


Evaluating Family Drug Courts: Documenting Outcomes and Cost Offsets

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Agenda


- National Perspective and Lessons Learned
- Sharing and Accessing the Data in FDC
- Key Data Elements for FDC Evaluation
- FDC Case Study: Sacramento County, California
- Cost Analysis: A Progress Report
- Questions and Discussion

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National Perspective and Lessons Learned

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Why Evaluation is Needed

- How do we know FDCs are effective and if they work? Measured by what goals?
- How can the efforts and resources needed to operate the FDC be sustained?
 - Does the FDC save money?
 - Is there an ability to conduct a cost analysis?
- If the FDC is effective, should it be expanded?
 - What is the scale of the FDC?

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FDC Evaluation Lessons

What do you want to know?

Formulate the three most important questions the evaluation is intended to answer—and **who wants to know**. Then be sure the information system is collecting the data needed to answer the questions.

You need the wheels and engine!

The outcomes are the wheels, but the cost savings are the engine.

Compared to what?

- It's important to have a comparison group
- Know your baselines
- Compare apples to apples

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FDC Evaluation Lessons

Client outcomes matter, BUT so do system changes!

Look for institutional changes that will last beyond the project—what are staff in other agencies doing differently because of the FDC?

Consider definition of success!

A recent FDC evaluation defined success as "removal of children without termination of parental rights, enabling birth parents to have contact with children." Success—but not the same as permanency for the child through reunification

The end matters!

- Court, child welfare, and treatment outcomes are different
- Know what audiences care most about

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FDC Evaluation Lessons

What about the children?

Be sure adequate data is collected on child outcomes, because that is a critical difference between adult and family drug courts and most likely to generate political and community support

What is missing?

Missing data is sometimes more important than the available data (e.g. prevalence rates for substance abuse among child welfare clients)

Where did they go?

