrested?  Yes  No Were you arrested as a juvenile?  Yes  No

Have you ever been convicted of a crime of violence?  Yes  No

Have you ever been convicted of a sex offense?  Yes  No

How many times have you been convicted of a crime? \_\_\_\_\_

Served time in prison?  Yes  No If yes, list most recent: \_\_\_\_\_  
(Month & Year)

Are you on probation or parole?  Yes  No

If yes, name of P.O.: \_\_\_\_\_ Sentencing Judge: \_\_\_\_\_

Have you had any formal probation/parole revocations?  Yes  No

Any pending felony or misdemeanor cases?  Yes  No

Have you had any prior failure to appear in Court?  Yes  No

---

Protective Order      Date filed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Drug Court Judgment      Date filed: \_\_\_\_\_  
 Probation Judgment      Date filed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Phase II:**

Date Promoted: \_\_\_\_\_

**Phase III:**

Date Promoted: \_\_\_\_\_

**Phase IV:**

Date Promoted: \_\_\_\_\_

**Graduated:** \_\_\_\_\_

**Discharged:** \_\_\_\_\_

Reason(s): \_\_\_\_\_



**FAMILY DRUG COURT**

Date: 3/12/09

Docket #:

Admit Date: 3/5/09

PHASE: I

Participant: Name of Participant (DOB: 7/20/83)  
Employment: None

Treatment Provider:

Child(ren): (Name of children in case) Participant's Attorney:

Treatment Provider Report:  
Assessed

Counselor:  
Drug of Choice: THC/Cocaine

Level: I

Drug Tests:

Absences:

AA:

Parenting:

Comments:

DSS Report:  
Next Court Hearing:

Caseworker:

CASA:

Drug Court Fee:  
Balance:

\$50.00

Incentives:

Sanctions:

Recommend/Comments:

\*  
\*  
\*

Return to Drug Court:

March 12, 2009