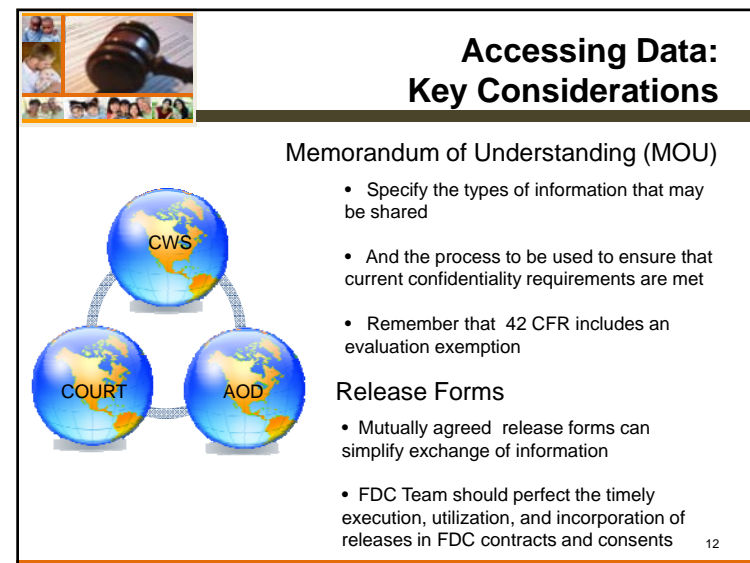
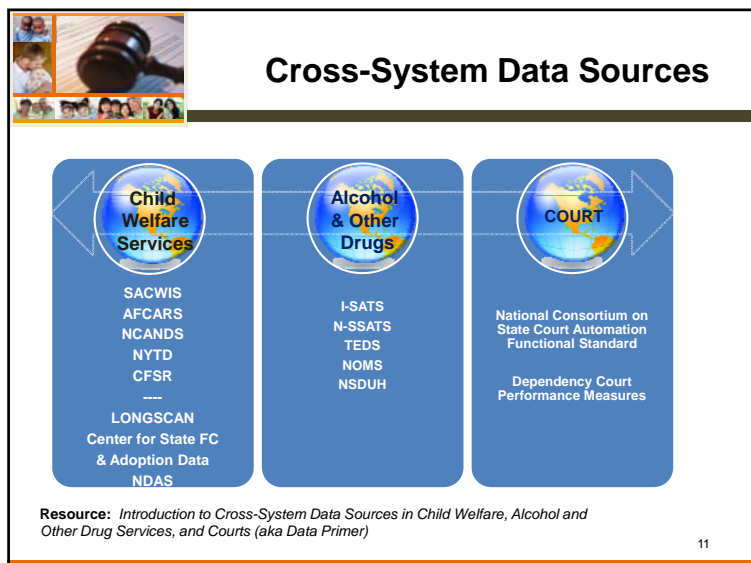
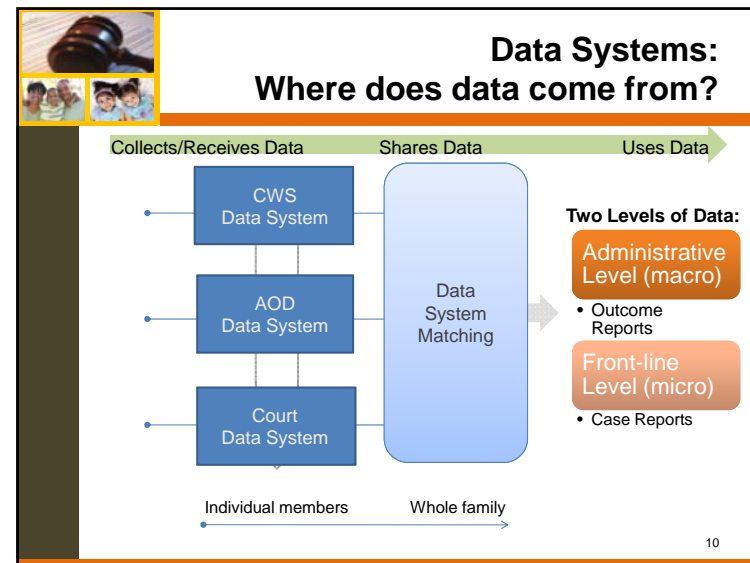
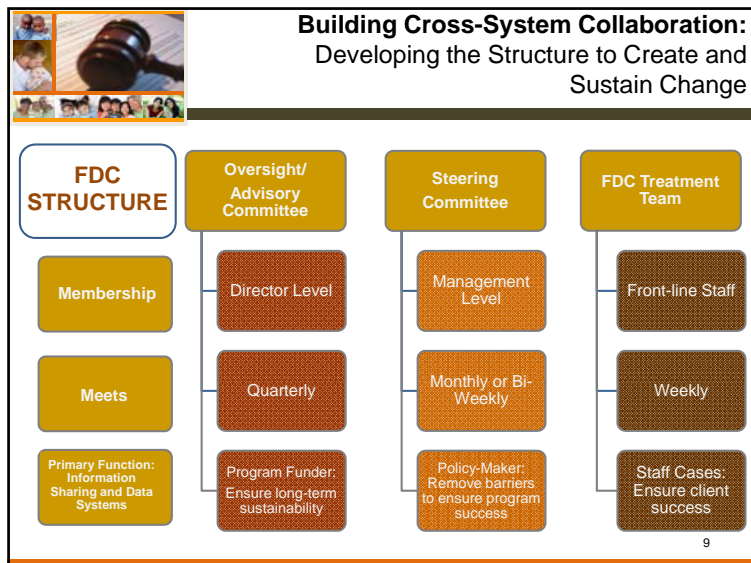
Know where you are losing clients: a drop-off analysis enables tracking clients from identification of the problem to referral to enrollment to positive treatment outcomes

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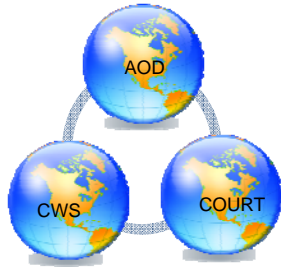
Sharing and Accessing Data in FDC

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Confidentiality



- Each agency operates within strict federal, state and jurisdictional guidelines
- Policies that allow agencies for information sharing
- Strategy: consent form signed by the parent that allows specific, limited information to be shared with designated entities
- Jurisdictions can develop a mutually agreed upon Release of Information and Informed Consent Form that will comply with Federal and State confidentiality laws
- Federally-approved consent form

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Key Data Elements for FDC Evaluation

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Key FDC Outcomes

Safety (CWS)	Permanency (Court)	Recovery (AOD)
<ul style="list-style-type: none"> • Re-entry into foster care • Recurrence of abuse/neglect 	<ul style="list-style-type: none"> • Time to reunification • Time to permanency • Days in care 	<ul style="list-style-type: none"> • Engagement and retention in treatment • Number of negative UA's • Number of graduates • Reduction in use • Employment • Criminal behavior

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Key Data Elements for FDC Evaluation

- Parent and Child Characteristics
- Child Welfare Data
- Substance Abuse Treatment Data
- FDC Specific/Court Data

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Key Parent/Child Characteristics

- Client Identifiers
- DOB
- Gender
- Race/Ethnicity
- Employment Status
- Highest Level of Education
- Mental Illness
- Homelessness

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Key Child Welfare Services Data Elements

- Client Identifiers
- Referral Received and Closed Date
- Case Start and End Date
- Removal and Placement Date
- Reunification Date
- Permanency Date
- Discharge Reason
- Placement Type
 - Placement Costs
- Allegation Type

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Key Substance Abuse Treatment Data Elements

- Client Identifiers
- Treatment Admission/Discharge Date
- Referral Source (i.e. FDC)
- Primary Drug
- Pregnant at Intake
- Discharge Status
- Treatment Modality
 - Treatment Costs
- Treatment Referral Date
- Frequency
- Age at First Use

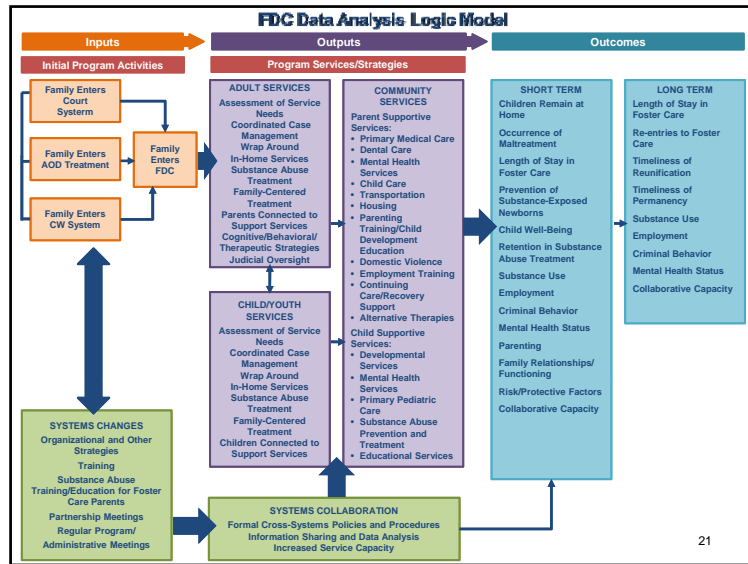
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Key FDC Specific/Court Data Elements

- Client Identifiers
- FDC Start/End Date
- Discharge Reason
 - Graduation/Drop Out/Incarceration
- Compliance
 - Drug Testing Results/Groups Attended
- Incentives and Sanctions
- FDC Referral Date
- Referral Source

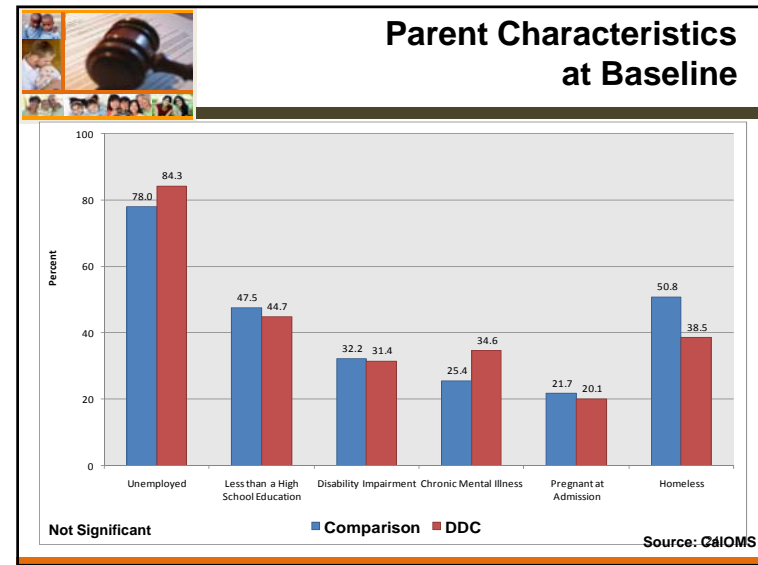
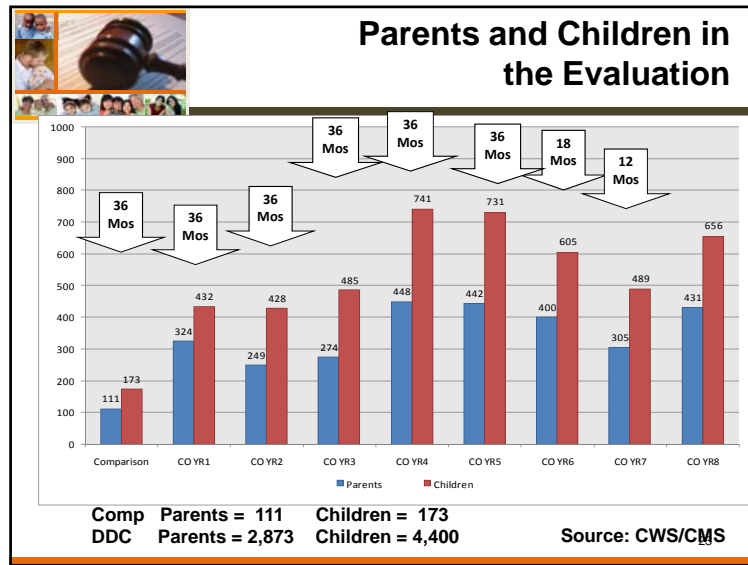
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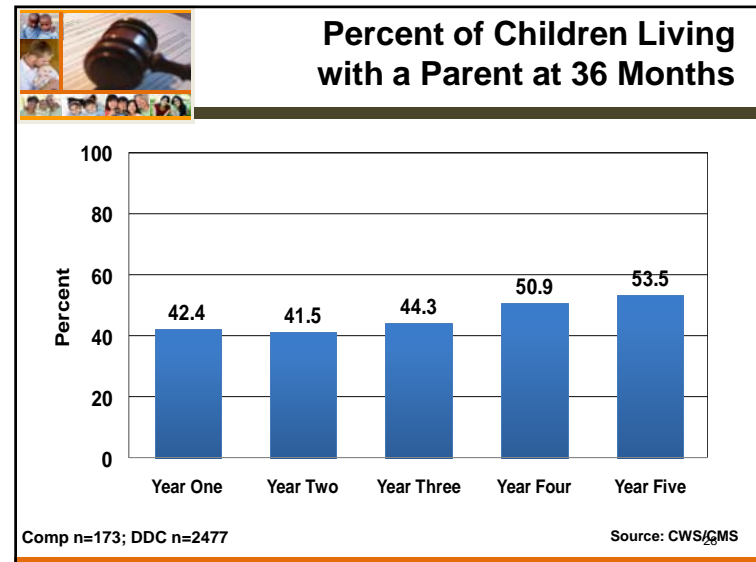
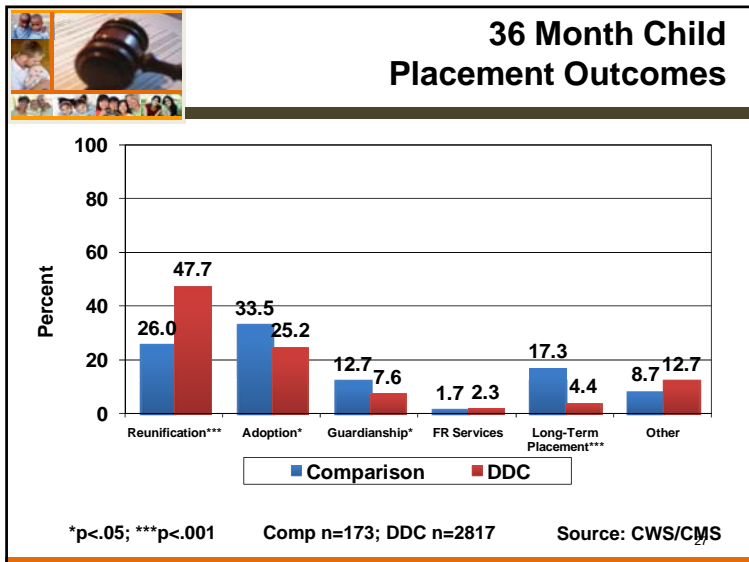
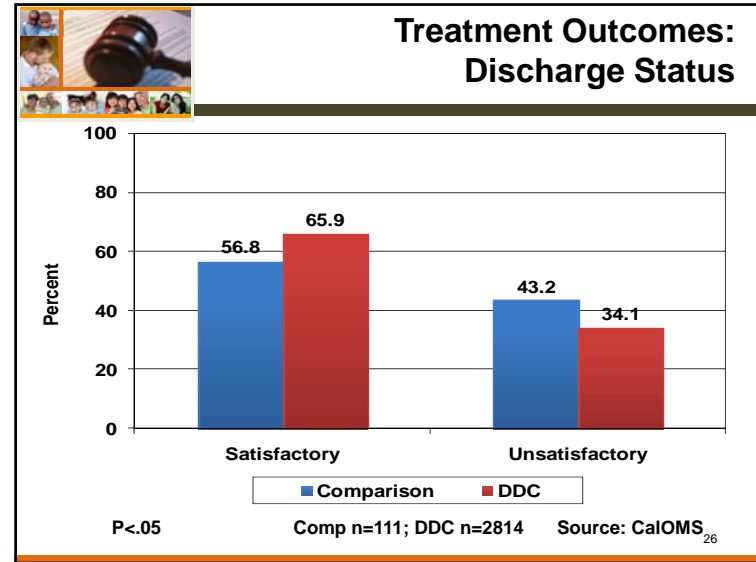
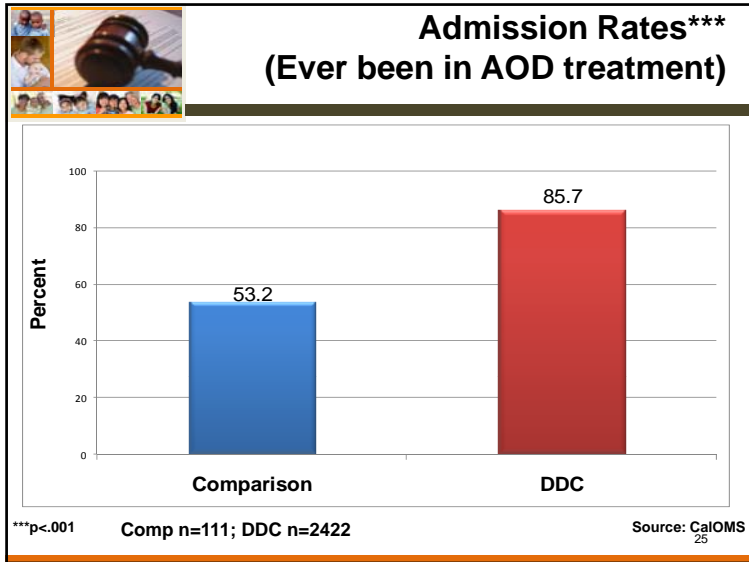


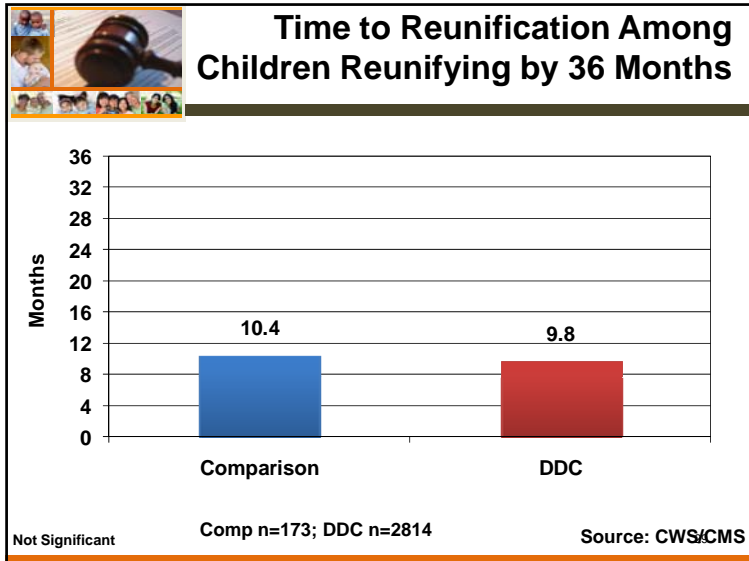
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FDC Case Study: Sacramento County, California

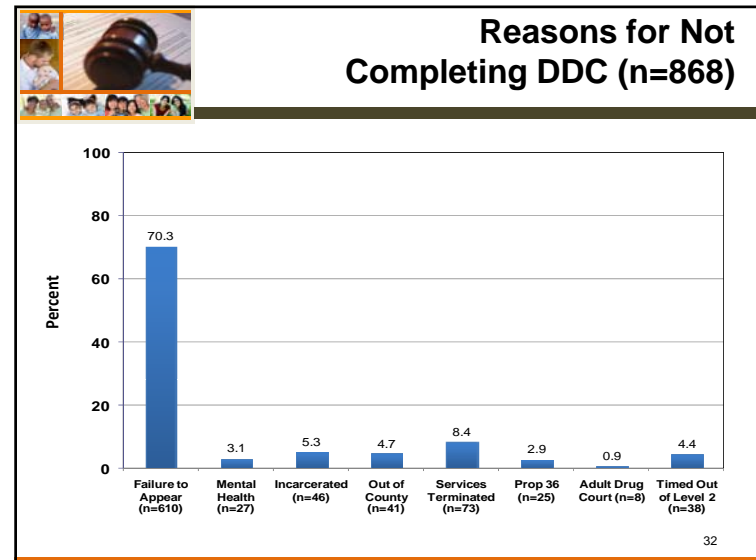
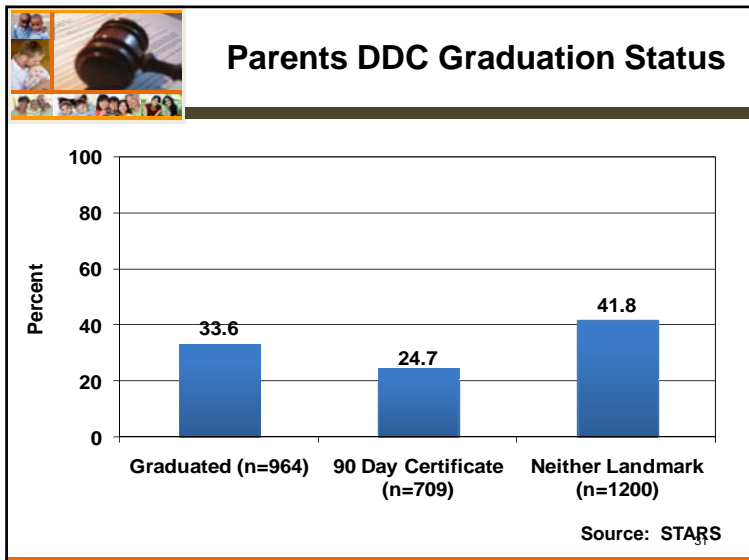
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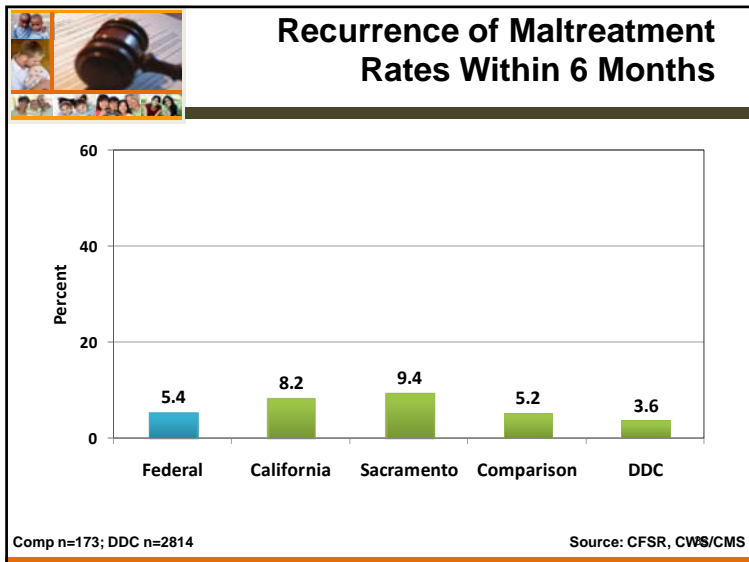
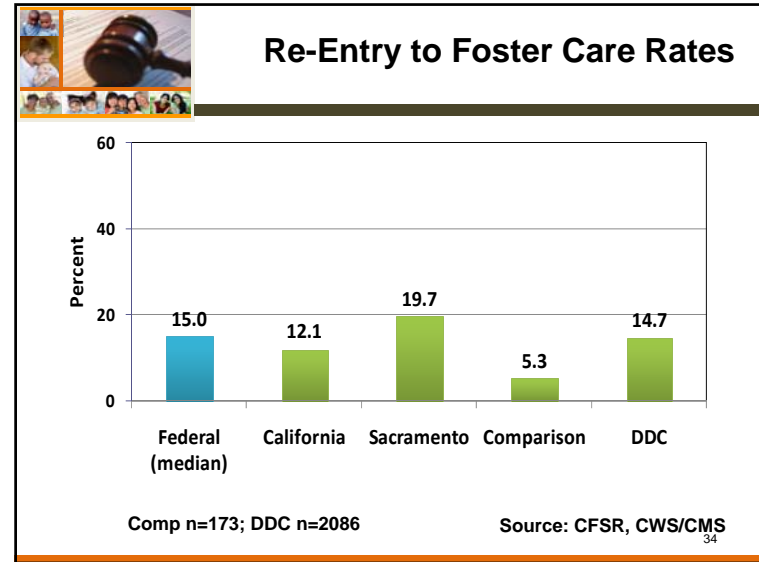
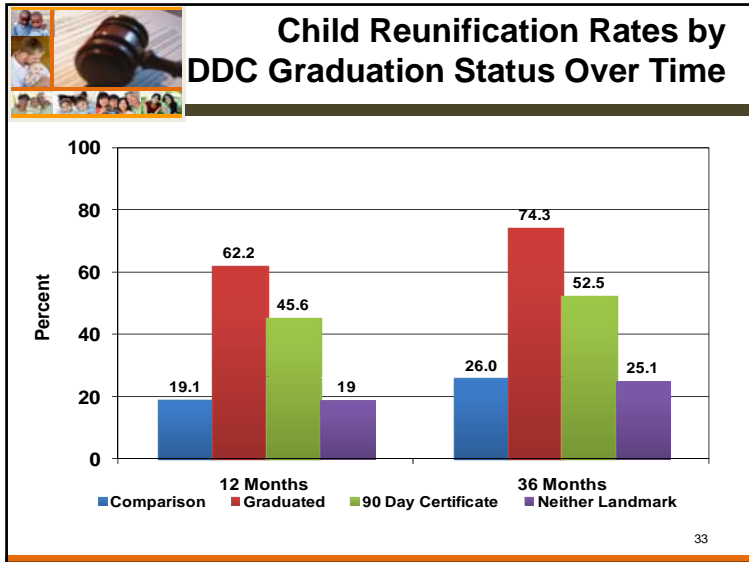






- ### DDC Graduation Criteria
- For 180 consecutive days, parent must:
- Produce negative drug tests
 - Attend all required group and individual treatment sessions
 - Attend all scheduled Recovery Specialist (STARS) meetings
 - Attend at least 3 support / 12-step meetings weekly
 - Attend all required DDC appearances
 - Complete all requirements of the court
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Cost Analysis: A Progress Report

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What Have We Learned?

- It's damned hard
- It's not impossible, and some sites have made a good start
- Federal funders (and state and local budget offices) are emphasizing cost analysis more, since cost analysis is even more important in hard fiscal times
- There is no single, off-the-shelf model that will work for all sites and collaboratives
- Cost analysis has to come before cost benefit or cost-effectiveness analysis



Caveats and Cautions

- The “wicked arithmetic” problem is real; numbers served divided by total budgets will harm sustainability efforts without serious cost analysis -RPG totals: 7,100 families served; \$86 million spent = \$11,830 per family served during the first 2.5 years
- Do your own arithmetic and compare to costs of other programs in your area
- The lack of benchmark costs remains a problem; this is even more difficult for collaborative models that use funding from multiple agencies



The Worst Barriers

- Getting baseline cost data from current agency operations, including leveraged costs (housing, treatment slots, child screening and developmental services) and client entitlements (TANF, Medicaid)
- Ensuring that evaluators take fiscal analysis seriously as part of outcomes—it isn't useful outcomes data if no one knows what it costs to achieve that outcome
- Tracking client outcomes beyond discharge from the project to determine longer-range impact and savings
- Moving from cost analysis of a single project and its clients to assessing costs in the larger systems—does the project “move the needle” in CFSR or other outcomes and what would it cost to do so?



Feedback From a Grantee

- *The primary evaluation lesson learned to date is the complexity of designing and implementing a cost study that provides sufficient evidence for the sustainability of the family treatment drug court model. Specifically, it will be a challenge to identify and access all relevant in-kind expenses and matching dollars to accurately gauge the true cost of the intervention in relation to its beneficial outcomes. In addition, cost benefits gained will be realized over the long term; three years is not long enough to capture these benefits.*



Cost Analysis and Federal Deficits

- To do cost analysis in depth may enable your program to document the extent to which your program creates *new revenue streams*
- A program that tells a story about expenditures is much less effective than one that tells a story about eventual savings and revenue
- Title IV-E waiver authority and cost neutrality makes cost analysis even more important



Stages of Cost Analysis

- Highly detailed cost analysis is not possible in the typical demonstration project
- Yet a minimum level of cost analysis is essential for all projects
- The challenge is to specify which level is appropriate given the resources available—and the likely cooperation from agencies whose cost data is essential



Examples of Direct Cost Savings

- Out of home care costs of \$1000/month reduced by three months for 50 children= \$150,000
- Out of home care costs of \$1800/month reduced by 24 months for 100 children= \$4.32 million
- Improved treatment outcomes that reduce parents' dropping out of treatment and re-entry to treatment = new treatment slots
- These are at the simplest level– but for some policymakers, these are the critical measures they are looking for



The Longer-Term Payoffs Matter, Too

- Substance-exposed newborns' hospital costs
- Special education costs
- Failed adoptions and foster placements



The Minimum

- Add in all project costs, including leveraged funds—not just DHHS project budgets
- Subtract one-time, start-up costs and determine the time period you will use for counting clients
- Make clear whether you are counting all clients or just successful “graduates”
- Separate fixed costs from variable costs: what would it cost to sustain or expand the project at current scale?
- Break out costs of the most important benefits your program achieves—less OOHC, fewer dropouts
- Determine the unit of cost: child, parent, family?



Better

- Compare your costs to current operations and other enhanced models;
 - begin a dialogue with agency staff about their data on costs of current programs;
 - compile data on costs of “business as usual” model from child welfare, treatment, and other participating agencies
- Select those costs where your model is most likely to improve outcomes, and focus data collection on those areas



Better Yet

- Determine the costs of clients who drop out vs. those who graduate
- Work with agency fiscal staff to break out detailed costs of current operations for different categories of placement, treatment categories, and different clients
- Refine cost data to reflect costs of different kinds of treatment and children’s services
- Determine how long you will track your clients for longer-range outcomes after they leave your program



Models of Increasing Levels of Detail

- These examples show levels of detail that are available with cooperation from agency providers able and willing to share their cost data
- Additional detail can come from brief time studies of how staff are actually spending their time



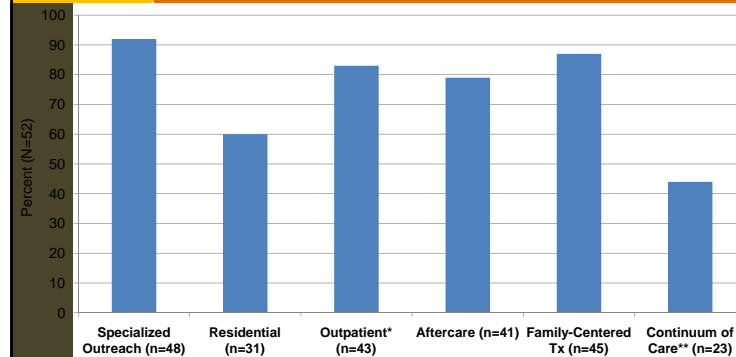


“But Why Are Costs So High?”

- Collaboration takes time—and costs money
- Good treatment and enhanced services to children and families are more expensive than business as usual
- Referrals were slow to come in some sites—the CW buy-in, the effects of cutbacks, other startup costs
- Parallel data systems had to be built for many sites
- Small is fine—if the eventual payoff is high for high-needs, high-dosage families, or if the % of total need is significant in smaller counties or for priority groups such as prenatally exposed infants or 0-3 year-olds



Substance Abuse Treatment

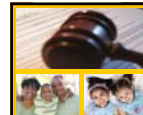


* Outpatient includes: partial hospitalization, intensive outpatient and/or non-intensive outpatient.
 ** Continuum of Care captures grantees doing all of the following: Specialized Outreach, Residential, Outpatient and Aftercare



Other Models to Review

- Santa Clara cost matrix (modified by Kentucky River)
- NPC cost analyses of Family drug court sites http://www.npcresearch.com/publications_drug_treatment_courts.php
- James Bell Associates materials (Children’s Bureau presentation 9/16/10) and bibliography
- Review original cost template available on National Center on Substance Abuse and Child Welfare website
- Materials on CPM include models from RPG sites



Final Thoughts

- Cost analysis is critical to sustaining your funding. It is an essential component of evaluation and fiscal management. An era of cutback management demands cost information in greater depth.
- The key determinant of the depth of your analysis should be the questions being raised by your potential funders. What specific items are they asking you about in order to make a decision about funding?
- Costs that seem higher than those of similar programs need to be explained by showing greater potential or actual benefits





Questions for the Grantees

- What would you want to know about your FDC?
- What would you want others to know about your FDC?
- What do you think makes a good evaluation?
- What are the challenges or barriers to evaluation?
- What would you use results of the evaluation for?

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